

## 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

05/01/2012

Taura VanMullem
MP Environmental Services Inc
3400 Manor Street
Bakersfield, CA 93308-

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 **3400 MANOR ST, BAKERSFIELD, CA 93308** has been registered through **March 1, 2013** with the following status:

Facility ID # **CAT000624247** 

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 <a href="mailto:Laurie.Tenace@dep.state.fl.us">Laurie.Tenace@dep.state.fl.us</a>.

Sincerely,

Laurie Tenace

**Environmental Specialist** 

Hazardous Waste Management Section

**Enclosures** 



## 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 Date Received (for FDER Official/Osc Only)

APR 16 2012

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EPA ID C A T	0 0 0 6 2	4 2 4 7	MTS			RCRAIn	o v	
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 information).       □ Is this the final notification (see instructions) for the facility?							
2. Facility or Business Name	MP ENVIRONMENTAL SERVICES, INC				FEID No.  7 7 0 2 6 2 8 8 8			
3. Facility Operator (List additional Operators in the	Name of Operator: MP ENVIROMENTAL SERVICES, INC				New Operator Date became Operator://			
comments section).	Street or P.O. Box: 3400 MANOR STREET				Phon	e Number: 66	61-393-1151	
	City or Town:	City or Town: BAKERSFIELD			CA	Zip Code:	93308	
i degle e de la companya de la comp	Operator Type: Private Federal Municipal State Other							
4. Facility Physical Location Information	Physical Street Address: 3400 MANOR STREET							
	City or Town: BAKERSFIELD			State:	CA	Zip Code:	93308	
	County: Choose If available, please attach a map or sketch of the facility boundaries.							
	Latitude:           .   Longitude:           .   Method:  d d m m s s .ssss d d m m s s .ssss Datum:							
5. Facility North Am		A. 4842	484220		B. 562910			
Classification Syst Code(s)	tem (NAICS)	c. 484230		D. 238910				
6. Facility or	Street Address or P.O. Box: 3400 MANOR STREET							
Business Mailing Address	City or Town:	BAKERSF	IELD	State:	CA	Zip Code:	93308	
7. Facility or Business Contact Person	First Name: TAURA Last Name: VA			NMULLEM Title: Permits/Licensing				
	Phone Number: 661-393-1151 Extension: 233			E-Mail: tvanmullem@mpenviro.com				
	Street or P.O. Box: 3400 MANOR STREET							
	City or Town: BAKERSFIELD			State:	CA	Zip Code:	93308	
8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)	Name of Real Property (Land) Owner:			New Owner Date became Owner:///				
	Street or P.O. Box: 3400 MANOR STREET Phone Number: 661-393-1151							
	City or Town:	BAKERSFIELD			CA	Zip Code:	93308	
	Owner Type: Private Federal Municipal State Other							

		EPA ID No. CAT000624247				
9. Type of Regulated Waste Activity ( Mark 'X' in all that 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	(3) (4) (1)	Items 2 through 7, mark 'X' in all that apply.  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.)  Recycler of Hazardous Waste (at your facility) Specify: Commercial; Non-Commercial. A permit is required for storage prior to recycling.  Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption b. Smelting. Melting. and Refining Furnace Exemptio  Person Authorized to Manage Conditionally Exempt W	/aste			
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	-, -	Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your applie for such authorization OR the authorization you received fi FDEP.	cation			
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 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 XL INS Address 505 EAGL EXTON, PA 19341	waste or on URANCE	e only  b. For commercial purposes				
Contact JOANNE MOORE	Teleph	ephone559-449-7200				
Policy Number GLO365513315	Expir	xpiration date 10/01/2012				
d. Transportation Mode 🔲 Air 🗀 Rail 🔀 Highway	■Wate	Vater Other - specify				
e. Hazardous Waste Transfer Facility:		Storage Volume				
☐ Initial notification	the transpire. (F.S.) [Rule poperation (71(3)(a)5) ule 62-73	ne initial notification for a transfer facility [Rule 62-730.171(3)] cansporter that the proposed location satisfies the [Rule 62-730.171(3)(a)1 F.A.C.] cited 62-730.171(3)(a)3 F.A.C.] cited for facility [Rule 62-730.171(3)(a)4 F.A.C.] (a)5 F.A.C.] 2-730.171(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):					
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 pharmace	eutical waste (UPW) accumulated				
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar					
Pharmaceuticals SQH = always less than 5.000 kg of UPW and a	•				
Generate/ Transport Handle at Transfer	(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	2000 LBS				
b. Pesticides	1000 LBS				
c. Pharmaceuticals					
d. Mercury Containing Devices	500 LBS				
e. Mercury Containing Lamps	100 LBS				
(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, FAC]				
(4) Reverse Distributor of UW Pharmaccuticals	☐ Lamps ☐ Devices ☐				
(5) Destination Facility for UW  Note: for this activistorage prior to recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for cling.				
O. O	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.				
<ul> <li>a. Transporter</li> <li>b. Transfer Facility</li> <li>c. Processor</li> <li>d. End User</li> </ul>	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. CAT000624247			
D. Other State R	Regulated Waste Ac	ctivities:		Contact Water (P	CW) Handler [Chapmit may be required f		
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.							
<sup>/</sup> D001	D002	<sup>3</sup> D003	<sup>4</sup> D004	<sup>5</sup> D005	6 D006	<sup>7</sup> D007	
<sup>8</sup> D008	<sup>9</sup> D009	D010	<sup>11</sup> D011	<sup>/2</sup> F001	<sup>/3</sup> F002	<sup>14</sup> F003	
<sup>15</sup> F005		17	18	19		21	
22	23	<u>2</u> 4	25	26	27	28	
11. Other State	us Changes (Mar	k 'X' in all that ap	pply):				
<ul> <li>□ (2) Waste generated by business has been delisted.</li> <li>□ (3) Other (explain)</li> <li>■ B. Facility Closed</li> <li>□ (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.</li> <li>□ (2) Out of Business - Business closed on</li></ul>							
Addres City, S	ss tate, Zip				<u></u> .		
	operty Tax Default		D. Petitio	n for Bankruptcy	y 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  Oate Signed (mm-dd-yyyy)							
Gain	Faceles	word	DownCo	berwood	, President	04.09.2012	
				-			
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:  Taura VanMullem 661-393-1151 tvanmullem@mpenviro.com							
(Name of person	completing this forn	n)	(Phone Number)	· <del></del>	(E-mail Address)		
13. Comments	:						