



## Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

03/03/2010

Phillip Eicher  
Knight Industrial Supply Inc  
PO Box 3879  
St Petersburg, FL 33731-3879

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **112 10th Ave N, St Petersburg, FL 33701-1818** has been registered through **March 1, 2011** with the following status:

Facility ID # **FL0000609552**  
**Transporter of Universal Waste Lamps and Devices**

The registration form for the year **2011** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
Hazardous Waste Management Section

Enclosures


		<b>8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY</b> DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772		Date Received (for FDEP Official Use Only)	
EPA ID <span style="border: 1px solid black; padding: 2px;">  </span>		MTS <span style="border: 1px solid black; padding: 2px;">  </span>		RCRAInfo <span style="border: 1px solid black; padding: 2px;">  </span>	
<b>1. Reason for Submittal</b>		Mark 'X' in correct box: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> To provide <b>initial notification</b> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).         </div> <div> <input checked="" type="checkbox"/> To provide <b>subsequent notification</b> (to update status and facility identification information).         </div> <div> <input type="checkbox"/> Is this the <b>final notification</b> (see instructions) for the facility?         </div> </div>			
<b>2. Facility or Business Name</b>		KNIGHT INDUSTRIAL SUPPLY, INC.		<b>FEID No.</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>5</span><span>9</span><span>2</span><span>1</span><span>3</span><span>4</span><span>8</span><span>8</span><span>1</span> </div>	
<b>3. Facility Operator</b> (List additional Operators in the comments section).		<b>Name of Operator:</b> Phillip A. Eicher		<input type="checkbox"/> New Operator <b>Date became Operator:</b> /   / mm dd yy	
		<b>Street or P.O. Box:</b> P.O. Box 3879		<b>Phone Number:</b> 727-823-7935	
		<b>City or Town:</b> St. Petersburg		<b>State:</b> <b>Zip Code:</b> 33731	
		<b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
<b>4. Facility Physical Location Information</b>		<b>Physical Street Address:</b> 112-10th Avenue North			
		<b>City or Town:</b> St. Petersburg		<b>State:</b> FL <b>Zip Code:</b> 33701	
		<b>County:</b> Choose Pinellas		If available, please attach a map or sketch of the facility boundaries.	
		<b>Latitude:</b> <b>Longitude:</b> <b>Method:</b> d d   m m   s s . ssss   d d   m m   s s . ssss   Datum:			
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b>		A. 562119		B.	
		C.		D.	
<b>6. Facility or Business Mailing Address</b>		<b>Street Address or P.O. Box:</b> P.O. Box 3879			
		<b>City or Town:</b> St. Petersburg		<b>State:</b> FL <b>Zip Code:</b> 33731	
<b>7. Facility or Business Contact Person</b>		<b>First Name:</b> Phillip		<b>Last Name:</b> Eicher	
		<b>Phone Number:</b> 727-823-7935		<b>Extension:</b> <b>E-Mail:</b> The.Eichers@Verizon.net	
		<b>Street or P.O. Box:</b> P.O. Box 3879			
		<b>City or Town:</b> St. Petersburg		<b>State:</b> FL <b>Zip Code:</b> 33731	
<b>8. Real Property (Land) Owner of the Facility's Physical Location</b> (List additional real property owners in the comments section.)		<b>Name of Real Property (Land) Owner:</b> Phillip A. Eicher		<input type="checkbox"/> New Owner <b>Date became Owner:</b> /   / mm dd yy	
		<b>Street or P.O. Box:</b> P.O. Box 3879		<b>Phone Number:</b> 727-823-7935	
		<b>City or Town:</b> St. Petersburg		<b>State:</b> FL <b>Zip Code:</b> 33731	
		<b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

IMAGE QUALITY

AS YOU VIEW THE NEXT PAGE(S), PLEASE  
NOTE THAT THE ORIGINAL DOCUMENT  
WAS OF POOR QUALITY

**9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):****A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. **Large Quantity Generator (LQG):**  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. **Small Quantity Generator (SQG):**  
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. **Conditionally Exempt SQG (CESQG):**  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States exporter of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

**(3) Recycler of Hazardous Waste (at your facility)**Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

**(4) Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

**(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.****(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☐ Transporter of Hazardous Waste [ Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Policy Number \_\_\_\_\_

Expiration date \_\_\_\_\_

d. **Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify \_\_\_\_\_e. ☐ **Hazardous Waste Transfer Facility:** Storage Volume \_\_\_\_\_☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.721(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☐ Annual update notification

EPA ID No.

**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):**

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☒ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	150 lbs.
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distribution of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**C. Used Oil Activities:****(1) Used Oil Transporter - indicate type of activity(ies):**

- ☐ a. Transporter
- ☐ b. Transfer Facility

**(2) ☐ Collection Center****(3) ☐ Used Oil Processor (A permit is required for this activity.)****(4) ☐ Off-Site Collection Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Processor**

- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. Fuel Marketer

**(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose check or money order for the amount of \$100, payable to Florida Department of Environment and Protection.**

☐ A check is enclosed.

**8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

Print Name of Authorized Person

**(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):**

- ☐ our mailing (business) address
- ☐ The site (facility) address

EPA ID No.

**D. Other State Regulated Waste Activities**☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

**10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1		3		5		7
8		10		12		14
15		17		19		21
22		24		26		28

**11. Other Status Changes** (Mark 'X' if that apply):**A. Non-Handling of Regulated Waste at Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☒ (3) Other (explain) Transporter of Universal Waste

**B. Facility Closed**

- ☐ (1) Closed at this location and not moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste
- ☐ (2) Out of Business - Business closed. (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

**12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or other representative

Philip A. Eicher

Print Name and Title

Philip A. Eicher, PresidentDate Signed  
(mm-dd-yyyy)2-15-10

If the person who filed in this form is not Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments**



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

## UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers that are not engaging in transport activities need not complete this form.

Knight Industrial Supply, Inc., 112-10<sup>th</sup> Avenue N, St. Petersburg, FL 33701  
Facility Name Street Address City and State

727-823-7935 727-821-5627 The.Eichers@Verizon.net  
Phone Fax E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).  
Complete all sections and check all boxes that apply.

- Estimated number of LAMPS handled during the last calendar year. 1,500  
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 0  
Types: Thermostats ☐ Electric Switches/Relays ☐  
Thermometers ☐ Manometers ☐ Other ☐ 0
- Estimated weight of DEVICES handled during the last calendar year. \_\_\_\_\_ lb.
- Estimated number of lamps or devices each facility received. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

Lighting Resources, LLC, 5105 West Knox Street, Tampa, FL 33634 813-806-1888  
Number L ☐ D ☐ Facility Name City/State Phone

Number L ☐ D ☐ Facility Name City/State Phone

Number L ☐ D ☐ Facility Name City/State Phone  
Phillip A. Eicher [Signature] 2/15/10  
Print Name of Authorized Agent Signature of Authorized Agent Date

"More Protection, Less

[www.dep.state.fl.us](http://www.dep.state.fl.us)

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously \_\_\_\_\_

Submitted in What Year? \_\_\_\_\_

---

Print Name of Authorized Agent

Signature of Authorized Agent

Date

**Complete, sign and return this checklist along with your registration form to:**

Laurie Tenace, MS 4555  
Hazardous Waste Management Section  
Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**Your transporter registration will not be issued until you complete and return this checklist.**

**QUESTIONS OR COMMENTS?**

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at [laurie.tenace@dep.state.fl.us](mailto:laurie.tenace@dep.state.fl.us).

**Thank you for your cooperation in providing this information.**