

## Florida Department of **Environmental Protection**

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

Herschel T. Vinyard Jr. Secretary

10/22/2013 Thomas Kottke, President Above & Beyond Pest Control Inc 40445 Emeralda Island Rd Leesburg, FL 34788

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for Above & Beyond Pest Control Inc located at 40445 Emeralda Island Rd, Leesburg, FL34788-8903

## FLR000204214

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Non-Handler of Hazardous Waste.

Your facility is currently registered for the following activities: UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility, UW Lamp SQH, UW Device SQH (reg exp on 03/01/2014).

Your facility is currently permitted/active as: No Active Hazardous Waste Treatment, Storage, or Disposal Permit.

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLR000204214. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us .

Sincerely,

Glen Perrigan

**Environmental Manager** 

Hazardous Waste Regulation Section

Lier M ym

ME ID: 110332, Email Address: aboveandbeyondpestcontrol@gmail.com

## FLORIDA

## 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707 Date Received
(for FDEP Official Use Only)

EPA ID:				$\underline{\mathbb{I}}$		Please	Please use the instructions document to complete this form										
Reason for Submittal	Mark 'X' in the correct box:  To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).																
(all submitters must complete pages 1 and 2	(must choose one To provide subsequent notification (to update status and facility identification information).																
and sign page 5.	if a notification) To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)										,2,5)						
Pages 3 and 4, - com- plete as applicable)	FL Registration(s)	J 🔊	UW Merc	cury	/ (see p	page 3	3)	☐ HW	Trans	sporter	(see pa	age 4)		Use	:d Oil	l (see pa	ige 4)
2. Facility or Business Name		Above & Beyond Pest Control Inc.															
3. Facility Operator	Name of Operator: Thomas		Kot	tkı	e J	r	_				becam New O	Operato			m do	_/_ ld yy	
(List additional Opera- tors in the comments section).	Street or P.O. Box: 40445 Emer		Islar	ıd	Roa	ıd_	_			352	ne Num 2-50		411	8_		- <u></u>	
Section,	City or Town: Leesburg							State: FI		Zip C 3478			Cou	intry (i	if not	USA):	
	Operator Type:	Private	te 🔲 Fe	eder	ral 🗆	Mun	icipa	al 🗆 Stat	ıe 🗖	County	у 🗖 С	Other_	_				
4. Facility Physical	Physical Street Addr 40445 Emeral		and R	loa	ıd											□Ves	ssel
Location Information	City or Town:			-			_			State	<i>;</i> :	1 -	p Coo				
(No P.O. Boxes)	Leesburg		<del></del>			,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<del></del>	Country (if	+ I IS			<u> </u>	478	<u> </u>			
Same address as #3 above or:	County: Lake					,	1	.Ошну (	NOL OF	A):			-				-
5. Facility North Ar Classification Sys	•	Α.	<u>56</u>	2	1	11	9	(required)	) <b>B</b> .								
Code(s) (at least 5		c.		L				 i	D.	<u>_                                 </u>			L				
6. Facility or	Same address as	s #8_abo	ve or: Si	treet	t or P.C	). Box	<del>-</del> -							A			<u> </u>
Business Mailing Address	City or Town:						Stat	e:	Postal C			Cou	intry (ii	f not l	JSA):		
7. Facility or Business	First Name: Thomas			K						Pre:	side	ent		_			
RCRA Contact Person	Phone Number: 352-504-54				Extensio		ab	E-Mail: boveandbeyon	•	introl@gn	nail.com		F	Fax:			
Same address as	Street or P.O. Box: 40445 Emeralda Island Road																
# <u>3</u> above or:	City or Town: Leesburg							State:		Zip Co 3478		Country (if not USA):					
8. Real Property (FL Land) Owner	Name of Owner: Thomas l	1 20	Vot	41,	<u> </u>	-				I	became				/_		
of the Facility's	Street or P.O. Box:	<u></u>	Nou	<u> </u>	<del></del>	<u>.                                    </u>			I p	Phone N		w Own	er	m	ım d	dd yy	
Physical Location (List additional	40445 Emeralda Is	sland Ro	oad				<del></del>			52-504	4-5418					<del></del>	
owners in the com- ments section.)	City or Town: Leesburg	· · · · · · · · · · · · · · · · · · ·							Zip Code: Country (if not USA):								
Same address as #3 above or:	Owner Type:	Private	Fede	eral	(I	Munic	ipal	State		County	Ot	her					

RCRA Hazardous Waste State	us Notification or Out of	on El	PA ID No.								
9. RCRA Hazardous Wast	e Activities at this Fac	cility: (Mark 'X' i	all that ap	ply):							
(A) (1)Generator of Hazardous	Waste	For Items 2	through 7, 1	mark 'X' in all	that apply.						
Yes No (Do not inclu	ide Universal Waste or Used Oil	(2) Treat	er, Storer, or	r Disposer of H	azardous Waste						
If YES, Choose only one of the	_	(at	your facility)		dous waste permit required for this activity.						
a. Large Quantity Gene	erator (LQG): ndar month 1,000 kilograms	а Г	<b>-</b>	•	•						
	/mo) (2,200 lbs.) of non-acu			ting Commercia							
hazardous waste; or G	Greater than 1 kg (2.2 lbs)	 	_ •	ting Non-Comm							
of acute hazardous wa	aste (at least once a year)			perating: Postci or Order (HSW	losure or Corrective Action /A, etc.)						
b. Small Quantity Gener		(3) 🗆 F	Recycler of H	azardous Was	te (at your facility)						
	ndar month greater than		Specify:								
	an 1,000 kg/mo (>220 to <2,2 ardous waste and/or 1 kg	200 No	Note: A permit is required for storage prior to recycling.								
(2.2 lbs) or less of acu		(4) 🔲 1	(4) Exempt Boiler and/or Industrial Furnace								
(at least once a year)		E	a. Small	Quantity On-sit	e Burner Exemption						
	+ COC (CECCC)	C	b. Smelti	ng, Melting, an	d Refining Furnace Exemption						
c. Conditionally Exemp	it SQG (CESQG): ndar month 100 kg/mo or les	· · · · · · · · · · · · · · · · · · ·									
	e hazardous waste and 1 kg	(5) — 1		rized to Mana; rated at Other	ge Conditionally Exempt						
(2.2 lbs) or less of acu					ivity ONLY if you attach						
			EITHER a co	opy of your app	lication for such authorization						
In addition, indicate other gen	erator activities that apply	·	OR the author	orization you rec	ceived from FDEP.						
d. Short-Term Generator (		` '	Receives Haz	ardous Waste	from Off-Site						
•	one-time per year:SQG_				, ,						
f. United States Importer o		• •	Underground	d Injection Con	itrol						
g. Mixed Waste (hazardous and radioactive) Generator											
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, K019, P012, U112).											
	orters list codes routinely or	usually transported. U		or an additional	page if more spaces are needed.						
		<u> </u>									
8 9	10		12	13	14						
15 16	17	18	<u> </u>	20	21						
11. Other Status Changes	(If no longer handling wast	e or closed, sections 9 a	and 10 should	l be blank and sl	kip Section 12-16 ):						
(A) Non-Handler of Regulated	l Waste at This Facility (S	ections 9, 10 and 12-16	should be bla	ank.)							
(1) Business no longer	generates, transports, treats,	stores, disposes of, or o	therwise han	dles any regulat	ed waste.						
<ul> <li>(1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.</li> <li>(B) Facility Closed (Complete this section only if all business activities at this facility have ceased.)</li> </ul>											
(B) Facinity Closed (Complete this section only it an outliness activities at this facility have ceased.)  (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will											
(1) Closed at this locali	on and moved of moving to	anounci - Subinit a new	1 1 01111 0 7 00-	121 L tot the ne	w location if you will						
(date)											
(C) Property Tax Default (D) Petition for Bankruptcy Protection											
12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):											
Same as Facility RCRA First	Last Name: Ko	Hko		Title: President							
Controt on marca Lor enter:		NO	IIKE	President							
Phon	ne Number: 352-504-54	18 Extension:	E-Mail: abo	veandbeyon	dpestcontrol@gmail.com						
			eralda Island Road								
HW Transporter Used Oil Handler	et or P.O. Box: 40445 E	meralda Islar	id Road		-						

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.								
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):								
A. Federal Notification  Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)								
Accumulates: 🗖 a. UW Batteries 🗖 b. Pesticides 🗖 c. Pharmace	uticals							
d. Mercury Containing Devices e. Mercury Contai	ining Lamps							
Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a UW.  A permit is required for storage prior to recycling.								
B. Florida Universal Pharmaceutical Waste (UPW): one-time registration								
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)	•							
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	/) accumulated							
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	lth [DOH])							
Florida Universal Pharmaceutical Waste (UPW) Transporter								
C. Florida Annual Mercury Handler Registration:								
If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.  (1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities  First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached								
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices								
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration							
Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required							
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler								
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +							
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	one- time \$1,000 fee+ More Requirements (contact FDEP)							
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)  First time registering  Renewal	Annual Registration Required							
Briefly Describe your Universal Waste Activities:  Dick up spent bulbs from our current pest control customers and transport to recycle facilities, however we store in a enclosed cargo trailer until we gather enough bulbs to bring to recycle facility.								
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transpo	-							

Hazardous Waste and Used Oil Transporter Registrations EPA ID No.									
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)									
Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department.  Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.									
A. HW Transporter Registration Information (must be completed annually and when this information changes)									
This facility is a registered transporter of hazardous waste.									
This form is: 🗖 Initial Registration 🚨 Renewal 🚨 Notification of changes 🚨 Cancel Registration									
1. For own waste only 2. For commercial purposes 3. Both commercial and own waste									
4. Transportation Mode  Air  Rail  Wighway  Water  Other - specify									
B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)									
This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume									
This form is:   Initial Registration Renewal Notification of changes Cancel Registration									
Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.									
The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):  Our mailing (business) address  The site (facility) address									
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:									
Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:									
15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),									
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.  This form is:  Initial Registration Renewal Notification of changes Cancel Registration									
If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.									
(1) Used Oil Transporter - mark activities: (occurring in Florida) (6) Used Oil Filter Management (must annually register)									
☐ a. Transporter (off-site) and noncontiguous locations ☐ a. Transporter									
□ b. Transfer Facility									
(2) Collection Center (From businesses, no more than 55 gal per shipment)									
(3) Used Oil Processor (A permit is required.) (7) The records required under the provisions of Rule 62-710.510,									
FAC, are kept at (check one):  Off-Specification Used Oil Burner  Our mailing (business) address  The site (facility) address									
(5) Used Oil Fuel Marketer  On-Spec  Off-Spec									
Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.									

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No.		
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Adr	tial notification for a transfer facility a			
Certification by a responsible corporate officer Section 403,7211(2), Florida Statut	of the transporter that the proposed locales (F.S.) [Rule 62-730.171(3)(a)1., F.A		•	
Evidence of the transporter's financial responsib		-		
A brief general description of the transfer facilit				
A copy of the facility closure plan [Rule 62-730		<b>.</b>		
A copy of the contingency and emergency plan	[Rule 62-730.171(3)(a)6., F.A.C.]			
_A map or maps of the transfer facility [Rule 62-	730.171(3)(a)7., F.A.C.]			
(15 cont.) Used Oil Transporters: (Exemptions in	40 CFR 279.40(a)(1-4))			
In addition to the requirements on Page 4 Secti				
<ul> <li>ALL registered UO Handlers must submit their own company.</li> </ul>	an annual report except generators tra	nsporting UO from noncon	tiguou	s operations within
UO transporters transporting off-site over	public highways only within their own	company must submit pro	of of i	nsurance.
<ul> <li>UO transporters transporting more than 50 submission as a certified used oil transport</li> </ul>	•	• •	_	and certify this
The used oil annual report is attached	Evidence of Liability Insurance pur	suant to 62-710.600(2)(e).	F.A.C	C. is attached.
17. Certification: I certify under penalty of law that accordance with a system designed to assure that qu submitted is, to the best of my knowledge and belief	alified personnel properly gather and e f, true, accurate, and complete. I am aw	valuate the information sub vare that there are significan	mitte	1. The information
I certify as a Used Oil Transporter that I am f tation and have an annual and new employee trainin bility is demonstrated by the Used Oil Transporter O	amiliar with the applicable Florida and g program in place covering the applic	Federal laws and rules govable used oil rules. Evidence	e of fi	
Signature of owner, operator, or an authorized representative	Print Name and	Title	Used Oil	Date Signed (mm-dd-yyyy)
Hung LUAA M	Thomas 100 K	ottle In	╗	09/24/13
9 W W W W W				
			<u> </u>	
If the person that filled in this form is not the Facility	v Contact or Operator, please compl	ete the information below	 ':	
				Johnson tei
(Name of person completing this form)	(Phone Number)	(E-mail Address)	6m	ail, com