

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

02/08/2012

Maryann Gardner Thunderbird Trucking LLC 4343 Kennedy Ave East Chicago, IN 46312-2723

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 **4343 Kennedy Ave, East Chicago, IN 46312** has been registered through **March 1, 2013** with the following status:

Facility ID # INR000123497

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

15 MANHANNA MOTECTION	8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY				1.	Date Re for FDEP Offi	ceived cial Use Only)	
FLORIDA	DEP V 2600		JAN 11					
EPA ID I N R	0 0 0 1 2	(850) 245-8772 3 4 9 7	IAN 25	2012			nfö	
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	TH	FEID No. 2 7 0 8 5 1 0 6 2						
3. Facility Operator (List additional Operators in the	Name of Operator: THUNDERBIRD TRUCKING LLC			New Operator Date became Operator: //// mm dd yy				
comments section).	Street or P.O. Box: 4343 KENNEDY AVENUE				Phon	e Number: 2	19-397-3951	
	City or Town:	EAST CHIC	CAGO	State:	IN	Zip Code:	46312	
	Operator Type:		Municipal	State]Othe	r		
4. Facility Physical Location	Physical Street Address: 4343 KENNEDY AVENUE							
Information	City or Town:	EAST CHIC	AGO	State:	IN	Zip Code:	46312	
	County: Choose)	If available, please attach a map or sketch of the facility boundaries.					
	Latitude: Method: Longitude: / Method: d mm s s . ssss d d mm s s . ssss Datum:							
5. Facility North American Industry Classification System (NAICS)								
Code(s)		С.		D.				
6. Facility or Business Mailing	Street Address or P.O. Box: 4343 KENNEDY AVE							
Address	City or Town:	EAST CHIC	AGO	State:	IN	Zip Code:	46312	
7. Facility or Business Contact Person	First Name:	MARYANN	Last Name: GA	RDNE	R			
	Phone Number:	219-397-3951	Extension: 2474	E-Mail:	mary	ann.gardner	@tradebe.com	
	Street or P.O. Box: 4343 KENNEDY AVENUE							
	City or Town:	AGO	State:	IN	Zip Code:	46312		
8. Real Property (Land) Owner of the Facility's Physical Location	Name of Real Property (Land) Owner: NO physical Wcation w FL			New Owner Date became Owner:// mm dd yy Phone Number:				
(List additional								
real property owners in the comments	City or Town:	· ·	······	State:		Zip Code:		

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

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ા છે. આ ગામમાં આવેલી આ ગામમાં આવેલી છે. આ ગામમાં આવેલી પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક આ આ ગામમાં આવ્યા આ ગામમાં આવ્યા છે. આ ગામમાં આ ગામ	EPA ID No. INR000123497			
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 	 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 			
greater per month (kg/mo) (2,200 lbs.) of <i>non-acute</i> hazardous waste; or Greater than 1 kg (2.2 lbs) of <i>acute</i> hazardous waste	 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 Informati Insurance Company 	waste only D. For commercial purposes			
Address 10320 ORLAND PARK	VAY ORLAND PARK IL 60467			
Contact CORINNE BURNETT Policy Number CA5844367	Telephone 312-917-8605 Expiration date 12-31-2011			
d. Transportation Mode 🗌 Air 🗋 Rail 🛛 Highway	Water Other - specify			
e. Hazardous Waste Transfer Facility:	Storage Volume			
L Initial notification The following items are required to be submitted v Florida Administrative Code (F.A.C.)]:	with the initial notification for a transfer facility [Rule 62-730.171(3),			
Certification by a responsible corporate officer of criteria of Section 403.7211(2), Florida Statutes Evidence of the transporter's financial responsibili				
A brief general description of the transfer facility A copy of the facility closure plan [Rule 62-730.1]	operations [Rule 62-730.171(3)(a)4., F.A.C.]			
A copy of the contingency and emergency plan [R A map or maps of the transfer facility [Rule 62-73]				
 Notification of changes in above items Annual update notification 				

	EPA ID No. INR000123497					
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 ac	ccumulated by for-hire handler					
Mercury-containing devices SQH = less than 100 kg accumulate	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 lam	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	eutical 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					
(1) For those Managing Generate/ Accumulate Generate/ instructions 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	APPROXIMATLEY 40 LBS					
b. Pesticides	APPROXIMATLEY 40 LBS					
c. Pharmaceuticals	APPROXIMATLEY 40 LBS					
d. Mercury Containing Devices	APPROXIMATLEY 40 LBS					
e. Mercury Containing Lamps	APPROXIMATLEY 40 LBS					
(3) Mercury Recovery and/or Reclamation Facility Note: A hazardous waste permit is required for this activity. [Rul [Chapter 62-737, F.A.C.] F.A.C.]						
(4) Reverse Distributor of UW Pharmaceuticals	Lamps Devices					
(5) Destination Facility for UW Storage prior to rec	ity, a facility must treat, dispose or recycle a UW. A permit is required for ycling.					
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):	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,					
 a. Transporter b. Transfer Facility 	current and being adhered to. If any modifications have been made to the					
(2) Collection Center	orginally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is					
(3) Used Oil Processor (A permit is required for this activity.)	demonstrated by the attached Used Oil Transporter Certificate of					
 (4) Off-Specification Used Oil Burner (5) Used Oil Fuel Marketer Liability Insurance, DEP form 62-710.901(4), F.A.C. 						
(6) Used Oil Filter	Manul					
a . Transporter	Signature of Authorized Person					
b. Transfer Facility c. Processor	MARYANN GARDNER					
d. End User	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	(9) The records required under the provisions of Rule 62-710.510,					
applicable, enclose a check or money order, in the amount of \$100,	F.A.C., are kept at (check one):					
payable to Florida Department of Environmental Protection.Image: Our mailing (business) addressImage: A check is enclosed.Image: Department of Environmental Protection.Image: Department of En						

				EPA ID No.	INRO	00123497	
	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 facili	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	Ĵ	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
11. Othe	er Status Changes (Mai	rk 'X' in all that aj	pply):			•	
 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)	
Man	1 Shan barak	2	MARYANN GARDNER			12/12/2011	
			DIRECTOR				
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If the person who filled in this form is not the Facility Contact or Operator, please complete the information below: MARYANN GARDNER 219-397-3951 maryann.gardner@tradebe.com							
			(Phone Number) (E-mail Address)				
13. Comments:							