

### Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

04/11/2013

Steve Cochran MCF Environmental Services Inc 4319 Tanners Church Rd Bldg A Ellenwood, GA 30294-

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 **4319 Tanners Church Road**, **Ellenwood**, **GA 30294** has been registered through **March 1**, **2014** with the following status:

Facility ID # GAR000061564

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

Sincerely

Laurie Tenace

Environmental Specialist Waste Reduction 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 FDEP Official Use Only)

EPA ID GAR	0 0 0 0 6	1 5 6 4	MTS		RCRAInfo	
1. Reason for CC Submittal MAR 28	correct box: waste, universal waste, or used oil activities).  2013 To provide <u>subsequent notification</u> (to update status and facility identification information).					
2. Facility or Business Name	MCF EI	NVIRONMENTAL SI	ERVICES INC	FEID 9	No. 0 0 6 4 4 4 0	
3. Facility Operator (List additional Operators in the comments section).	MCF ENV	TRONMENTAL SER	New Operator Date became Operator: 07 / 01 /2012 mm dd yy			
comments section).	Street or P.O. Box	Street or P.O. Box: 4319 TANNERS CHURCH ROAD Phone Number: (770) 593-9434				
	City or Town:	ELLENWO	DOD	State: GA	Zip Code: 30294	
	Operator Type: [>	☑Private ☐Federal	Municipal :	State Othe	er	
4. Facility Physical Location	Physical Street Address: 4319 TANNERS CHURCH ROAD					
Information	City or Town: ELLENWOOD			State: GA	Zip Code: 30294	
	County: CLAYTON  If available, ple boundaries.			ease attach a map or sketch of the facility		
	Latitude: Method: dd mm ss.ssss dd mm ss.ssss Datum:					
	<del></del> -			s s . ssss		
5. Facility North Am	d d erican Industry		dd mm	s s . ssss		
5. Facility North Am Classification Syst Code(s)	d d erican Industry	m m s s . ssss	dd mm			
Classification Syst Code(s) 6. Facility or	d d erican Industry	A. 5621 C.	dd mm	B. D.	Datum:	
Classification Syst	d d erican Industry em (NAICS)	A. 5621 C.	d d m m  12  4319 TANNE	B. D.	Datum:	
Classification Syst Code(s)  6. Facility or Business Mailing Address  7. Facility or	d d erican Industry em (NAICS) Street Address or	m m s s . ssss  A. 5621  C.  P.O. Box:	d d m m  12  4319 TANNE	D. RS CHURC	Datum:	
Classification Syst Code(s) 6. Facility or Business Mailing Address	d d erican Industry em (NAICS)  Street Address or 1  City or Town:	m m s s . ssss  A. 5621  C.  P.O. Box:	d d m m  12  4319 TANNE	B. D. RS CHURC State: GA DCHRAN	Datum:  CH ROAD  Zip Code: 30294  Title: OPERATIONS  CCHRAN@MCFSYSTEMS	
Classification Syst Code(s)  6. Facility or Business Mailing Address  7. Facility or Business Contact	d d lerican Industry lem (NAICS)  Street Address or l  City or Town:  First Name:	m m s s . ssss  A. 5621  C.  P.O. Box:  ELLENWO  STEVE  (770) 490-4013	d d m m  12  4319 TANNE  OOD  Last Name: CO	B.  D.  RS CHURC  State: GA  OCHRAN  E-Mail: SCC	Title: OPERATIONS  CHRAN@MCFSYSTEMS.  COM	
Classification Syst Code(s)  6. Facility or Business Mailing Address  7. Facility or Business Contact	d d lerican Industry lem (NAICS)  Street Address or l City or Town:  First Name:  Phone Number:	m m s s . ssss  A. 5621  C.  P.O. Box:  ELLENWO  STEVE  (770) 490-4013	d d m m  12  4319 TANNE  OOD  Last Name: CO  Extension:  4319 TANNERS	B.  D.  RS CHURC  State: GA  OCHRAN  E-Mail: SCC	Title: OPERATIONS  CHRAN@MCFSYSTEMS.  COM	
Classification System Code(s)  6. Facility or Business Mailing Address  7. Facility or Business Contact Person  8. Real Property (Land) Owner of the Facility's	d d lerican Industry lem (NAICS)  Street Address or l City or Town:  First Name:  Phone Number:  Street or P.O. Box  City or Town:	A. 5621 C. P.O. Box:  ELLENWO STEVE  (770) 490-4013 ::  ELLENWO perty (Land) Owner: ML ENVIROPRO	d d m m  12  4319 TANNE  OOD  Last Name: CO  Extension:  4319 TANNERS	B. D. RS CHURC State: GA DCHRAN E-Mail: SCC CHURCH F State: GA  L New Own Date became	Datum:  CH ROAD  Zip Code: 30294  Title: OPERATIONS  COM  ROAD  Zip Code: 30294  er  Owner: 11 / 02 / 2011  mm dd yy	
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Classification System Code(s)  6. Facility or Business Mailing Address  7. Facility or Business Contact Person  8. Real Property (Land) Owner of the Facility's Physical Location	d d lerican Industry lem (NAICS)  Street Address or l City or Town:  First Name:  Phone Number:  Street or P.O. Box  City or Town:	A. 5621 C. P.O. Box:  ELLENWO STEVE  (770) 490-4013 :  ELLENWO perty (Land) Owner: ML ENVIROPRO	4319 TANNE DOD Last Name: CO Extension: 4319 TANNERS DOD	B. D. RS CHURC State: GA DCHRAN E-Mail: SCC CHURCH F State: GA  L New Own Date became	Datum:  CH ROAD  Zip Code: 30294  Title: OPERATIONS  COM  ROAD  Zip Code: 30294  er  Owner: 11 / 02 / 2011  mm dd yy	

	EPA ID No. GAR000061564
. Type of Regulated Waste Activity (Mark 'X' in all that	t 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  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	For Items 2 through 7, mark 'X' in all that apply.  (2) Treater, Storer, or Disposer of Hazardous Waste
(2.2 lbs) or less of acute hazardous waste  In addition, indicate other generator activities that apply.  d. United States Importer of hazardous waste  e. Mixed Waste (hazardous and radioactive)  Generator	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.
	waste only  b. For commercial purposes
STAMFORD, CT. 06902  Contact JOHN YOHO	Telephone 800-354-3872
Policy Number AEC000577410	Expiration date 09/14/2013
	☐ 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.]

A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP	EPA ID No. GAR000061564		
B. Universal Waste (UW) Activities (Mark 'X' in all that apply	10011000031111100003111110000311		
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or mode Small Quantity Handler (SQH) = always less than 5,000 kg at	· ·		
Mercury-containing devices LQH = 100 kg (220 lb) or more Mercury-containing devices SQH = less than 100 kg accumul	•		
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 l	amps) or more accumulated by for-hire handler		
Mercury-containing lamps SQH = less than 2,000 kg (8,000 l	amps) accumulated by for-hire handler		
[Note: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$ ]			
Pharmaceuticals LQH = 5,000 kg or more of universal pharm	aceutical waste (UPW) accumulated		
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely ha	· · · · · · · · · · · · · · · · · · ·		
Pharmaceuticals SQH = always less than 5,000 kg of UPW at	nd always 1 kg or less of acutely hazardous UPW accumulated		
(1) For those Managing  Generate/ Accumulate  Generate/ (see note in instructions)  Handle at Trans Facility	of each type of UW on site or transported at any one time.		
a. Batteries	5000		
b. Pesticides			
c. Pharmaceuticals	5000		
d. Mercury Containing Devices	5000		
e. Mercury Containing Lamps	5000		
(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 Pharmaceutics	als Lamps Devices		
(5) Destination Facility for UW   Note: for this act storage prior to	tivity, a facility must treat, dispose or recycle a UW. A permit is required for recycling.		
C. Used Oil Activities:	(8) Specific Certification to be signed by all Used Oil Transporters		
<ul> <li>(1) Used Oil Transporter - indicate type(s) of activity(ies):</li> <li>a. Transporter</li> <li>b. Transfer Facility</li> </ul>	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		
(2) Collection Center	orginally approved training program, they are explained in attachments to 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		
(4) Used Oil Fuel Marketer  Liability Insurance, DEP form 62-710.901(4), F.A.C.			
(6) Used Oil Filter			
a. Transporter	Signature of Authorized Person		
b. Transfer Facility 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			
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.  A check is enclosed.			

				EPA ID No.	GAR	000061564
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	them in the order the	ney are presented in	n the regulations (	e.g., D001, D003,		zardous wastes handled at are needed.
וטטט	<sup>2</sup> D002	<sup>3</sup> D007	<sup>4</sup> D035	<sup>5</sup> D039	<sup>6</sup> F002	<sup>7</sup> F003
<sup>8</sup> F005	<sup>9</sup> D008	<sup>10</sup> D009	<sup>11</sup> D029	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	pply):			
☐ (1) Bus. ☐ (2) Was	er of Regulated Winess no longer genete generated by butter (explain)	erates, transports, siness has been del	treats, stores, or di isted.	sposes of hazardo		
be  (2) Out add  Contact Address	sed at this location handling regulated of Business - Busi ress, and phone nu	waste there. ness closed on mber where you ca	n be reached after Phone	(Date).	Please provide a co	new location if you will ntact person, mailing
☐ C. Property Tax Default ☐ D. Petition for Ba				n for Bankruptcy	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)		
11/4/1	Olmon-		STEVE COCHRAN		01/18/2013	
2000	0 .002	<del></del>				
		<del></del>	·			
If the person who	o filled in this form	n is not the Facilit	y Contact or Ope	erator, please con	plete the informa	tion below:  nessystems.  Com
STEVE	Coeffe	20	770-4	90-4013	3 Scochra	ness
(Name of person of	completing this form	n)	(Phone Number)		(E-mail Address	met systems.
13. Comments:						COM



# 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

## UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Departm and transfer facilities Information Checkles subparagraph 62-737 until you complete a activities need not complete facility Name  770-490-4	es registered under list. This informate 7.400(1)(b), F.A.C. and return the chec emplete this form. Stree	tion will be used Your transporter resklist. Handlers the SERVICES at Address	F.A.C., completo evaluate consistration will at are not engaged 4315  TNCES  City	te and sign this compliance with I not be issued ging in transport TANDERS LOWDON. Gand State	s 1 1 t CHVRCUR 1A 3029 Y
Phone	Fax	E-n	nail	1-7	COM
1. Estimated <u>number</u>	all sections and ch	eck all boxes that a ed during the last o	pply.		ے
2. Estimated <u>number</u> Types:	er of DEVICES hand Thermostats December 19	dled during the las Electric Switches Manometers	t calendar year //Relays 🗹 Other 🗆 🚣	5000 1bs	-
4. Estimated <u>number</u> Check the boxes for and contact informations 165. MC	er of lamps or device lamps (L) or device	ces you shipped to es (D). Give the rec	a mercury recy eiving facility 1	veling facility.  name, location,	.4013
Number L D Z	Facility Name		y/State	Phone	
Sooolbs Sou Number LEDE	V 103 VTIHEASTERN Facility Name	RECYCLING Cit	<i>Tomkon</i> y/State	City, TN. 5 Phone	800- 92-397
Number L D D	Facility Name	Pag a la Cit	y/State	Phone	: 

**Print Name of Authorized Agent** 

Signature of Authorized Agent

#### Section 2: For <u>out-of-state</u> transporters and transfer facilities <u>only</u>

transfer facility for univer	sal waste lamps and devices in Florida?
Yes	No
written verification from tactivities as a transporter	done the following in previous years, please enclose some that environmental agency that they are aware of your for universal waste lamps and devices in Florida and in your he be in the form of a letter to you or to the Department, a
Submitted Previous	sly Submitted in What Year? 2008
STEVE COCHRA Print Name of Authorized Ag	gent Signature of Authorized Agent Date

1. Is any environmental agency in your state aware of your activities as a transporter or

Complete, sign and return this checklist along with your registration form 8700-12FL to:

HWRS, MS 4560 Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

#### **QUESTIONS OR COMMENTS?**

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at <a href="mailto:laurie.tenace@dep.state.fl.us">laurie.tenace@dep.state.fl.us</a>.

Thank you for your cooperation in providing this information.