

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

11/16/2011 Raj Singh, Operations Manager Stericycle Specialty Waste Solutions Inc 341 Landstreet Rd # B Orlando, FL 32824

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Stericycle Specialty Waste Solutions Inc** located at **314 W Landstreet Rd # B, Orlando**, **FL32824-7803**

FLR000006353

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Large Quantity Generator; Universal Waste Batteries, Universal Waste Battery Transporter, Universal Waste Pesticides, Universal Waste Pesticide Transporter, Universal Waste Lamps, Universal Waste Devices, LQH Pharmaceuticals, Universal Pharmaceutical Transporter, Large Quantity Handler.

Your facility is **currently registered** for the following activities: **UW Lamp Transporter**, **UW Device** Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility, UW Lamp SQH, UW Device SQH (reg exp on 03/01/12); HW Transporter, HW Transfer Facility (reg exp on 06/01/12); Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2012).

Your facility is currently permitted as: No Active Hazardous Waste Treatment, Storage, or Disposal Permit.

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here: <u>http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</u>. **To review the details of your status**, visit: <u>http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000006353</u>.

For further assistance, please e-mail a Notification Coordinator at <u>EPOST_HWreg@dep.state.fl.us</u> or call us at (850)245-8707.

Sincerely,

River M Shim

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 56404 , Email Address: rsingh@stericycle.com

FLORIDA	RE DEP V	FL - FLORIDA NOT CGULATED WASTE Vaste Management Division Blair Stone Rd. Tallahassee (850) 245-8772	ACTIVITY HWRS, MS4560 e, FL 32399-2400			Date Rec or FDEP Offic	ial Use Only)	
EPA ID FLR	0 0 0 0 0	6 3 5 3	MTS			KCRAm		
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). X 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	Stericycle Specialty Waste Solutions, Inc. FEID No. 2 6 0 8 1 1 4 6						1 4 6 3	
(List additional Operators in the	Name of Operator: Stericycle Specialty Waste Solutions, Inc.				New Operator Date became Operator: 05 / 31 / 2009 mm dd yy			
comments section).	Street or P.O. Box: 341-B Landstreet Road				Phone	e Number: 8	00-762-9162	
	City or Town: Orlando			State:	FL	Zip Code:	32824	
	Operator Type: Private Federal Municipal State Other Publicly Held							
4. Facility Physical Location	Physical Street Address: 341-B Landstreet Road							
Information	City or Town:	Orlando		State:	FL	Zip Code:	32824	
	^{County:} Orange		If available, please attach a map or sketch of the facility boundaries.					
	Latitude: 2 8 4 3 5 7.93 Longitude: 8 1 3 8 3 1.52 Method: d d m m s s . ssss d d m m s s . ssss Datum:							
5. Facility North Am Classification Syst	•	A . 5621	562112					
Code(s)		с.		D.				
6. Facility or Business Mailing	Street Address or P.O. Box: 341-B Landstreet Road							
Address	City or Town:	Orlando)	State:	FL	Zip Code:	32824	
7. Facility or Business Contact	First Name:	Raj	Last Name:	Singh		Title: Facilit	y Manager	
Person	Phone Number:	(407) 855-0141	Extension:	E-Mail: rsingh@stericycle.com			ycle.com	
	Street or P.O. Box: 341-B Land				Istreet Road			
	City or Town: Orlando			State:	FL	Zip Code:	32824	
8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments	Name of Real Property (Land) Owner: Dr. Robert Baker				New Owner Date became Owner: 03 / 13 / 1986 mm dd yy			
	Street or P.O. Box	: 424 Rive	rside Drive		Phone	e Number: (26	69) 964-7113	
	City or Town:	or Town: Battle Creek			MI	Zip Code:	49015	
section.)	Owner Type: Private Federal Municipal State Other							

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

	EPA ID No. FLR000006353					
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 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 	 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 					
 □ 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 	(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.					
	n waste only 🗵 b. For commercial purposes on d Fire Insurance Company artford Plaza					
Contact Cullen Flanigan	Telephone (312) 627-6837					
Policy Number 83 CSE \$13402	Expiration date June 1, 2012					
d. Transportation Mode 🗋 Air 🗖 Rail 🛛 Highway						
e. 🛛 Hazardous Waste Transfer Facility:	Storage Volume 200 55 Gallon Drum					
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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B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):									
Small Quantity Ha									
Mercura-containin									
	Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler Mercury-containing devices SOH = less than 100 kg accumulated by for hire handler								
	Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler								
Mercury-containin				amps) accumu	lated by for-hire	handler			
	lamps = 1 kg, 62	2-737.200(1	0)]						
Pharmaceuticals L	QH = 5,000 kg o	or more of u	niversal pharm	aceutical wast	e (UPW) accumu	lated			
Pharmaceuticals L	QH = more than	1 kg (2.2 ll	o) of acutely has	zardous ("P-li	sted") pharmaceu	tical waste accumulated			
Pharmaceuticals S	QH = always les	s than 5,000) kg of UPW ar	d always 1 kg	or less of acutely	y hazardous UPW accumu	ulated		
	Generate/	Transport	Handle at Trans	fer (2) Enter	your esitmate of	the maximum amount (in pounds)		
(1) For those Managing	Accumulate	(see note in instructions)	Facility	of each ty	pe of UW on site	or transported at any o	one time.		
a. Batteries					1,000 lbs.		1		
b. Pesticides					60 lbs.		7		
c. Pharmaceuticals					45,000 lbs.	······································	f		
d. Mercury Containing Devices					25 lbs.				
e. Mercury Containing Lamps					1,000 lbs.		J 7		
(3) Mercury Recovery and						in the strict Dest	(2,727,800		
[Chapter 62-737, F.A.C.]	or Reclamatio	n racinty		Note: A haza F.A.C.]	rdous waste permit is	required for this activity. [Rule	62-737.800,		
(4) Reverse Distributor of	UW 🔯		Pharmaceutica	ls 🔀	Lamps	Devices			
(5) Destination Facility for	UW 🗖		Note: for this act storage prior to r	••••••	must treat, dispose	or recycle a UW. A permit i	s required for		
C. Used Oil Activities:				(8) Specific	Certification to be	signed by all Used Oil Tra	ansporters		
(1) Used Oil Transport		oe(s) of act	ivity(ies):			rter that the training program			
a. Transporter					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				
b. Transfer Fa (2) Collection Cen	•			orginally ap	orginally approved training program, they are explained in attachments to				
 (2) Generation Center (3) Used Oil Processor (A permit is required for this activity.) 					this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of				
(4)					Liability Insurance, DEP form 62-710.901(4), F.A.C.				
(5) Used Oil Fuel 1	Marketer								
(6) Used Oil Filter									
a. Transporterb. Transfer Facility					Signature of Authorized Person				
\Box c. Processor					T.J. Mc Caustland				
d. End User				Print Name	Print Name of Authorized Person				
(7) Used Oil Transporters, T Specification Burners and M									
Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If					(0) The magnified under the provisions of Dule (2,710,510)				
applicable, enclose a check or money order, in the amount of \$100,					(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):				
payable to Florida Department of Environmental Protection. A check is enclosed.					Our mailing (business) address				
A check is enclosed. X The site (facility) address					SS				

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EPA ID No. FLR000006353									
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. Lis	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.								
	² AllF ³ AllK ⁴ AllP ⁵ AllU ⁶ ⁷								
8	9	10	11	12	13	14			
15	16	17	18	19	20	21			
22	23	24	25	26	27	28			
11. Other Stat	us Changes (Mar	'k 'X' in all that ap	oply):						
 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 									
Addres					······				
City, S	tate, Zip					·			
C. Pro	operty Tax Default		D. Petition	for Bankruptcy I	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			Print Name and Title			Date Signed			
representative			T.J. Mc Caustland			(mm-dd-yyyy) 11-04-2011			
- NI	cuvi y								
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below: T.J. Mc Caustland (770) 891-2531 tmccaustland@stericycle.com									
			(Phone Number) (E-mail Address)						
13. Comments:									