

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

10/07/2011

John Lennon Triumvirate Environmental Florida Inc 3701 SW 47th Ave Ste 109 Davie, FL 33314-2830

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 **3670 SW 47th Ave #109**, **Davie**, **FL 33314** has been registered through **March 1**, **2012** with the following status:

Facility ID # FLD981018773

Transporter of Universal Waste Lamps and Devices Transfer Facility for Universal Waste Lamps Transfer Facility for Universal Waste 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,

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Laurie Tenace Environmental Specialist Hazardous Waste Management Section

Enclosures

TRIUMVIRATE EDUCATION HEALTHCARE INDUSTRIAL LIFE SCIENCES

August 24, 2011

AUG 31 2011

BSHW

Received

Florida Department of Environmental Protection Waste Management Division – HWRA, MS4560 2600 Blair Stone Road Tallahassee, FL 32399-2400

Re: Renewal of Hazardous Waste Transporter Certificate of Approval; FLD981018773

Dear Sir/Madam;

Enclosed are the completed forms required by the Florida Department of Environmental Protection (FL DEP) for renewal of the Hazardous Waste Transporter Certificate of Approval for facility EPA ID# FLD9810188773. Please be advised that the certificate holder, Perm-Fix of Fort Lauderdale, Inc. has changed its name to Triumvirate Environmental (Florida), Inc. as part of a stock purchase of the corporation by Triumvirate Environmental Inc., headquartered in Somerville, Massachusetts.

Per FL DEP regulations for renewal of this certificate, below are the original, completed and signed forms enclosed with this request for certificate renewal:

- 1. Form 62-730.900(1)(b), 8700-12FL Florida Notification of Regulated Waste Activity
- 2. Form 62-730.900(5)(d), Hazardous Waste Transporter Status Form
- 3. Form 62-730.900(5)(c), Hazardous Waste Transporter Certificate of Liability Insurance

Please contact James Green, Vice President at 617.413.3639 or John (Shawn) Lennon at 954.583.3795 if there are any questions. Thank you.

Sincerely;

James Green, Vice President Triumvirate Environmental (Florida), Inc.

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FLORIDA	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				(for FDEP Official Use Only)		
EPAID FLD	9 8 1 0 1	8 7 7 3	MIS				nio
1. Reason for Submittal	Mark 'X' in correct box:	waste, universal wa To provide <u>subsequ</u> information).	notification (to obtain iste, or used oil activit itent notification (to ification (see instructi	ies). update sta	tus and fa	ncility ident	
Business Name		onmental (Florida), li of Ft. Lauderdale,	•	ma-Fix ∎	FEID No 59). 2 4 8	8 0 3 7 7
3. Facility Operator (List additional Operators in the	Name of Operator: Triumvirate Environmental (Florida), Inc.			New Operator Date became Operator: 08 / 12 / 2011 Name Change mm dd yy			
comments section).	Street or P.O. Box: 3670 SW 47th Avenue				Phone N	umber: (954-583-3795
	City or Town:	Davie		State:	FL Zi	p Code:	33314
	Operator Type: [Private Federal	Municipal	State	Other		
4. Facility Physical Location	Physical Street Ad	dress:	S	Same			
Information	City or Town:	Same		State:	FL Zi	p Code:	33314
	County: Broward	If available, ple boundaries.	able, please attach a map or sketch of the facility ries.				
		mm ss.ssss	tude: 8 0 1 2 d d m m	³ 7ss		ethod: atum: G	oogle Maps
5. Facility North Am Classification Syst	ierream maasery	A. 562111		в. 562112			
Code(s)	em (NAICS)	с.		D.			
6. Facility or Business Mailing	Street Address or I	P.O. Box:	3701 SW	47th A	ve. #10)9	
Address	City or Town:	Davie		State:	FL Zi	p Code:	33314
7. Facility or Business Contact	First Name:	John	Last Name:	ennon	Ti	^{itle:} Gene	ral Manager
Person	Phone Number:	954-583-3795	Extension:	E-Mail:	jlenr	non@triun	nvirate.com
	Street or P.O. Box: 3701 SW 47th Ave., #109						
	City or Town: Davie			State:	FL Zip Code: 33314		
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner: Same			Date became Owner: / / / mm dd yy			
Physical Location (List additional	Street or P.O. Box	: Same a	as above		Phone N	umber:	
real property owners in the comments	City or Town:			State:	Zi	p Code:	
section.)	Owner Type: 🛛 I	Private Federal [Municipal Sta	ite 🔲 C	Other		

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 01-04-2009 Page 1 of 4

<u> </u>					
	EPA ID No. FLD981018773				
9. Type of Regulated Waste Activity (Mark 'X' in all the	at 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 	 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.) 				
 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 <i>non-acute</i> hazardous waste and/or 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste 	 (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 				
 c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of <i>non-acute</i> hazardous waste and 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste 	(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.				
 In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator 	 (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 Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Information 	n waste only D b. For commercial purposes				
Insurance Company See attack Address	hed certificate of insurance				
Contact Policy Number	Telephone Expiration date				
d. Transportation Mode 🗌 Air 🗌 Rail 🛛 Highway	Water Other - specify				
e. 🛛 Hazardous Waste Transfer Facility:	Storage Volume 300 drums				
Florida Administrative Code (F.A.C.)]:	ity [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] (71(3)(a)5., F.A.C.] Rule 62-730.171(3)(a)6., F.A.C.]				

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	EPA ID No. FLD981018773
B. Universal Waste (UW) Activities (Mark 'X' in all that apply)	
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more	
Small Quantity Handler (SQH) = always less than 5.000 kg acc	umulated
Mercury-containing devices LQH = 100 kg (220 lb) or more a	
Mercury-containing devices SQH = less than 100 kg accumulat	ed by for-hire handler
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lan	nps) or more accumulated by for-hire handler
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lar	nps) accumulated by for-hire handler
[Note: 4 lamps = 1 kg, 62-737.200(10)]	
Pharmaceuticals LQH = 5,000 kg or more of universal pharmac	centical waste (UPW) accumulated
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely haza	rdous ("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
Generate/ Transport Handle at Transfe	(2) Enter your esitmate of the maximum amount (in pounds)
(1) For those Managing Accumulate (see note in instructions) Facility	of each type of UW on site or transported at any one time.
a. Batteries	<5000 kg
b. Pesticides	
c. Pharmaceuticals	<pre></pre>
d. Mercury Containing Devices	<5000 kg
e. Mercury Containing Lamps	<5000 kg
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, FAC]	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
(4) Reverse Distributor of UW Pharmaceuticals	Lamps Devices
(5) Destination Facility for UW Note: for this active storage prior to receive storage prior to	ity, a facility must treat, dispose or recycle a UW. A permit is required for
	ity, a facility must treat, dispose or recycle a UW. A permit is required for
(5) Destination Fachity for UW	 a facility must treat, dispose or recycle a UW. A permit is required for cycling. 8) Specific Certification to be signed by all Used Oil Transporters 1 certify as a Used Oil Transporter that the training program and financia
 (5) Destination Fachity for UW	 a facility must treat, dispose or recycle a UW. A permit is required for cycling. 8) Specific Certification to be signed by all Used Oil Transporters 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.
 (5) Destination Faculty for UW	 ity, a facility must treat, dispose or recycle a UW. A permit is required for cycling. 8) Specific Certification to be signed by all Used Oil Transporters 1 certify as a Used Oil Transporter that the training program and financia 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 orginally approved training program, they are explained in attachments to the orginally approved training program.
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 (5) Destination Facility for UW	 ity, a facility must treat, dispose or recycle a UW. A permit is required for cycling. 8) Specific Certification to be signed by all Used Oil Transporters 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 orginally 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 Signature of Authorized Person Signature of Authorized Person Signature of Authorized Person

DEP Form 62-730 900(1)(b), adopted by reference in rule 62-730 150(2)(a), 62-710 500(1), and 62-737 400(3)(a)2. FAC Effective Date 01-04-2009 Page 3 of 4

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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.								
your facility. List t	hem in the order	Regulated Hazar they are presented in des routinely or usual	n the regulations	(e.g., D001	l, D003, F0	07, U112).		andled
¹ D001 ²	2 D002	³ D008	⁴ D018	5	=001	⁵ F002	7 F00	<u></u>
⁸ F005	200 <u>2</u> 20035	¹⁰ D007	¹¹ D003			⁷³ D039	14 D0	
¹⁵ P012 ¹	¹⁶ P075	¹⁷ P001	¹⁸ U035	19 L	J058 ²	²⁰ U059	²¹ U1:	32
²² U010 ²	23 Sec	24 attached	25 additi	26 4]	code 2	27	28	
11. Other Status		rk 'X' in all that a						
be h	ed at this location andling regulated of Business - Busi	iness closed on	_				-	
addre	ess, and phone nu	mber where you can	n be reached after	r closing.		-	-	-
-								
		·····						
C. Prop	erty Tax Default	i	D. Petition for Bankruptcy Protection					
in accordance with	a system designed	d to assure that qual						
information submitt for submitting false facility, I am aware Signature of own	information, incl that transfer facil ner, operator, o	luding the possibility lities must comply v or an authorized	y of fine and imp with the requirem	risonment ents of Rul	for knowing	g violations. If I 71, FAC, and Ru	have notified as a le 62-730.182, FA Date Sig	trans C. gned
information submitt for submitting false facility, I am aware Signature of own	information, incl that transfer facil	luding the possibility lities must comply v or an authorized	y of fine and imp with the requirem	risonment ents of Rul Print Nan	for knowing e 62-730.17	g violations. If I 11, FAC, and Rul le	have notified as a le 62-730.182, FA	trans C. gned
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information submitt for submitting false facility, I am aware Signature of own Quema If the person who (Name of person co 13. Comments: Perm-Fix of F	information, incl that transfer facil ner, operator, or representative filled in this form ompleting this form Fort Lauderda k purchase of	Iuding the possibility lities must comply v or an authorized m is not the Facility m) ale, Inc. has cha f the corporatio	y of fine and imp with the requirem James y Contact or Op (Phone Number)	risonment ents of Rul Print Nam s Green, perator, plo) ne to Tri	for knowing e 62-730.17 ne and Tit Vice Pre ease comple (umvirate	y violations. If I 71, FAC, and Rul le esident ete the informat (E-mail Address) Environmen	have notified as a le 62-730.182, FA Date Sig (mm-dd- og 24/ ion below:	transi C. gned yyyy) 201
information submitt for submitting false facility, I am aware Signature of own Quent If the person who (Name of person co 13. Comments: Perm-Fix of F part of a stocl	information, incl that transfer facil ner, operator, or representative filled in this form ompleting this form Fort Lauderda k purchase of	Iuding the possibility lities must comply v or an authorized m is not the Facility m) ale, Inc. has cha f the corporatio	y of fine and imp with the requirem James y Contact or Op (Phone Number)	risonment ents of Rul Print Nam s Green, perator, plo) ne to Tri	for knowing e 62-730.17 ne and Tit Vice Pre ease comple (umvirate	y violations. If I 71, FAC, and Rul le esident ete the informat (E-mail Address) Environmen	have notified as a le 62-730.182, FA Date Sig (mm-dd- og 24/ ion below:	trans C. ned yyyy) 201

