



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

02/23/2012

Kay Clemons, Purchasing Manager
Milroy Optical
5067 Savarese Cir
Tampa, FL 33634-2404

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 **Milroy Optical** located at **5067 Savarese Cir, Tampa , FL33634-2404**

FLR000079376

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Large Quantity Generator.**

Your facility is **currently registered** for the following activities: **None.**

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:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000079376.

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

Sincerely,


FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 58360 , Email Address: kclemons@essilorusa.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8760

Date Received
(for FDEP Official Use Only)

FEB 15 2012

BSHW

EPA ID FLR000079376

Bi-Haz. Waste Report

1. Reason for
Submittal

- ☐ 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 site identification information).
☒ As a component of the Hazardous Waste Report. ☐ Is this the final notification (see instructions) for the facility?

2. Facility or
Business Name

MILROY OPTICAL

FEID No.

7-516279

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

A. Name of Operator:

ESSILOR LABORATORIES OF AMERICA

☐ New Operator

Date Became Operator : 05/03/1996
mm dd yy

Street or P.O. Box:

13515 N STEMMONS HWY

Phone Number:

(800) 366-6342

City or Town: DALLAS

State: TX

Zip Code: 75234-

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

4. Facility Physical
Location
Information

Physical Street Address: 5067 SAVARESE CIRCLE

City or Town: TAMPA

State: FL

Zip Code: 33634-

County: HILLSBOROUGH

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

Latitude: 0 0 0.0000
dd mm ss.ssss

Longitude: 0 0 0.0000
dd mm ss.ssss

Method:
Datum:

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

A. 339115

B.

C.

D.

6. Facility Mailing
Address

Street or P.O. Box: 5067 SAVARESE CIRCLE

City or Town: TAMPA

Country: US

33634-

7. Facility Contact
Person

First Name:

KAY

Last Name:

CLEMONS

Title:

PURCHASING MGR

Phone Number: (813) 889-0858 Extension: 2180

Email: KCLEMONS@ESSILORUSA.COM

Street or P.O. Box: SAVARSE CIR

City or Town: TAMPA

33634-

8. Real Property
Owner of the
Facility's
Physical Location

Name of Real Property Owner:

ESSILOR LABORATORIES OF AMERICA

☐ New Owner

Date Became Owner : 05/03/1996
mm dd yy

Street or P.O. Box:

13515 N STEMMONS HWY

Phone Number:

(800) 366-6342

City or Town: DALLAS

State: TX

Zip Code: 75234-

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other US

9. Type of Regulated Waste Activity Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice.**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 nonacute 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/or 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

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

5. Person Authorized to Manage Conditionally Exempt Waste generated at other facilities - Check this management activity ONLY if you attach EITHER a copy of your application 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 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 _____

Address _____

Contact: _____

Telephone: _____

Policy Number: _____

Expiration date: / /

d. Transportation Mode: ☐ Air; ☐ Rail; ☐ Highway; ☐ Water; ☐ Other - specify _____e. ☐ Hazardous Waste Transfer Facility:

Storage Volume 0.00

☐ 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	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 type="checkbox"/>	<input type="checkbox"/>	0.00
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
e. Mercury Containng Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ 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) ☐ Used Oil 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

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.

D001	D002	D006	D008	D035	F003	

☐ **11. Other Status Changes (Mark 'X' in the appropriate boxes):****A. Non-Handler of Regulated Waste at this facility**


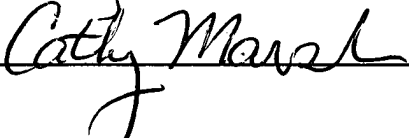

- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
- ☐ 2. Waste generated by business has been delisted.
- ☐ 3. Other (explain) _____

B. Facility Closed

- ☐ 1. Closed at this location and moved or moving to another - submit a new 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	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	KAY CLEMONS PURCHASING MGR	01/23/2012
		2/14/12

Contact: **KAY CLEMONS**

(813)889-0858

KCLEMONS@ESSILORUSA.COM

13. CommentsLand Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐

Hazardous Waste Generation, Treatment, and Shipping Summary Report

02/13/2012

Biennial Hazardous Waste Report electronic data submission summary.

MILROY OPTICAL

SAVARESE CIRCLE

TAMPA, FL 33634

NAICS 339115

Ophthalmic Goods Manufacturing

Waste Generation and Management Information

Generated, Treated, Shipped Tons

FLR000079376

GM Page: 00001

ALLOY RESIDUE/DEBRIS FROM LENS BLOCKING OPERATION

W002

Contaminated debris: paper, clothing, rags, wood, empty fiber or plastic

15.38 Tons

G09

Other production or service-related processes(when the waste is a direct

D006

D008

Shipped to: FLD980711071

H141

Storage, bulking, and/or transfer off-site - no

15.38 Tons

GM Page: 00002

METHANOL AND VARNISH FROM LENS CLEANING PROCESS

W204

Concentrated halogenated/ non-halogenated solvent mixture

3.46 Tons

G09

Other production or service-related processes(when the waste is a direct

D001

D035

F003

Shipped to: FLD980711071

H061

Fuel blending prior to energy recovery at another site.

3.46 Tons

GM Page: 00003

CORROSIVE LIQUID USED IN THE PROCESS OF STRIPPING OPTICAL LENSES

W113

Other aqueous waste or wastewaters (fluid, not sludgy)

0.20 Tons

G04

Etching(using caustics or other methods to remove layers or partial layers)

D002

Shipped to: FLD980711071

H141

Storage, bulking, and/or transfer off-site - no

0.20 Tons

This information has been reviewed by:

Kay Clemons
KAY CLEMONS

813-889-0858
(813)889- x2180

Received

FEB 15 2012

BSHW

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME MILROY OPTICAL
5067 SAVARESE CIRCLE
TAMPA, FL 33634
EPA ID NO: FLR000079376

Received

FEB 15 2012

BSHW

GM
FORM

PROTECTION AGENCY

2011 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste Description ALLOY RESIDUE/DEBRIS FROM LENS BLOCKING OPERATION			
B. EPA Hazardous Waste Code(s) D006 D008		C. State Hazardous Waste Code(s)		
D. Source Code G09 Management Method code for Source code G25	E. Form Code W002	F. Quantity Generated in 2011 30,771.00 UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>X</u>	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2011	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2011	

Sec. 3	A. Was any of this waste shipped off site in 2011 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped FLD980711071	C. Off-site Management Method code shipped to H141	D. Total quantity shipped in 2011 30,771.00
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2011
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2011

Comments Contaminated debris: paper, clothing, rags, wood, empty fiber or plastic containers, glass, piping, othe FROM: Other production or service-related processes (where the waste is a direct outflow or result - specify in comments) Waste Min: No minimization

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME MILROY OPTICAL
5067 SAVARESE CIRCLE
TAMPA, FL 33634EPA ID NO: FLR000079376U.S. ENVIRONMENTAL
PROTECTION AGENCY

2011 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste Description METHANOL AND VARNISH FROM LENS CLEANING PROCESS		
B. EPA Hazardous Waste Code(s) D001 D035 F003		C. State Hazardous Waste Code(s)	
D. Source Code G09 Management Method code for Source code G25	E. Form Code W204	F. Quantity Generated in 2011 UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>X</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2011	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2011

Sec. 3	A. Was any of this waste shipped off site in 2011 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>FLD980711071</u>	C. Off-site Management Method code shipped to <u>H061</u>	D. Total quantity shipped in 2011 <u>6,931.00</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2011
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2011

Comments Concentrated halogenated/ non-halogenated solvent mixture FROM: Other production or service-related processes (where the waste is a direct outflow or result - specify in comments) Waste Min: No minimization

U.S. ENVIRONMENTAL
PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME MILROY OPTICAL
5067 SAVARESE CIRCLE
TAMPA, FL 33634EPA ID NO: FLR000079376

2011 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1	A. Waste Description CORROSIVCE LIQUID USED IN THE PROCESS OF STRIPPING OPTICAL LENSES		
B. EPA Hazardous Waste Code(s) D002		C. State Hazardous Waste Code(s)	
D. Source Code G04 Management Method code for Source code G25	E. Form Code W113	F. Quantity Generated in 2011 UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>X</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2011	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2011

Sec. 3	A. Was any of this waste shipped off site in 2011 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>FLD980711071</u>	C. Off-site Management Method code shipped to <u>H141</u>	D. Total quantity shipped in 2011 <u>418.00</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2011
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2011

Comments Other aqueous waste or wastewaters (fluid, not sludgy) FROM: Etching (using caustics or other methods to remove layers or partial layers) Waste Min: No minimization

SITE NAME

MILROY OPTICAL
SAVARESE CIRCLE
TAMPA

FL 33634

EPA ID NO: **FLR000079376**



U.S. ENVIRONMENTAL
PROTECTION AGENCY
2011 Hazardous Waste Report

**FORM
OI**

**OFF-SITE
IDENTIFICATION**


Form 1	A. EPA ID No. of off-site installation or transporter FLD980711071	B. Name of off-site installation or transporter PERMA-FIX OF FLORIDA, INC.	
C. Handler Type N Generator Y Transporter Y TSDR		D. Address of off-site installation Street 1940 NW 67TH PLACE City GAINESVILLE State FL Zip 32653-	

Received

FEB 15 2012

BSHW

00001

SEND THE COMPLETED FORM TO: The Appropriate State or Regional Office	<div style="text-align: center;"> United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM </div> <div style="text-align: right;">  Received FEB 15 2012 BSHW </div>		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number: FLR000079376		
3. Site Name	Name: MILROY OPTICAL		
4. Site Location Information	Street Address: 5067 SAVARESE CIRCLE		
	City, Town, or Village: TAMPA		County: HILLSBOROUGH
	State: FL	Country: US	Zip Code: 33634-
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. 339115		B.
	C.		D.
7. Site Mailing Address	Street or P.O. Box: 5067 SAVARESE CIRCLE		
	City, Town, or Village: TAMPA		
	State: FL	Country: UNITED STATES	Zip Code: 33634-
8. Site Contact Person	First Name: KAY		MI:
	Last: CLEMONS		
	Title: PURCHASING MGR		
	Street or P.O. Box: 5067 SAVARSE CIR		
	City, Town, or Village: TAMPA		
	State:	Country: US	Zip Code: 33634-
	Email: KCLEMONS@ESSILORUSA.COM		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: ESSILOR LABORATORIES OF AMERICA		Date Became Owner: 05/03/1996
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: 13515 N STEMMONS HWY		
	City, Town, or Village: DALLAS		Phone: (800) 366-6342
	State: TX	Country: US	Zip Code: 75234-
	B. Name of Site's Operator: ESSILOR LABORATORIES OF AMERICA		Date Became Operator: 05/03/1996
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts for Items 1 through 7.**Y ☒ N ☐ 1. Generator of Hazardous Waste**

If "Yes" mark only one of the following - a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste

If "Yes" above, indicate other generator activities.

- Y ☐ N ☒ d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

- Y ☐ N ☒ e. United States Importer of Hazardous Waste

- Y ☐ N ☒ f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ 2. Transporter of Hazardous Waste
If "Yes", mark all that apply.

- ☐ Transporter
☐ Transfer Facility

Y ☐ N ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for these activities**Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)**
Note: A hazardous waste permit may be required for this activity.**Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, Refining Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control**Y ☐ N ☒ 7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities Complete all parts 1 - 2.****Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**Manage or Accumulate

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other ☐
f. Other ☐
g. Other ☐

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities -Complete all parts 1-4.**Y ☐ N ☒ 1. Used Oil Transporter**
If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner -
If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner**Y ☐ N ☒ 4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Wastes

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D006	D008	D035	F003	

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) Activity

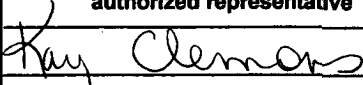
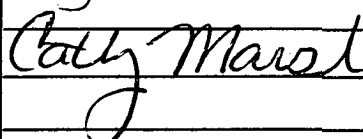
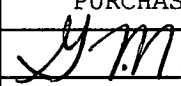
Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

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14. 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. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	KAY CLEMONS	01/23/2012
	PURCHASING MGR 	2/14/2012