

## Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Rick Scott Governor

Herschel T. Vinyard Jr. Secretary

03/22/2013

Jeff Vernold Univar USA Inc 155 ellis Road South Norcross, GA 30071-

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 **2145 SKYLAND COURT, NORCROSS, GA 30091-1677** has been registered through **March 1, 2014** with the following status:

## Facility ID # GAD980845077 Transporter of Universal Waste Lamps and Devices

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/">Laurie.Tenace@dep.state.fl.us/</a>.

Sincerely,

lerace

Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures

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FLORIDA	RE DEP W	FL - FLORIDA NOT GULATED WASTE Vaste Management Division Blair Stone Rd. Tallahassee (850) 245-8772		Date Received (for FDEP Official Use Only)			
EPA ID GAD	98084	5077	MTS		RCRAInfo		
1. Reason for SubmittaRCCG MAR 2 (	Mark 'X' in correct box: 2013	waste, universal wa X To provide <u>subsequ</u> information).	ste, or used oil activit	ies). update status ions) for the f			
2. Facility or DOT Business Name	IVV	Univar USA Inc	1-	EID No. 9 1 1 3 4 7 9 3 5			
<b>3. Facility Operator</b> (List additional Operators in the	Name of Operator: Univar USA Inc.			Date became Operator: 02 / 02 / 1986 mm dd yy			
comments section).	Street or P.O. Box: 2145 Skyland Court			Ph	none Number: (770) 246-7700		
	City or Town:	City or Town: Norcross			A Zip Code: 30071		
	Operator Type: 🛛	Operator Type: Private Federal Municipal State Other					
4. Facility Physical Location Information	Physical Street Address: 2145 Skyland Court						
	City or Town: Norcross			State: G	A Zip Code: 30071		
	County: Choose If available, please attach a map or sketch of the facility boundaries.						
	Latitude: 33354 50.21N Longitude: 84 13 dd mm ss.ssss dd mm				Method: Interpolation S Datum: Photo		
5. Facility North Am Classification Syst Code(s)	_	<sup>A.</sup> 4246 c.	90	B. D.			
6. Facility or	Street Address or P.O. Box: 2145 Skyland Court						
Business Mailing Address	City or Town: Norcross			State: G	A Zip Code: 30071		
7. Facility or Business Contact	First Name:	Jeff	Last Name:	Vernold	Title: Operations Mgr.		
Person	Phone Number:	Phone Number: (770) 246-7700 Extension:			E-Mail: jeff.vernold@univarusa.com		
	Street or P.O. Box: 2145 Sky			land Court			
	City or Town: Norcross			State: GA	A Zip Code: 30071		
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner: Univar USA Inc.			Date became Owner: 02 / / 1986 mm dd yy			
Physical Location (List additional	Street or P.O. Box	17425 NE	PI	hone Number: (425) 889-340			
real property owners in the comments	City or Town: Redmond			State: W	A Zip Code: 98052-3375		
section.)	Owner Type: 🛛	Private Federal	Municipal Sta	ate Oth	er		

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

	EPA ID No. GAD980845077						
9. Type of Regulated Waste Activity (Mark 'X' in all the	at 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> <ul> <li>a. Large Quantity Generator (LQG):</li> <li>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</li> </ul> </li> <li>b. Small Quantity Generator (SQG): <ul> <li>Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;2,200 lbs.) of non-acute hazardous waste</li> </ul> </li> <li>c. Conditionally Exempt SQG (CESQG): <ul> <li>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</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 may be required for this activity.</li> <li>a. Operating Commercial TSD</li> <li>b. Operating Non-commercial TSD</li> <li>c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)</li> </ul> </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> </ul> </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 FDEP.</li> </ul>						
<ul> <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>	(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.						
<ul> <li>(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 X b. For commercial purposes</li> <li>c. Hazardous Waste Transporter Insurance Information Insurance Company National Union Fire Insurance Co. of Pittsburgh Address 175 Water Street, New York, NY 10038</li> </ul>							
Contact Aon Risk Services	Telephone (866) 283-7122						
Policy Number CA 4806890	Expiration date 3/1/12/14						
d. Transportation Mode 🗌 Air 🗌 Rail 🔀 Highway	Water Other - specify						
e. Hazardous Waste Transfer Facility:	Storage Volume						
<ul> <li>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 map or maps of the transfer facility [Rule 62-730.171(3)(a)6., F.A.C.]         Notification of changes in above items         A convolument of changes in above items         A convolument of changes in above items         Description         Description         A convolument of changes in above items         Description         Description         Description         Conversion         Description         Description         Description         Description         Description         Description         Finite facility (Rule 62-730.171(3)(a)6., F.A.C.]         Description         Description</li></ul>							
Annual update notification							

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	GAD980845077 EPA ID No.						
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							
<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 lam	ps) or more accumulated by for-hire handler						
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lam	ps) 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	dous ("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						
	(2) Enter your esitmate of the maximum amount (in pounds)						
(1) For those Managing Generate/ Accumulate Generate/ Accumulate (see note in instructions) Facility	of each type of UW on site or transported at any one time.						
a. Batteries	1000						
b. Pesticides							
b. Pesticides							
d. Mercury Containing Devices	80						
e. Mercury Containing Lamps	1000						
(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, F.A.C.]						
(4) Reverse Distributor of UW Pharmaceuticals	Lamps Devices						
(5) Destination Facility for UW	ty, a facility must treat, dispose or recycle a UW. A permit is required for ycling.						
C. Used Oil Activities:	8) Specific Certification to be signed by all Used Oil Transporters						
(1) Used Oil Transporter - indicate type(s) of activity(ies):	I certify as a Used Oil Transporter that the training program and financial						
<b>a.</b> Transporter	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 Facility	orginally approved training program, they are explained in attachments to						
<ul> <li>(2) Collection Center</li> <li>(3) Used Oil Processor (A permit is required for this activity.)</li> </ul>	this registration form. Evidence of financial responsibility is						
<ul> <li>(3) Used Oil Processor (A permit is required for this activity.)</li> <li>(4) Off-Specification Used Oil Burner</li> </ul>	demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.						
(5) Used Oil Fuel Marketer							
(6) Used Oil Filter							
a. Transporter	Signature of Authorized Person						
<ul> <li>b. Transfer Facility</li> <li>c. Processor</li> </ul>	Lee Jarrett						
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 applicable, enclose a check or money order, in the amount of \$100,	(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):						
payable to Florida Department of Environmental Protection.	Our mailing (business) address						
A check is enclosed.	The site (facility) address						

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				EP	A ID No.	GADS	80845077	
<ul> <li>D. Other State Regulated Waste Activities:</li> <li>Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.</li> </ul>								
<b>10. Waste Codes for Federally Regulated Hazardous Wastes:</b> 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>7</sup> D001	<sup>2</sup> D002	<sup>3</sup> D003	<sup>4</sup> D005	5	D006	<sup>6</sup> D007	<sup>7</sup> D008	
<sup>8</sup> D009	<sup>9</sup> D011	<sup>10</sup> D035	<sup>11</sup> D040	12	F002	<sup>13</sup> F003	<sup>14</sup> F004	
<sup>15</sup> F005	<sup>16</sup> U080	<sup>17</sup> U145	<sup>18</sup> U154	19	U228	20	21	
22	23	24	25	26		27	28	
11. Other Statu	is Changes (Mai	·k 'X' in all that ap	oply):					
(1) Bus (2) Was								
<ul> <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 (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.</li> <li>Contact Phone</li> </ul>								
Addres	S							
City, St	ate, Zip		r					
C. Pro	perty Tax Default		D. Pe	tition for I	Bankruptcy	Protection		
<b>12. Certification:</b> 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			Print Name and Title				Date Signed (mm-dd-yyyy)	
representative			Lee Jarrett, Regional Regulatory Mgr.				02/26/2013	
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If the person who filled in this form is not the Facility Contact or Operator, please complete the information below: Lee Jarrett (336) 289-8094 lee.jarrett@univarusa.com								
(Name of person of	(Phone Number) (E-mail Address							
13. Comments	:							

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