

### Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

01/23/2014

James Clark Clark Environmental 755 Prairie Industrial Pkwy Mulberry, FL 33860-6559

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 **755 Prairie Industrial Pkwy, Mulberry, FL 33860-6559** has been registered through **March 1, 2015** with the following status:

Facility ID # **FLD984206003** 

**Transporter of Universal Waste Lamps** 

The registration form for the year **2015** 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 Ténace

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) 245-8707 Date Received
[(for FDEP Official Use Only)

JAN 21 2014

EPA ID:	F	L	, D	9	Ī	8 4	4 2		0	6	0	1	0		3	J	Pl€	ease	; use	e tl	the instru	ucti	ions	doc	ume	nt f	to c	omp	olete	: this	fo:	rm			
1. Reason fo Submittal				ırk 'X corr		' in ect box		<u>ר</u>													obtain an ies, or PC					for	haz	ardo	ous	-					
(all submitters n complete pages	1 and	d 2	(			oose or			То	pr	ovid	је	sub	se	:quer	nt	nof	tific	catic	on	(to upda	late :	statu	is and	d faci	ility	/ ide	ntifi	catio	n in	forn	natio	)n).		
and sign page 5. Pages 3 and 4,	5.		<u> </u>	if a notification)  To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)																															
plete as applicat	ible)	!	FL!	Regi	zist	stratio	n(s)			U	WΛ	Иe	ercu	ıry	y (see	e r	рар	ge 3`	,)	_	☐ HW	√ Tı	rans	port	ter (s	see j	pag	e 4)		<u> </u>	Use	d Oi	il (	see r	page 4)
2. Facility or Business N		e_			_			•		_		•			Cl	aı	rk	Ε	nv	/ir	ronm	er	nta	l, I	nc			_			_		_		
3. Facility		-1				Operat		•		•		•	-	_	-	-	-	-	<b>B</b>	<b></b>					ate be									/_1991	1
Operator (List additional (	Oner	_ 1				Envi		m:	ieni	.aı	1, Ir	<u></u>	). —	_						_				ــــــــــــــــــــــــــــــــــــــ	□ <sub>N</sub>				or		mn	n o	dd	уу	<u>/</u>
(List additional ( tors in the comm section).	-		75	5 P	⊃ra	P.O. B <b>airie</b>		υŁ	ıstri:	al	Pε	arl	kw	/a'	y_	_	_	-	-	_			-	86	hone 63 4	42	25-						-		
, social,		•		y or 1 Ilberi			_		_	1	_	( )				•					State: FL	_			ip Co 3860		-		Co	ounti	ry (i	if not	t Us	SA):	
				Operator Type: Private Pederal Municipal State County Other																															
4. Facility Physical				Physical Street Address:																															
Location Information (No P.O. Box		ļ	City	City or Town: State: Zip Code:																															
Same addr #3 above	ress a	ıs	Cou	Country (if not USA):																															
5. Facility No.								1	Α.	1	<u>5</u>	ا	<u>}</u>	2	1			1	2		(required	d)	В.		L										
Classificati Code(s) (a					<b>A</b> 1-	CS	Ţ	(	C.			<u> </u>		<u> </u>		_	<u> </u>			<u> </u>			D.		<u> </u>				L		_ _		<u> </u>		
6. Facility or	<u> </u>	7		Sam	ne	addre	ss as	ــــــــــــــــــــــــــــــــــــــ	-	ю	ve or	r: f	Stre	et	or P	2.0	). F	Box:	.:	_					_	_	_			_	-		<u></u>	_	
Business Mailing Ac	ddr	ess	City	y or	To	own:		_		_		_							Stat	ıte:		Z	.ip/P	osta	al Co	de:	:		Co	ountr	y (ii	f not	US	A):	
7. Facility of Business	r			st Na		ne: s W.		_		_		_	- 1		ast N Clar				_			<u></u>		Titl Cl	tle: HM	<u>ال</u>	 1,	√ic	e F	 ⊃re	- esi	de	- nt		
RCRA Contact Po	'ersc	on	86	63 4	42	umber: 25-4	4884	- 4				1			xtens	sio	n:		,		Mail: ark@c	lar	ker	env.com					Fax 863		74-	-22	200		
l		1	Stre	Street or P.O. Box:																															
Same addr # <u>3</u> abov		:		y or T				_				_		_		_			S	Stat	te:			Zip	p Cod	de:				Cou	intry	y (if i	not	:USA)	):
8. Real Prop		J				Owner		_		_	_	_				_	_	_		_		_		Da	ate be	ecar	me (	Owr	ner:	12	/2	: <b>8</b> /	/ 199	93	
(FL Land) C of the Facili						eth (		C	lark	( <b>č</b>	& J	a	me	es	s V	٧.	. C	)la	ırk,	, II		_					lew (	Owr	ner		m	m	dd	y	у
Physical Lo	ocatio		132	Barr	rrin	P.O. Bo		_ }_	_			-			_				_				81	13 6	e Nur 553 0	720	0	_	_	_		_	_	_	
owners in the coments section.)	com-		City	y or T	Го	wn:				_								_		State L		_			p Cod 351					Cou	ntry	(if r	10t	USA)	<i>j</i> :
Same addre # abov			Owner Type: Private Pederal Municipal State County Other																																

RCRA Hazardous	tification or Out of	ion	EPA ID No. FLD984206003								
9. RCRA Hazard	ious Waste Act	tivities at this Fa	cility: (M	lark 'X'	in all that						
(A) (1)Generator of	Hazardous Wast	e	F	or Items	2 through	7, mark 'X'	' in all t	that apply.			
□Yes □ No	(Do not include Uni	il)	(2) Treater, Storer, or Disposer of Hazardous Waste								
_	nly one of the followantity Generator	wing three categories. (LOG):		(at your facility) Note: A hazardous waste permit may be required for this activity.							
Generates greater pe hazardous	s in any calendar m	onth 1,000 kilograms 2,200 lbs.) of non-acu than 1 kg (2.2 lbs)		<ul> <li>a. Operating Commercial TSD</li> <li>b. Operating Non-Commercial TSD</li> <li>c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)</li> </ul>							
Generates 100kg/mo	antity Generator (s in any calendar mobile but less than 1,000 on-acute hazardous	onth greater than 0 kg/mo (>220 to <2,2	200	(3) Recycler of Hazardous Waste (at your facility)  Specify: Commercial Non-Commercial.  Note: A permit is required for storage prior to recycling.							
(2.2 lbs) of (at least of	or less of acute haza nce a year)	ardous waste		<ul> <li>(4) Exempt Boiler and/or Industrial Furnace</li> <li>a. Small Quantity On-site Burner Exemption</li> <li>b. Smelting, Melting, and Refining Furnace Exemption</li> </ul>							
Generates (220 lbs.) (2.2 lbs) o	ally Exempt SQG in any calendar mo of non-acute hazar or less of acute haza		(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								
_	te other generator Generator (one-tin	activities that apply	<b>7.</b>	OR the authorization you received from FDEP.  (6) Receives Hazardous Waste from Off-Site							
e. Episodic: No	ot more than one-ties Importer of hazar	me per year:SQG_		(7) Underground Injection Control							
	st them in the order	Regulated Hazare they are presented in ist codes routinely or	the regulation	ons (e.g., I	D001, D00	3, F007, K01	19, P012	2, U112).			
1 2		3	4		5	6		· · ·	7		
8 9		10	11		12	1.	3		14		
15 10	5	17	18		19	20	0		21		
11. Other Status	Changes (If no	longer handling wast	te or closed,	sections 9	and 10 sho	ould be blank	and sk	ip Section 1	12-16 ):		
(1) Busines											
(1) Closed	at this location and	ction only if <u>all</u> busing moved or moving to			w Form 870	00-12FL for	the new	location if	`you will		
	Business - Busines	s closed on	15		(da	<del></del>					
(C) Property T						ankruptcy I					
12-14 — Registra	First Name:	Contact Informa	tion (only i		nission is a	a registration		stration info	ormation update):		
Same as Facility RC Contact on page 1 or o	KA .		Exten		E-Mail:			1 iiie:			
Contact for:	Thone Ivain	ber.	Laten		L-Wan.						
HW Transporter Used Oil Handler	Street or P.O	D. Box:						· · · ·			
Universal Waste			State:(Co	tate:(Country):		Zip Code:					

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD984206003									
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 of any combination of UW accumulated (at any one time)	Tederating Defined Dailing Quantity Handler (EQH) Constitution Section 18, 1721,000 in 18 1721,0								
Accumulates: 🗖 a. UW Batteries 🗖 b. Pesticides 📮 c. Pharmaceu	ıticals								
d. Mercury Containing Devices e. Mercury Contai	ning 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 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	th [DOH])								
Florida Universal Pharmaceutical Waste (UPW) Transporter									
C. Florida Annual Mercury Handler Registration:									
Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).  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-h  First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH reg									
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) <b>SQH</b> = 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  Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler  (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:  **Describe Your Universal Waste Activities:**  **Describe Your Unive	op Bulb Crusher(s).								
Clark Environmental, Inc. is only the transporter									
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transpo									

Hazardous Waste and Used Oil Transporter Registrati	ions	EPA ID No. FLD984206003							
14. HW Transporter Activities: (Mark 'X' and complete all t	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	e completed annually	y and when this information changes)							
This facility is a registered transporter of hazard	This facility is a registered transporter of hazardous waste.								
This form is: 🔲 Initial Registration 🔲 Renewal	☐ Notification of o	changes 🔲 Cancel Registration							
☐ 1. For own waste only ☐ 2. For commercial	purposes 3. F	Both commercial and own waste							
4. Transportation Mode 🔲 Air 🔲 Rail 📮 Highwa	ay Water O	ther - specify							
B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)									
☐ This facility is a Hazardous Waste Transfer Fa	☐ This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume								
This form is:   Initial Registration Renewal	☐ Notification of c	changes							
Note: Hazardous Waste transfer facilities must comply with the	e requirements of Ru	le 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	•								
		<del></del>							
Please see the top of page 5 for additional items that must be su Transfer Facilities [Rule 62-730.171(3), Florida Administrative C		o the above registration for Hazardous Waste							
15. Used Oil and Oil Filter Activities: : (Mark 'X' and com	iplete all that apply if	fyou 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									
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	er Management (must annually register)							
a. Transporter (off-site) and noncontiguous locations	a. Transpo								
☐ b. Transfer Facility	□ b. Transfe	•							
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End Us	sor (Annual Report Required)							
(3) Used Oil Processor (A permit is required.)		quired under the provisions of Rule 62-710.510,							
(4) Off-Specification Used Oil Burner	<u>-</u>	at (check one):  ng (business) address  The site (facility) address							
(5) Used Oil Fuel Marketer	UII HIANII.	ig (business) address							
Please see the top of page 5 for additional items that must be subnexempt Used Oil Transporters.	nitted in addition to t	he above registration and fees required for non-							

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No. FLD984	120	6003						
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Administration of the control	itial notification for a transfer facility ar									
Certification by a responsible corporate officer Section 403.7211(2), Florida Statut	of the transporter that the proposed locates (F.S.) [Rule 62-730.171(3)(a)1., F.A									
_Evidence of the transporter's financial responsil		_								
A brief general description of the transfer facility	· -									
	_A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]									
_A copy of the contingency and emergency plan										
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 In addition to the requirements on Page 4 Secti										
ALL registered UO Handlers must submit their own company.		nsporting UO from nonconti	iguou	s operations within						
UO transporters transporting off-site over	public highways only within their owr	o company must submit proo-	f 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	rsuant to 62-710.600(2)(e)., F	F. <b>A.</b> C	C. is attached.						
	·									
17. 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 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.										
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	ng program in place covering the applica	cable used oil rules. Evidence form 62-730.900(5)(a), F.A.	e of fin C							
Signature of owner, operator, or an authorized representative	Print Name and		Jsed Oil	Date Signed (mm-dd-yyyy)						
Tendous La	Elizabeth G. Clark	/ President	<u> </u>	01-16-2014						
			<u>ן</u> ב							
If the person that filled in this form is not the Facility	y Contact or Operator, please compl	ete the information below:								
Terry Covert 86	63 425 4884 tcove	ert@clarkenv.com								
(Name of person completing this form)	(Phone Number)	(E-mail Address)								



# 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 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.

Clark Environmenta	ai, inc. 755 Prairie industr	iai Parkway	<u> Wulberry, FL 3386</u>	<u>5</u> 0
Facility Name	Street Add	lress	City and Stat	te
863 425 4884	863 774 2200	tcovert@clarkenv	.com	_
Phone	Fax	E-mail		
	transporters and transfer fa	-	out-of-state).	
1. Estimated <u>num</u> Types:	<u>lber</u> of LAMPS handled du Fluorescent ■	ring the last calenda HID 🏻	r year. <u>1,200</u>	
2. Estimated num	<u>ber</u> of DEVICES handled o	luring the last calen	dar year. <u>5</u>	
Types:	Thermostats $\Box$ Elec	ctric Switches/Relay	's 🗆	
The	rmometers	nometers $\square$ Oth	ner 🗆	
3. Estimated weig	<u>ght</u> of DEVICES handled d	uring the last calend	ar year1	lb.
	<u>lber</u> of lamps or devices yo or lamps (L) or devices (D) nation.			-
FLR000070565 L	ighting Resources, LLC 1007 S	W 16th Lane Ocala, FL	. 34471 863 96	1 9100
Number L ■ D □	Facility Name	City/State	3	_ Phone
FLR000070565	Lighting Resources, LLC	Ocala, FL 34471	863 96	61 9100 ·
Number L□D■	Facility Name	City/State	)	Phone
Number L D D	Facility Name	City/State	2	_ Phone
Elizabeth G. Clark		When	1-16-2014	<u>.                                    </u>
Print Name of Aut	horized Agent Signatur	e of Authorized Agent	Date	

Section 2: For out-of-state	e transporters and transfer facilities <u>only</u> N/A
	agency in your state aware of your activities as a transporter or rsal waste lamps and devices in Florida?
Yes	No
written verification from activities 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 n be in the form of a letter to you or to the Department, a
Submitted Previou	sly Submitted in What Year?
Print Name of Authorized A	gent Signature of Authorized Agent Date
Complete, sign and retur to:	n this checklist along with your registration form 8700-12FL
	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.