



Florida Department of Environmental Protection

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

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

02/23/2011

William Parkes
Cliff Berry Inc
PO Box 13079
Fort Lauderdale, FL 33316-0100

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 **400 Angle Rd, Fort Pierce, FL 34947-2501** has been registered through **March 1, 2012** with the following status:

Facility ID # **FLR000009266**
Transporter of Universal Waste Lamps and Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2012** 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.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
Received
DEC 15 2008
BSHW
RCRAinfo

EPA ID F L R 0 0 0 0 0 9 2 6 6

MTS

1. Reason for Submittal

Mark 'X' in
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

2. Facility or Business Name

Cliff Berry, Inc. - Fort Pierce Facility

FEID No.

6 5 0 5 1 1 1 1 4

3. Facility Operator (List additional Operators in the comments section).

Name of Operator:

Cliff Berry, Inc. (CBI)

☐ New Operator

Date became Operator: - / - / 1995
mm dd yy

Street or P.O. Box:

P.O. Box 13079

Phone Number:

(954) 763-3390

City or Town:

Fort Lauderdale

State:

FL

Zip Code:

33316

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical Location Information

Physical Street Address:

400 Angle Road

City or Town:

Fort Pierce

State:

FL

Zip Code:

34946

County:

St. Lucie

If available, please attach a map or sketch of the facility boundaries.

Latitude: 2 7 0 3 9 4 . N

dd mm ss . ssss

Longitude: 8 0 3 2 5 7 . W

dd mm ss . ssss

Method:

Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)

A.

562219

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

P.O. Box 13079

City or Town:

Fort Lauderdale

State:

FL

Zip Code:

33316

7. Facility or Business Contact Person

First Name:

William

Last Name:

Parkes, Jr.

Title:

Mgr Reg Affairs

Phone Number:

(954) 763-3390

Extension:

124

E-Mail:

bparkes@cliffberryinc.com

Street or P.O. Box:

P.O. Box 13079

City or Town:

Fort Lauderdale

State:

FL

Zip Code:

33316

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:

C-2 Holdings, Inc.

☐ New Owner

Date became Owner: - / - / 2005
mm dd yy

Street or P.O. Box:

P.O. Box 350123

Phone Number:

(954) 763-3390

City or Town:

Fort Lauderdale

State:

FL

Zip Code:

33335

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

A. Hazardous Waste Activities:

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

☐ a. Operating Commercial TSD

☐ b. Operating Non-commercial TSD

☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

Specify: ☐ Commercial; ☐ Non-Commercial.

(4) ☐ Exempt Boiler and/or Industrial Furnace

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

(6) ☐ **Underground Injection Control** - Mark an 'X' even if the
UIC well at your facility does not receive 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 Importer of hazardous waste☐ e. Mixed Waste (hazardous and radioactive) Generator

(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 XL Specialty Insurance Company

Insurance Company	
Address	1990 N. California Blvd, Suite 740 Walnut Creek, California 94596

Contact	Telephone
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Policy Number	AEC 000 638 909	Expiration date	12-31-2010
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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 403.7211(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**

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"/>	2,000				
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50				
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100				
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,000				
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]			<input type="checkbox"/>	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]				
(4) Reverse Distributor of UW		<input type="checkbox"/>	Pharmaceuticals	<input type="checkbox"/>	Lamps	<input type="checkbox"/>	Devices	<input type="checkbox"/>
(5) Destination Facility for UW		<input type="checkbox"/>	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(s) of activity(ies):**

- ☒ a. Transporter
- ☒ b. Transfer Facility

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

- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(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 a check or money order, in the amount of \$100, payable to Florida Department of Environmental 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

Cliff Berry, II

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

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	2	3	4	5	6	7
8	9 See	10 Atta	11 ched	12 Shee	13 t	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This 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) _____

B. Facility Closed

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

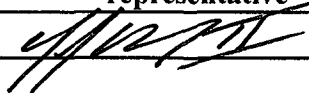
Contact _____ Phone _____

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 an authorized representative**Print Name and Title****Date Signed (mm-dd-yyyy)**

Cliff Berry, II, President

11/17/2010

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

William E. Parkes, Jr.

(954) 763-3390

bparkes@cliffberryinc.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

Note: CBI uses SIC Code 1799 for the OSHA 300 Logs

Are your services commercially available? YES

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: CLIFF BERRY, INC. (CBI)
Transporter EPA ID: FLR 000 009 266
Location Address: 400 ANGLE ROAD

FORT PIERCE, FLORIDA 34946
Contact: WILLIAM E. PARKES, JR. Telephone: (888) 763-3390
Mailing Address: P.O. BOX 13079
FORT LAUDERDALE, FLORIDA 33316

II. Insurance Information:

Insurance Company: GREENWICH INSURANCE COMPANY
Address: 320 EAGLEVIEW BLVD.
EXTON, PA 19341

Contact: MIKE BERNATH Telephone: (800) 327-1414
Policy Number: AE 000 638 908
Expiration date: 12/31/10

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D006 D007 D008 D009 D139 D040

Comments: _____

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

CLIFF BERRY, I PRESIDENT
Print/Type Name Title

[Signature] 11/17/10
Signature Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through _____ Date

Signature of Florida Department of Environmental Protection Representative Date Signed



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.

Cliff Berry, Inc. - Fort Pierce Facility		FLR000009266	
(Facility Name)		(EPA id)	
400 Angle Road	Fort Pierce	FL	34946
(Street Address)	(City)	(State)	(Zip)
(954) 763-3390	(954) 763-8375	bparkes@cliffberryinc.com	
(Phone)	(Fax)	(E-mail)	

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

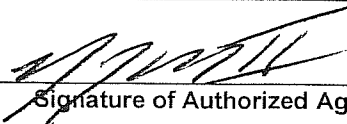
Complete all sections and check all boxes that apply.

- Estimated number of LAMPS handled during the last calendar year. 4,000
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 20
Types: Thermostats ☒ Electric Switches/Relays ☒
Thermometers ☒ Manometers ☒ Other ☒
- Estimated weight of DEVICES handled during the last calendar year. 50 lb.
- Estimated number of lamps or devices you shipped to each lamp recycling facility. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

Number	L	D	Facility Name	City	State	Phone
All	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AERC Recycling	W. Melbourne	FL	(321) 952-1516
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Cliff Berry, II

Print Name of Authorized Agent


Signature of Authorized Agent

02/17/2011

Date



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

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? _____

Cliff Berry, II

Print Name of Authorized Agent


Signature of Authorized Agent

02/17/2011

Date

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

EPA ID Notification Coordinator
Hazardous Waste Regulation Section MS 4560
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.

Thank you for your cooperation in providing this information.

TransChkl.doc