

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

01/04/2013

Kurt Seaburg Alachua County HHW Collection Center 5125 NE 63rd Ave Gainesville, FL 32609-5515

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 **5125 NE 63rd Ave, Gainesville, FL 32609-5515** has been registered through **March 1, 2014** with the following status:

Facility ID # FLR000057158 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 **2014** 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 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 by sending an updated form 8700-12FL(Florida Notification of Regulated Waste Activity) to the address on the form which can be found at http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us/.

Sincerely,

Luni bran

Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures

CHURCH ROTECTON	8700-12FL - FLORIDA NOT REGULATED WASTE		¢	Date Received for FDEP Official Use Only)			
FLORIDA	DEP Waste Management Division- 2600 Blair Stone Rd. Tallahassee (850) 245-8772	-HWRS, MS4560 e, FL 32399-2400		DEC 1.8 2012			
EPAIDFLR	000057158	MTS		RCRAM			
	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	Alachua County. Hurar Waste Collection Cent	-dous ter	FEID	96000501			
3. Facility Operator (List additional Operators in the	Name of Operator: Alachun County Bo	New Operator Date became Operator:// mm dd yy					
comments section).	Street or P.O. Box: <u>IZ</u> <u>SE</u> <u>157</u> <u>57</u> . City or Town:	0.D. Box 554	7	e Number:			
	Gainesvi/Le		pi-	Zip Code: 32.691-5547			
4 To silitar Davisiaal	Operator Type: Private Federal	<u></u>	State Other	r			
Location		in Ave					
Information	City or Town:		State:	Zip Code: 37.609			
	County: AlaMya	County: If available, please attach a map or sketch of the facility					
	Latitude: <u>Z 9</u> <u> </u> <u>4 2</u> <u> 5</u> <u>8</u> . <u>197</u> 5Longi d d m m s s . ssss	d d ['] m m	S S . SSSS	Method: Datum:			
5. Facility North Am Classification Syst	tem (NAICS)		B.				
Code(s)	с.						
6. Facility or Business Mailing	Street Address or P.O. Box: 5125 NE 631 Ave						
Address	City or Town: Gaine sville		State:	Zip Code: 3260 9			
7. Facility or Business Contact	Kurt	Last Name: Seabur	<u> </u>	Title: Haza dovs. Waste Courdinator			
Person	Phone Number: Extension:		E-Mail: Kyrt Calachua county. vs				
	Street or P.O. Box: SIZSNE 63 M AVE						
	City or Town: Gaines ville	State:	Zip Code: 32609				
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner: Alachur County Boc		Date became Owner: / / mm dd yy				
Physical Location (List additional	Street or P.O. Box: 5547		Phone	e Number:			
real property owners in the comments	City or Town: . Taines VITL		State:	Zin-Code: 32627-5547			
section.)	Owner Type: Private Federal	Municipal 🔲 Star	te 🔲 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

	EPAID No. FLRODOD 57158						
9. Type of Regulated Waste Activity (Mark 'X' in all the							
 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 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 	 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 - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from an antipation of the period. 						
In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator	 FDEP. (FVEP has authorization on file) (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	n waste only D b. For commercial purposes						
	Telephone						
d. Transportation Mode Air Rail Highway Water Other - specify							
e. 🔲 Hazardous Waste Transfer Facility:	Storage Volume						
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.]						

EPAID No. FLR000057158									
B. Univ	ersal Waste (UW)	Activities	(Mark 'X' in	all that apply)					
	Large Quantity Hand	ller (LQH) =	5,000 kg (1)	l,000 lb) or more	of any com	bination of UW acc	cumulated		
\square	Small Quantity Hand	ller (SQH) =	always less t	han 5,000 kg aco	cumulated				
	Mercury-containing	devices LQI	H = 100 kg (2	20 lb) or more a	ccumulated	by for-hire handler			
Ø	Mercury-containing of	devices SQH	I = less than 1	100 kg accumula	ted by for-hi	re handler			
X	Mercury-containing	lamps SQH =	= less than 2,	000 kg (8,000 la	mps) accumu	ulated by for-hire ha	andler		
	[Note: 4 lar	nps = 1 kg, 6	52-737.200(1	0)]					
	Pharmaceuticals LQI	H = 5,000 kg	, or more of u	iniversal pharma	ceutical wast	te (UPW) accumula	ated		
	Pharmaceuticals LQI	H = more the	un 1 kg (2.2 ll	o) of acutely haz	ardous ("P-li	sted") pharmaceuti	cal waste accumulated		
I	Pharmaceuticals SQI	H = always le	ess than 5,000) kg of UPW and	l always 1 kg	g or less of acutely	hazardous UPW accum	ulated	
(1) For t	hose Managing	Generate/ Accumulate	Transport (see note in	Handle at Transfe Facility		•	he maximum amount (or transported at any o	• • •	
			instructions)			·			
a. Batterie								4	
b. Pesticid						· ·		4	
c. Pharma						P	ta so		
d. Mercur	y Containing Devices						nas	ļ	
e. Mercury	y Containing Lamps					LISON K	<u> </u>		
	er 62-737, F.A.C.]	r Reclamati	ion Facility		Note: A haza F.A.C.]	rdous waste permit is re	equired for this activity. [Rule	e 62-737.800,	
(4) Reve	rse Distributor of U	w 🗖		Pharmaceutical	· 🗖	Lamps	Devices		
(5) Desti	nation Facility for U	w 🗆		Note: for this activ storage prior to re		must treat, dispose o	r recycle a UW. A permit	is required for	
C. Used	Oil Activities:	··· <u>-</u> _,		·=	8) Specific	Certification to be s	igned by all Used Oil Tra	ansporters	
(1) Us	sed Oil Transporter	- indicate ty	pe(s) of act	ivity(ies):		I certify as a Used Oil Transporter that the training program and financial			
	a. Transporter	1.4			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 Faci Collection Center 	•			orginally ap	orginally approved training program, they are explained in attachments to			
(2)			is required for	this activity.)	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.			
(5)	Used Oil Fuel Ma	arketer			-				
(6) Used Oil Filter									
 a. Transporter b. Transfer Facility 					Signature of Authorized Person				
b. Transfer Facility \Box c. Processor									
	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 62-710.5									
applicable, enclose a check or money order, in the amount of \$100, F.A.C., are kept at (check or					-	e 62-710.510,			
	payable to Florida Department of Environmental Protection.								
	o Florida Department	t of Environr	nental Protec	tion.	Our ma	uiling (business) add	dress		
A ch	to Florida Department neck is enclosed.	t of Environr	nental Protec	tion.		uiling (business) add te (facility) address			

				EPA ID No. F	LROOOU	57188		
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. List	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.							
BAN	2 For 3	3	4	5	6	7		
8 900 10	9	10	11	12	13	14		
15	16	17	18	19	20	21		
22	23	24	25	26	27	28		
11. Other Statu	is Changes (Mai	k 'X' in all that a	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) <u>MotSet Mold</u> <u>M42a MovS</u> <u>Waste</u> <u>Cullection</u> <u>Curter</u> 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. 								
	of Business - Busin lress, and phone num		n be reached after c		ease provide a con	tact person, mailing		
Contact	:		Phone					
Address								
City, St	ate, Zip							
C. Pro	perty Tax Default		D. Petition	for Bankruptcy P	rotection			
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			Pr	int Name and Ti	Date Signed (mm-dd-yyyy)			
Unit Sealing Kurt Scaping Harridous waste 12/7/12						12/1/12		
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:								
(Name of person of	completing this form	n)	(Phone Number)		(E-mail Address)			
13. Comments								