

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

02/07/2012

Jeff McManus Frontier Lighting Inc 2090 Palmetto St Clearwater, FL 33765-2134

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 **6204 28th St E, Bradenton, FL 34203-5361** has been registered through **March 1, 2013** with the following status:

Facility ID # FLR000174904

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 **2013** 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

FLORIDA FLORIDA

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 FLR000174904 (850) 245-8772

Date Received (for FBEP Official Use Only)

JAN 2 3 2012

EPA ID	0 0 0 1 3	8 9 4 1	MTS			ROV	pwy
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					FEID 5	No. 9 2 7 6	3 7 4 9 9
(List additional Operators in the	Name of Operator: FRONTIER LIGHTING, INC				New Operator Date became Operator:/ mm dd yy		
comments section).	Street or P.O. Box	6204 28	TH STREET		Phone	e Number:	941-342-8801
	City or Town:	BRADEN	TON	State:	FL	Zip Code:	34203
	Operator Type:	Private Federal	Municipal	State [Other	r	
4. Facility Physical Location	Physical Street Address: 6204 28TH STREET						
Information	City or Town: BRADENTON			State:	FL	Zip Code:	34203
	County: Choose If available, please boundaries.			ease attach a map or sketch of the facility			
	Latitude: Longitude: Method: dd mm ss.ssss dd mm ss.ssss Datum:						
5. Facility North Am Classification Syst Code(s)	<u> </u>	A. 42361 c.		D.			
6. Facility or	Street Address or P.O. Box: 6204 28TH STREET						
Business Mailing Address	City or Town:	BRADENT	ON	State:	FL	Zip Code:	34203
7. Facility or Business Contact	First Name:	JEFF	Last Name: MC	CMANU	S	Title:VICE	PRESIDENT
Person	Phone Number:	727-447-7676	Extension:	E-Mail:	SAL	ES@FRNTII COI	ERLIGHTING. M #
	Street or P.O. Box: 2090 PALMETTO STREET						
			200017121112				
	City or Town:	CLEARWA ⁻		la:	FL	Zip Code:	33765
B. Real Property (Land) Owner of the Facility's	Name of Real Prop Fi	erty (Land) Owner: RONTIER LIGHTING	ΓER	State:	Owne		'/
(Land) Owner of the Facility's	Name of Real Prop	erty (Land) Owner: RONTIER LIGHTING	ΓER	State: New Date bee	Owne	r Owner:	'/
(Land) Owner of the Facility's Physical Location	Name of Real Prop Fi	erty (Land) Owner: RONTIER LIGHTING	TER SINC ETTO STREET	State: New Date bed	Owne	r Owner:	'/

	EPA ID No. FL4000138941
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 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	For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste
(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)	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 Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Information Insurance Company Address	waste only b. For commercial purposes
ContactPolicy Number	Telephone
Florida Administrative Code (F.A.C.)]:	ty [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.] ule 62-730.171(3)(a)6., F.A.C.]

	FL4000138941 EPA ID No.		
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	e of any combination of UW accumulated		
Mercury-containing devices LQH = 100 kg (220 lb) or more a Mercury-containing devices SQH = less than 100 kg accumula			
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 la	imps) or more accumulated by for-hire handler		
Mercury-containing lamps SQH = less than 2,000 kg (8,000 la	amps) accumulated by for-hire handler		
[Note: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$]			
Pharmaceuticals LQH = 5,000 kg or more of universal pharma	ceutical waste (UPW) accumulated		
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely haz	ardous ("P-listed") pharmaceutical waste accumulated		
Pharmaceuticals SQH = always less than 5,000 kg of UPW and	d 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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.		
a. Batteries			
b. Pesticides			
c. Pharmaceuticals			
d. Mercury Containing Devices	500		
e. Mercury Containing Lamps	500		
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]		
(4) Reverse Distributor of UW Pharmaceuticals	s		
(5) Destination Facility for UW Note: for this activatorage prior to re	ivity, a facility must treat, dispose or recycle a UW. A permit is required for ecycling.		
C. Used Oil Activities:	8) Specific Certification to be signed by all Used Oil Transporters		
 (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 	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.		
 □ a. Transporter □ b. Transfer Facility □ c. Processor □ d. End User 	Signature of Authorized Person Print Name of Authorized Person		
(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.	(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	. Fl	_4000138941
D. Oth	er State Regulated V	Waste Activities:	_		• •	Chapter 62-740, F.A.C.] red for this activity.
your fac	ility. List them in th	e order they are preser	Hazardous Wastes: nted in the regulations (r usually transported.	(e.g., D001, D00	3, F007, U112).	hazardous wastes handled at
I	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
11. Ot	her Status Change	es (Mark 'X' in all tl	nat apply):			
BFa	(2) Waste generate	ed by business has bee	orts, treats, stores, or d n delisted.			
	(1) Closed at this be handling re (2) Out of Busines address, and p Contact Address	egulated waste there. ss - Business closed on hone number where yo	moving to another - s curve and be reached after Phone	Closing.). Please provide a	he new location if you will contact person, mailing
	C. Property Tax			on for Bankrup	tcy Protection	
in accor informa for subn facility,	dance with a system of tion submitted is, to the nitting false informated and aware that trans	designed to assure that he best of my knowled ion, including the poss fer facilities must com	qualified personnel pr dge and belief, true, acc ibility of fine and impl aply with the requirement	operly gather and comprisonment for kn	nd evaluate the info plete. I am aware th owing violations.	der my direction or supervision rmation submitted. The at there are significant penalties If I have notified as a transfer Rule 62-730.182, FAC.
Signat	ure of owner, oper represen	rator, or an authori itative	P	rint Name an	d Title	Date Signed (mm-dd-yyyy)
	11/2		GamA	Boot D	ald A	Jan 19 2012
	1		73,197	Jaco K		1000
If the p	erson who filled in t	this form is not the Fa	acility Contact or Ope	erator, please co	omplete the inform	nation below:
(Name of person completing this form)		(Phone Number)	(Phone Number) (E-mail Addre		ess)	
13. Co	mments:					

Received



Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road

Tallahassee, Florida 32399-2400

JAN 23 2012

Rick Scott Governor

BSHW

Jennifer Carroll Lt. Governor

Herschel T. Vinyard Jr. 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.

Thonker Lighting like waste 34202

non-tier lighting	Inc 4204	28th Street	Brasenton	tc 34203
Facility Name Str		Address	City and State	
941-342.880]	941.827-01	01_ thub	oard Offrontie	erlighting tom
Phone	Fax	E-mai		
Section 1: For <u>all</u> transpo Complete all s		er facilities (in-state c all boxes that app		te).
1. Estimated <u>number</u> of Types: Fluc	LAMPS handled prescent \Box	during the last cald HID		10000
2. Estimated <u>number</u> of Types: Thermome	rmostats 🗆 💮 I	ed during the last controls. Electric Switches/Romanometers	•	
3. Estimated weight of I	DEVICES handled	l during the last ca	lendar year	lb.
4. Estimated <u>number</u> of Check the boxes for lampand contact information.	os (L) or devices (-
Number L ♥ D □ Faci	lity Name	City/	State	Phone
Windemuller		Sarasuta	FC	
Number L□D□ Faci	lity Name	City/		Phone
Number L D Faci	<u> </u>	City/S	J	Phone (19, 2012) Date

"More Protection, Less Process"

www.dep.state.fl.us

Section 2: For <u>out-of-state</u> transporters and transfer facilities <u>only</u>

transfer facility for universal wast	n your state aware of your activities as a transporter of the lamps and devices in Florida?
Yes	No
written verification from that envactivities as a transporter for univ	he following in previous years, please enclose some ironmental agency that they are aware of your versal waste lamps and devices in Florida and in your he form of a letter to you or to the Department, a
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 8700-12FL to:

HWRS, MS 4560 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.

Thank you for your cooperation in providing this information.