

## 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

02/06/2013

Patrick LeBoeuf Jump Start Inc PO Box 915552 Longwood, FL 32791-5552

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 **17195 US Highway 441 Suite 101**, **Mount Dora**, **FL 32757-6752** has been registered through **March 1**, **2014** with the following status:

## Facility ID # FLR000197236

Transporter of Universal Waste Lamps Small Quantity Handler Facility for Universal Waste Lamps (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 <a href="http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm">http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm</a>. I can also be contacted at (850) 245-8759 or at <a href="http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm">http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm</a>. I can also be contacted at (850) 245-8759 or at <a href="http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm">http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm</a>. I can also be contacted at (850) 245-8759 or at <a href="http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm">http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm</a>.

Sincerely, brane

Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures

FLORIDA	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					e says i the still state to	eceived ficial Use Only)	
EPA ID FLR0001	97236		MTS			RCRA	Info	
1. Reason for Submittal	Mark 'X' in correct box:       Image: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).         Image: To provide subsequent notification information).       Image: To provide subsequent notification (to update status and facility identification information).         Image: To provide subsequent notification (see instructions) for the facility?							
2. Facility or Business Name	Jump Start, Inc.				FEID 5	9 3 1 6	6 9 6 5 2	
<b>3. Facility Operator</b> (List additional Operators in the	Batteries Plus Bulbs				New Operator Date became Operator: / / / mm dd yy			
comments section).	Street or P.O. Box	: 17195 U.S. H	wy. 441, Suite 10	<b></b>	Phon		352-483-1122	
	City or Town:	Mount D	ora	State:	FL	Zip Code:	32757	
	Operator Type:			State [	Othe			
4. Facility Physical Location	Physical Street Address:17195 U.S. Hwy. 441, Suite 101							
Information	City or Town:	ora	State:	FL	Zip Code:	32757		
	<sup>County:</sup> Lake		If available, please attach a map or sketch of the facility boundaries.					
	Latitude:     _ d d							
5. Facility North Am Classification Syst		<sup>A.</sup> 4539	998					
Code(s)		С.	D.					
6. Facility or Business Mailing	Street Address or P.O. Box: P.O. Box 915552				. <u></u>			
Address	City or Town:	Longwoo		State:	FL		32791-5552	
7. Facility or Business Contact	First Name:	Patrick	Last Name: LeBoeuf <sup>Title:</sup> VP - Operation			Operations		
	Phone Number:	407-920-5755	Extension:	E-Mail: patrick.leboeuf@batteriesplus.net				
	Street or P.O. Box: P.O. Box 915552					······		
	City or Town: Longwood				FL	Zip Code:	32791-5552	
8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments	Name of Real Property (Land) Owner: The Lake Louise Terrace Trust			New Owner Date became Owner: / / mm dd yy				
	Street or P.O. Box: P.O. Box 729				Phone	e Number:		
	City or Town: Altoona				FL	Zip Code:	32702-0729	
section.)	Owner Type: Private Federal Municipal State 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

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9. Type of Regulated Waste Activity (Mark 'X' in all that apply):						
<ul> <li>A. Hazardous Waste Activities:</li> <li>(1) Generator of Hazardous Waste <ul> <li>(Choose only one of the following three categories.)</li> <li>a. Large Quantity Generator (LQG): <ul> <li>Generates in any calendar month 1,000 kilograms or</li> <li>greater per month (kg/mo) (2,200 lbs.) of non-acute</li> </ul> </li> </ul></li></ul>	<ul> <li>For Items 2 through 7, mark 'X' in all that apply.</li> <li>(2) Treater, Storer, or Disposer of Hazardous Waste <ul> <li>(at your facility) Note: A hazardous waste permit</li> <li>may be required for this activity.</li> </ul> </li> <li>a. Operating Commercial TSD <ul> <li>b. Operating Non-commercial TSD</li> </ul> </li> </ul>					
<ul> <li>hazardous waste; or Greater than 1 kg (2.2 lbs) of <i>acute</i> hazardous waste</li> <li>b. Small Quantity Generator (SQG): Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;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</li> <li>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.) of <i>non-acute</i> hazardous waste and 1 kg</li> </ul>	<ul> <li>c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)</li> <li>(3) Recycler of Hazardous Waste (at your facility) Specify: Commercial; Non-Commercial. A permit is required for storage prior to recycling.</li> <li>(4) Exempt Boiler and/or Industrial Furnace         <ul> <li>a. Small Quantity On-site Burner Exemption</li> <li>b. Smelting, Melting, and Refining Furnace Exemption</li> <li>(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</li> </ul> </li> </ul>					
<ul> <li>(2.2 lbs) or less of <i>acute</i> hazardous waste</li> <li>In addition, indicate other generator activities that apply.</li> <li>d. United States Importer of hazardous waste</li> <li>e. Mixed Waste (hazardous and radioactive) Generator</li> </ul>	<ul> <li>FDEP.</li> <li>(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.</li> </ul>					
<ul> <li>(7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Informati Insurance Company</li></ul>						
Contact	Telephone					
Policy Number Expiration date d. Transportation Mode Air Rail Highway Water Other - specify						
e. Hazardous Waste Transfer Facility:	Storage Volume					
<ul> <li>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.)]:</li> <li>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.]</li> <li>Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]</li> <li>A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]</li> <li>A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]</li> <li>A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]</li> <li>A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]</li> <li>Notification of changes in above items</li> <li>Annual update notification</li> </ul>						

	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	of any combination of UW accumulated					
Small Quantity Handler (SQH) = always less than 5,000 kg acc	umulated					
<ul> <li>Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler</li> <li>Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler</li> </ul>						
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 pharmac	ceutical 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/ Accumulate Facility	r (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						
e. Mercury Containing Lamps						
(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.]	F.A.C.]					
[Chapter 62-737, F.A.C.] (4) Reverse Distributor of UW Pharmaceuticals						
(4) Reverse Distributor of UW  Pharmaceuticals	Lamps Devices vity, a facility must treat, dispose or recycle a UW. A permit is required for					
(4) Reverse Distributor of UW       Pharmaceuticals         (5) Destination Facility for UW       Note: for this activity	<ul> <li>Lamps Devices</li> <li>vity, a facility must treat, dispose or recycle a UW. A permit is required for cycling.</li> <li>8) Specific Certification to be signed by all Used Oil Transporters</li> </ul>					
(4) Reverse Distributor of UW       Pharmaceuticals         (5) Destination Facility for UW       Note: for this activity storage prior to red	Lamps Devices vity, a facility must treat, dispose or recycle a UW. A permit is required for cycling.					
<ul> <li>(4) Reverse Distributor of UW</li> <li>Pharmaceuticals</li> <li>(5) Destination Facility for UW</li> <li>Note: for this activity storage prior to read</li> <li>C. Used Oil Activities: <ul> <li>(1) Used Oil Transporter - indicate type(s) of activity(ies):</li> <li>a. Transporter</li> <li>b. Transfer Facility</li> </ul> </li> <li>(2) Collection Center <ul> <li>(3) Used Oil Processor (A permit is required for this activity.)</li> <li>(4) Off-Specification Used Oil Burner</li> <li>(5) Used Oil Fuel Marketer</li> </ul> </li> </ul>	<ul> <li>Lamps Devices</li> <li>Devices</li> <li>ity, a facility must treat, dispose or recycle a UW. A permit is required for cycling.</li> <li>8) Specific Certification to be signed by all Used Oil Transporters</li> <li>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 orginally 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</li> </ul>					

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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.								
1	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. Other State	us Changes (Mai	k 'X' in all that a	pply):	:				
□ (1) Bus □ (2) Wa □ (3) Oth ■ (3) Oth □ (1) Clo be	sed	erates, transports, t siness has been del and <b>moved or mov</b> waste there.	isted.		omit a new		e new location if you will	
• • •	lress, and phone nu		n be r	eached after c			inant person, muning	
Contact	t			Phone				
Addres								
City, St	ate, Zip							
C. Pro	perty Tax Default			D. Petition	fo <mark>r Ban</mark> kr	uptcy 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)		
1117		-	Craig A. Baumann, President			1-16-2013		
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If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:								
	Craig A. Baumann262-893-5593craig.baumann@batteriesplus.netVame of person completing this form)(Phone Number)(E-mail Address)							
13. Comments		.) 			·		<i>"</i>	
	-							