

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

03/05/2013

Raj Singh Stericycle Specialty Waste Solutions Inc 341 Landstreet Rd # B Orlando, FL 32824-

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 314 W Landstreet Rd # B, Orlando, FL 32824-7803 has been registered through March 1, 2014 with the following status:

Facility ID # **FLR000006353**

Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste 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 **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,

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 Date Received (for FDEP Official Use Only)

		(050) 2 15 07 72	·			1112	
EPA ID FLR	00000	6 3 5 3	MTS			RCRAI	nfo
1. Reason for Submittal	Mark X' in correct box: B 99 2013	waste, universal wa To provide subsequinformation).	notification (to obtain uste, or used oil activit nent notification (to u	ies). update sta	atus and	d facility iden	
2 Tariffan an	FEID No.						
2. Facility or Business Name	Stationale Specialty Wests Solutions Inc					1 1 4 6 3	
3. Facility Operator (List additional Operators in the	Name of Operator: Stericycle Specialty Waste Solutions, Inc.				New Operator Date became Operator: 05 / 31 /2009 mm dd yy		
comments section).	Street or P.O. Box: 314 -B Landstreet Road				Phone Number: 800-762-9162		
	City or Town:	Orlande	0	State:	FL	Zip Code:	32824
	Operator Type:	Private Federal	Municipal 5	State [Othe	r Publ	icly Held
4. Facility Physical Location	Physical Street Address: 314 -B Landstreet Road						
Information	City or Town:	Orlando		State:	FL	Zip Code:	32824
	County: Orange	If available, plea boundaries.	ailable, please attach a map or sketch of the facility daries.				
	Latitude: 2 8 4 3 5 7 . 93 Longitude: 8 1 3 8 3 1 . 52 Method: dd mm ss.ssss dd mm ss.ssss Datum:						
5. Facility North Am	erican Industry	A. 5621	12	₿.			
Classification Syst Code(s)	em (NAICS)	C.		D.			
6. Facility or	Street Address or P.O. Box: 341-B Landstreet Road						
Business Mailing Address	City or Town:	Orlando)	State:	FL	Zip Code:	32824
7. Facility or Business Contact	First Name:	Raj	Last Name:	Singh		Title: Facil	ity Manager
Person	Phone Number:	(407) 855-0141	Extension:	E-Mail:	i	rsingh@steri	cycle.com
	Street or P.O. Box: 314 -B Landstree				et Road		
	City or Town: Orlando			State:	FL	Zip Code:	32824
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: Dr. Robert Baker			Date became Owner: 03 / 13 / 1986 mm dd yy			
	Street or P.O. Box: 424 Riverside Drive				Phone Number: (269) 964-7113		
	City or Town: Battle Creek Sta			State:	МІ	Zip Code:	49015
	Owner Type: Private Federal Municipal State Other						

EPA ID No. FLR000006353
at apply):
For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of 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
(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.
(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.
e of Liability Insurance is required along with this registration.] waste only b. For commercial purposes on
d Fire Insurance Company
artford Plaza
06155
Telephone (312) 627-6837
Expiration date 06-01-2013
☐ Water ☐ Other - specify
Storage Volume 300 55 Gallon Drum
with the initial notification for a transfer facility [Rule 62-730.171(3), the transporter that the proposed location satisfies the (F.S.) [Rule 62-730.171(3)(a)1., 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.] tule 62-730.171(3)(a)6., F.A.C.] 60.171(3)(a)7., F.A.C.]

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B. Universal Waste (UW) Activities (Mark 'X' in		•						
	Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated							
Small Quantity Handler (SQH) = always less t	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							
	•	•		ļ				
Mercury-containing lamps LQH = 2,000 kg (4		•	•	1				
Mercury-containing lamps SQH = less than 2,0		ps) accumu	lated by for-hire nandler	,				
[Note: 4 lamps = 1 kg, 62-737.200(1)		inal suggi	CIDUD commulated	,				
Pharmaceuticals LQH = 5,000 kg or more of u	-		, ,	,				
Pharmaceuticals LQH = more than 1 kg (2.2 lt		•	· -	ļ				
		T	g or less of acutely hazardous UPW accumulated					
(1) For those Managing Generate/ Accumulate Transport (see note in instructions)	•	1	your esitmate of the maximum amount (in pound pe of UW on site or transported at any one time.					
a. Batteries	X	I and the second	1,000 lbs.					
b. Pesticides	$\overline{\boxtimes}$		60 lbs.					
c. Pharmaceuticals	$\overline{\mathbf{x}}$		45,000 lbs.					
d. Mercury Containing Devices	\boxtimes		483 lbs.					
e. Mercury Containing Lamps			100,000 lbs.					
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]		Note: A hazar F.A.C.]	urdous waste permit is required for this activity. [Rule 62-737.80]	00,				
(4) Reverse Distributor of UW 🔀	Pharmaceuticals	(X)	Lamps Devices D					
II A Lloctingtion Eggilly for LIM	Note: for this activit storage prior to recy	• •	must treat, dispose or recycle a UW. A permit is required	d for				
C. Used Oil Activities:	1	1 -	Certification to be signed by all Used Oil Transporter	1				
(1) Used Oil Transporter - indicate type(s) of act		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. Transporterb. Transfer Facility		current and	being adhered to. If any modifications have been made to	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			surance, DEP form 62-710.901(4), F.A.C.					
(5) Used Oil Fuel Marketer (6) Used Oil Filter		12	M Parist 6					
a. Transporterb. Transfer Facility		Signature of Authorized Person						
c. Processor		T.J. Mc Caustland						
d. End User		Print Name of Authorized Person						
(7) Used Oil Transporters, Transfer Facilities, Collectio Specification Burners and Marketers must pay an annua	1							
registration fee. Used Oil Processors are exempt from the		(a) The re-	cords required under the provisions of Rule 62-710.	1510				
applicable, enclose a check or money order, in the amou	unt of \$100,		e kept at (check one):	,				
payable to Florida Department of Environmental Protec		⊠ our ma	ailing (business) address					
☐ A check is enclosed.		➤ The sit	ite (facility) address					

							·····
					EPA ID No.	FLR	000006353
D. Othe	r State R	egulated Waste A	ctivities:			PCW) Handler [Ch mit may be required	apter 62-740, F.A.C.] for this activity.
your faci	lity. List	them in the order t	hey are presented i	n the regulations (e.g., D001, D003,		zardous wastes handled at are needed.
, A	JID	² AllF	3 AllK	⁴ AliP	⁵ AllU	6	7
8		9	10	11	12	13	14
15		16	17	18	19	20	21
22		23	24	25	26	27	28
11. Ott	er Statu	is Changes (Mai	k 'X' in all that a	pply):			
A. No	(1) Bus (2) Was	er of Regulated Winess no longer gente generated by but	erates, transports, siness has been del	treats, stores, or dis			
B. Fac	(2) Out add Contact Address	ted at this location thandling regulated of Business - Business, and phone numbers,	waste there. ness closed on mber where you ca	n be reached after Phone	(Date).	Please provide a con	new location if you will ntact person, mailing
		perty Tax Default			for Bankrupte		
in accord informati for subm facility, l	lance with ion submi itting fals am awar	a system designed tted is, to the best of information, include	I to assure that qual of my knowledge a uding the possibilit ities must comply v	lified personnel pro nd belief, true, acc y of fine and impri	pperly gather and urate, and comple sonment for known	evaluate the informate. I am aware that twing violations. If I	my direction or supervision ation submitted. The here are significant penalties have notified as a transfer le 62-730.182, FAC.
Signate	ire oi om	representative	r an authorizeu	Pı	int Name and	Title	Date Signed (mm-dd-yyyy)
1/1	1100	111		Т	J. Mc Caust	and	02-21-2013
	<i>ll </i>	<u> </u>	<u> </u>			· · · · · · · · · · · · · · · · · · ·	
					······································		
If the po	erson who	o filled in this form	n is not the Facilit	•	-	nplete the informat	
T.J. Mc Caustland					@stericycle.com		
(Name o	f person c	ompleting this form	n)	(Phone Number)		(E-mail Address))
13. Cei For U 03/01		il Waste Lamp	and Device T	ransporter and	l Transfer Fa	cility (reg exp o	n



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Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Ir. Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers that are not engaging in transport activities need not complete this form.

STERICYCLE SPECIA	1674 EASTE SUNTINAS PACE	314 BALLINO STREET	OFLANDO FL 3282	9	
Facility Name	Street A	ddress	City and State		
<u>407) 855-0141</u> Phone	(388) 240-4312 Fax	<u>TMCCAUSTLAND</u> E-mail	@ STERICHE. CORY		
Comp	transporters and transfer lete all sections and check	all boxes that apply.	,		
1. Estimated <u>nur</u> Types:	mber of LAMPS handled of Fluorescent 🕏	during the last calendar HID 🏻	year. 65,450		
Types:		lectric Switches/Relays	· - ·		
3. Estimated we	ight of DEVICES handled	during the last calenda	r year. <u>483</u> lb.		
Check the boxes and contact information		D). Give the receiving fa	acility name, location,	S. Iru	
Number La D	(0) AGRC 9317 FOILT ■ Facility Name	City/State	Phone	101516	
90,209(4) 107/	6, LANGERVIRGANION TO	to INDUSTRIUS MOGAO	NOGNEW, LA (800, 309-9	908	
	R Facility Name	City/State	Phone		
	☐ Facility Name	City/State	Phone <i>AO AN 9 21, 2013</i>		
Print Name of A		ture of Authorized Agent	Date		

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