

Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

02/03/2014

Greg Williams SWS Environmental Inc 901 McClosky Boulevard Tampa, FL 33605-6717

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 **6900 NW 12th Ave, Fort Lauderdale, FL 33309-1103** has been registered through **March 1, 2015** with the following status:

Facility ID # **FLD099077257**

Transporter of Universal Waste Lamps and Devices

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 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

Ft. Landerdale



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 2 1 2014

EPA ID: F L O O 9 9 O 7 7 2 5 7 Please use the instructions document to complete this form								
1. Reason for Submittal (all submitters must	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).							
complete pages 1 and 2 and sign page 5.	(must choose one if a notification) To provide subsequent notification (to update status and facility identification information). To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)							
Pages 3 and 4, - com- plete as applicable)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 3)							
2. Facility or Business Name	Pragressive Environmental Services, Inc.							
3. Facility	Name of Operator:		-1- 1				ator: <u>6 1201 11</u>	
Operator (List additional Opera-	SWS EX				2	New Operator mm dd yy Phone Number:		
tors in the comments section).	6900 N	14/12-	- Ave	NUC	-	(954) 957 - 727 Zip Code: Country (if not USA):		
	Ft. Lau	Ft. Lauderdale FL 33069						
		Private UFec	deral UMun	icipal ⊔ Stat	e 🗀	County Other_		
4. Facility Physical	Physical Street Address:							
Location Information (No P.O. Boxes)	City or Town:					State: Zip	Code:	
Same address as #3 above or:	Country: Country (if not USA):							
5. Facility North A Classification Sys	•	A. 5 6	12/9/91	8 (required)) B.	15162	9/10	
Code(s) (at least 5	digits)	c. 15161211/121			D.	!!!		
6. Facility or Business	Same address as #_ above or: Street or P.O. Box: 90/ MEClasky Bulevard							
Mailing Address	City or Town:			State: FL	Zip/P	Postal Code: 605-67/7	Country (if not USA):	
7. Facility or Business	First Name:		Last Name:	ams		Title: Directo	tal Compliance	
RCRA Contact Person			Extension:	Extension: E-Mail:		Fax: 1813/241-6765		
Same address as	Street or P.O. Box: MEClosky Boulevard							
#above or:	City or Town:			State:			Country (if not USA):	
8. Real Property (FL Land) Owner	Name of Owner:	In/6.		Date became Owne New Owne				
of the Facility's Physical Location (List additional	Street or P.O. Box: 1420 5W 28 Avenue Phone Number:							
owners in the com- ments section.)						Country (if not USA):		
Same address as # above or:	Owner Type: Private Pederal Municipal State County Other							

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID	No. FC	D099	077257		
9. RCRA Haz	'ardous	Waste Act	tivities at this Fac	cility	': (Mark 'X'	in all tha	it apply):			
(A) (1)Generate	r of Haza	rdous Waste	5		For Items	2 through	h 7, mark	'X' in all	that apply.	
□Yes □ No	(Do n	ot include Univ	versal Waste or Used Oil	1)	(2) Tre	ater, Store	er, or Disp	oser of H	lazardous W	Vaste
	-	e of the follow y Generator (wing three categories. (LOG):		(8	at your faci	ility) Note		dous waste p required for	permit this activity.
Gene great hazar	rates in an er per mon rdous waste	y calendar month (kg/mo) (2 e; or Greater t	conth 1,000 kilograms 2,200 lbs.) of non-acut than 1 kg (2.2 lbs) least once a year)			b. Oi		on-Comm	nercial TSD losure or Co	prective Action
Gene 100k	rates in any g/mo but le	ess than 1,000	SQG): onth greater than 0 kg/mo (>220 to <2,2 waste and/or 1 kg	200	1	Recycler of Specify:	of Hazard Comm	lous Wast	te (at your fa Non-Con orage prior to	nmercial.
(2.2 l (at le	bs) or less ast once a	of acute haza year)	ardous waste		(4)	(4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption				
Gene (220 (2.2 I	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 (2.2 lbs) or less of acute hazardous waste			(5)	(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.					
d. Short-7 e. Episodi f. United	e. Episodic: Not more than one-time per year: _SQG_LQG f. United States Importer of hazardous waste			(6) —	(6) Receives Hazardous Waste from Off-Site					
your facility Hazard	List then	n in the order	Regulated Hazard r they are presented in list codes routinely or	the re	egulations (e.g.,	D001, D00 Use commo	03, F007, K	K019, P01 additional	12, U112).	re spaces are needed.
1	2		3	4		5		6		7
8	9		10	11		12		13		14
15	16		17	18		19		20		21
11. Other Sta	tus Cha	nges (If no	longer handling waste	e or c	losed, sections	9 and 10 sh	nould be bla	ank and sl	kip Section 1	12-16):
(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.) (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. (B) Facility Closed (Complete this section only if all business 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 (2) Out of Business - Business closed on										
☐ (C) Property Tax Default ☐ (D) Petition for Bankruptcy Protection										
12-14 — Regis	tration .		Contact Informa	tion		mission is	a registrati	ion or reg		ormation update):
Same as Facilit Contact on page	•	First Name: Phone Num	·		Last Name: Extension:	E-Mail:	-		Title:	
Contact for:		FROME INGIN		!	Extension.	E)=lvidii.				
☐ HW Transporter ☐ Used Oil Handler Street or P.O. Box:										
Universal Wasi	.e	City or Tow	n:			State:(C	Country):		Zip Code:	

Universal Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLDO	99077257					
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :							
A. Federal Notification	Tederally Defined Dailge Quantity Handier (DQH) Generate Accumulate. 3,000 RE (11,000 ID) of more						
	Accumulates: 🔲 a. UW Batteries 🔲 b. Pesticides 🔲 c. Pharmaceu	ıticals					
	d. Mercury Containing Devices 🔲 e. Mercury Contain	ning Lamps					
	Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a U A permit is required for storage prior to recycling.	W.					
B. Florida U	niversal Pharmaceutical Waste (UPW): one-time registration	···.					
Pharma	ceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)						
Pharma	ceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated					
Revers	e 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 An	nual 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.						
	is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-htime registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH reg						
For-hi	re Transporter of Universal Waste Mercury-Containing Lamps or Devices						
For-hi	re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual					
	Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler Registration Required						
	ry-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler						
☐ Mercu	ry-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +					
	ry-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) Annual Registration Required							
Briefly Describe your Universal Waste Activities: U- waste transpater only Lamps, bulbs batteries, devices (Hg containing)							
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport [62-740 F.A.C.] Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]							

Hazardous Waste and Used Oll Transporter Registrations	EPA ID No. FLD 0 9 9 0 7 7 2 5 7					
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 comp	leted annually and when this information changes)					
This facility is a registered transporter of hazardous v	vaste.					
This form is: 🔲 Initial Registration 🔲 Renewal 🔲 N	otification of changes					
☐ 1. For own waste only ☐ 2. For commercial purpos	es 3. Both commercial and own waste					
4. Transportation Mode Air Rail Highway	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 requi	rements 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 a	ll 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)	☐ c. Processor (Annual Report Required) ☐ d. End User					
(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):					
(4) 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	nents and required signature page	EPA ID No. FLD09	9077257			
(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [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 responsi	bility [Rule 62-730.171(3)(a)3., F.A.C.]		·			
A brief general description of the transfer facili	ty operations [Rule 62-730.171(3)(a)4	, F.A.C.]				
A copy of the facility closure plan [Rule 62-73]	· •	•				
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 CFD 270 40(a)(1_4))	. • .				
In addition to the requirements on Page 4 Sect	* * * * * * * * * * * * * * * * * * * *					
ALL registered UO Handlers must submit their own company.		nsporting UO from noncontiguo	ous operations within			
UO transporters transporting off-site over	nublic highways only within their own	company must submit proof of	insurance			
UO transporters transporting more than 5						
submission as a certified used oil transpor						
The used oil annual report is attached	Evidence of Liability Insurance pur	suant to 62-710.600(2)(e)., F.A.	.C. is attached.			
UN, versal Wa	t this document and all attachments we	re prepared under my direction o	or supervision in			
accordance with a system designed to assure that question submitted is, to the best of my knowledge and belief alse information, including the possibility of fine a	f, true, accurate, and complete. I am aw nd imprisonment for knowing violation	vare that there are significant per	nalties for submitting			
I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C						
Signature of owner, operator, or an	Print Name and	Title Used Oil	Date Signed			
authorized representative			(mm-dd-yyyy)			
The A. L. Man	Greg S. Williams	Compliance	01/15/20/			
The state of the s			/ /			
-						
If the person that filled in this form is not the Facilit	y Contact or Operator, please compl	ete the information below:				
(Name of person completing this form)	(Phone Number)	(E-mail Address)				

Ft. Landerdale 2013 Reporting Year



Florida Department of Environmental Protection

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

The Department requires that all universal waste lamp and device transporters

Rick Scott Governor

Jennifer Carroll Lt. Governor

Herschel T. Vinyard Jr. Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

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

		37.400(1)(b), F.A.C. Your		
	activities need not a	and return the checklist		
	Progressive En	omplete this form.	s, INE. d/b/a	= 44 6/1 5/2/233
	Facility Name	e <i>sta Serviul S - 690</i> Street Ad	dress	city and State "Il'an s @ Swsenv'r onmental.
	6-41957 0	031/05/1953	707 grego Wi	Illians @ susenvironmentalo
(7 <u>39/ 12/ - 1</u>	LTI (939) 131	-/80/ 5 5	
	Phone	Fax	E-mail	
		ansporters and transfer:		
	Complete	e all sections and check a	all boxes that apply.	1
	1. Estimated numb	<u>er</u> of LAMPS handled d	uring the last calendar y	rear. 5/2/ft. (lamps)
	Types:	Fluorescent	HID X	year. 5/2/ft. (lamps) 480 Bulbs - Ushap 826 HID ryear.
	2. Estimated numb	er of DEVICES handled	during the last calenda	r year
	Types:	Thermostats □ Ele	ectric Switches/Relays	
	Thern	nometers \square Ma	anometers Other	NON-PCR Ballasts
	3. Estimated weigh	nt of DEVICES handled o	luring the last calendar	year. <u>/900</u> lb.
	4. Estimated numb	<u>er</u> of lamps or devices y	ou shipped to a mercur	y recycling facility.
		r lamps (L) or devices (D). Give the receiving fac	cility name, location,
	and contact inform	ation.	,	/ /)
All to	ER ERO	f Florida, INC.	Tampa, Flori	1da (813)3/9-34/3 Phone
	Number L D D	Facility Name	City/State	Phone
	Number L D D	Facility Name	City/State	Phone
	Number Baba	ruemty rume	City/outc	Thore
		······································		
	Number L□D□	, ,	City/State	Phone
	Greg S. Will	lans Jan	1. 6/1/1/	116/14
	Print Name of Author	orized Agent Signatu	re of Authorized Agent	∕ Date