

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

BOB MARTINEZ CENTER 2600 BLAIRSTONE ROAD TALLAHASSEE, FLORIDA 32399-2400 RICK SCOTT GOVERNOR

CARLOS LOPEZ-CANTERA LT. GOVERNOR

HERSCHEL T. VINYARD JR. SECRETARY

02/12/2014 Stuart Stapleton, EHS Manager EQ Florida Inc 7202 E 8th Ave Tampa, FL 33619-3380

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 **EQ Florida Inc** located at **2002 N Orient Rd, Tampa**, **FL33619-3356**

FLD981932494

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Large Quantity Generator; Universal Waste Batteries, Universal Waste Pesticides, Universal Waste Lamps, Universal Waste Devices, LQH Pharmaceuticals.

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 03/01/2015); **HW Transporter**, **HW Transfer Facility** (reg exp on 06/30/2014); **Used Oil Transfer Facility**, **Used Oil Filter Transfer Facility** (reg exp on 06/30/2014).

Your facility is **currently permitted/active** as: **Operating Commercial TSD (exp on 01/22/2016).**

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=FLD981932494. 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

obin K. Pandley

ME ID: 21659 , Email Address: <u>Stuart.Stapleton@eqonline.com</u>

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)

JAN 24 2014

									Ks. With L		 	(
EPA ID: F L	D 9 8 1 9 3 2 4 9 4 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	(must choose one To provide subsequent notification (to update status and facility identification information).														
complete pages 1 and 2 and sign page 5.	if a notification) To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)														
Pages 3 and 4, - complete as applicable)	FL Registration(s)														
2. Facility or Business Name	EQ Florida, Inc.														
3. Facility	Name of Operator:								Date l	Date became Operator: 02 / 02 / 04					
Operator	EQ Florida	, Inc.							☐New Operator mm dd yy						
(List additional Operators in the comments section).	Street or P.O. Box: 7202 East 8th	Avenu	ue				•			Numb -319	-342			i	
,	City or Town: State: Tampa FL							Zip Code: Country (if not USA): 33619 USA			t USA):				
	Operator Type:	Operator Type: Private Pederal Municipal State County Other													
4. Facility Physical	Physical Street Address: Uvessel 2002 North Orient Road														
Location	City or Town:							State: Zip Code:							
Information (No P.O. Boxes)	Tampa							FL 33619							
Same address as #3 above or:	County: Hillsborough						Country (if not USA): USA								
5. Facility North A		Α.	5 6	2 1	11		(required)) B.	.						
Classification Sys Code(s) (at least 5	•	C.			_			D	. [.		_				
6. Facility or	Same address as #_3 above or: Street or P.O. Box:														
Business Mailing Address	City or Town:	S		Sta	tate: Zip/P		Postal Code: C			Counti	Country (if not USA):				
7. Facility or	First Name: Last Name					_			Title:						
Business RCRA					Stapleton Extension: E-Mail:			EHS Manage				Fax:			
Contact Person	Phone Number: Extension: 813-319-3423						stuart.stapleton@eqo			online				7451	
	Street or P.O. Box:														
Same address as #_3_above or:	C'4 T					State:		Zip Code:			Cot	Country (if not USA):			
8. Real Property	Name of Owner: EQ Holdings, Inc. Street or P.O. Box:							Date became Owner: 02 / 02 / 04							
(FL Land) Owner of the Facility's								☐ New Owner mm dd yy							
Physical Location (List additional						P			Phone Number:						
owners in the com- ments section.)	City or Town:					S	State:	Zip Code:			Cou	Country (if not USA):			
Same address as # 3 above or:	Owner Type: Private Pederal Municipal State County Other														

RC	RA Hazardo	us Waste	Status No	otification or Out of	Busi	ness Notificat	ion	EPA ID	No. FLI	D981932	2494					
9. 1	RCRA Haz	ardous '	Waste Act	tivities at this Fac	cility	: (Mark 'X' i	n all tha									
(A)	(A) (1)Generator of Hazardous Waste					For Items 2 through 7, mark 'X' in all that apply.										
	Yes No (Do not include Universal Waste or Used Oil)					(2) Treater, Storer, or Disposer of Hazardous Waste										
If YES, Choose only one of the following three categories.					(at your facility) Note: A hazardous waste permit may be required for this activity.											
	Gener greate hazare	rates in any er per mont dous waste	Quantity Generator (LQG): tes in any calendar month 1,000 kilograms or per month (kg/mo) (2,200 lbs.) of non-acute bus waste; or Greater than 1 kg (2.2 lbs) to hazardous waste (at least once a year)				 a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) 									
	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					 (3) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling. (4) Exempt Boiler and/or Industrial Furnace 										
	(at least once a year) c. Conditionally Exempt SQG (CESQG):					 a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption 										
Ir	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 In addition, indicate other generator activities that apply.					(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.									
	_		_		•	(6)	· ·									
	 d. Short-Term Generator (one-time, not on-going) e. Episodic: Not more than one-time per year:SQG_LQG f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator 						(7) Underground Injection Control									
10.	your facility.	List them	n in the order	Regulated Hazard r they are presented in list codes routinely or	the re	gulations (e.g., I	D001, D00	3, F007, K	2019, P01	2, U112).						
/ D0		² D002		³ D003	⁴ D0		⁵ D005		⁶ D006		⁷ D007					
8 D0		9 D009		¹⁰ D010			¹² D012		¹³ D013		¹⁴ D014					
	D015 ¹⁶ D016 ¹⁷ D017				L	¹⁹ D019	ļ	²⁰ D02		²¹ D021						
11.	Other Stat	us Chai	nges (If no	longer handling wast	e or c	losed, sections 9	and 10 sho	ould be bla	ınk and sl	kip Section 1	2-16):					
	 (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(date)																
	☐ (C) Property Tax Default ☐ (D) Petition for Bankruptcy Protection															
12-1	14 — Regis	tration /		Contact Informa	tion		mission is	a registrati	on or reg		ormation update):					
	Same as Facility Contact on page		First Name:			Last Name:	In Man.			Title:						
Cont	act for:		Phone Num	ber:	1	Extension:	E-Mail:									
	HW Transporte		Street or P.C	O. Box:												
Used Oil Handler Universal Waste			City or Tow	/n:		State:(Co	tate:(Country):		Zip Code:							

Universal Waste Notification and Mercury Transporter/Handler Registration EPAID No. FLD981	1932494								
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. 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 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	th [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	Annual								
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Registration Required								
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 + one time \$1,000 fee+								
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	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: Hazardous waste TSDF. Material is collected from the generator, received at the facility, then sent off-site for recycling.									
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transpo	-								

Hazardous Waste and Used Oil Transporter Registrati	ons EPA ID No. FLD981932494								
14. HW Transporter Activities: (Mark 'X' and complete all t	hat 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 hazard									
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 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	e 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	e insurance for this Transfer Facility:								
Please see the top of page 5 for additional items that must be su Transfer Facilities [Rule 62-730.171(3), Florida Administrative C	bmitted in addition to the above registration for Hazardous Waste Code (F.A.C.)]:								
15. Used Oil and Oil Filter Activities: : (Mark 'X' and com	plete all that apply if you need to register your used oil activities),								
annually register with the Department using this form. All except Flo \$100 registration fee.	ilities, processors, off-specification burners, and/or marketers must orida used oil (UO) Processors and collection centers must pay an annual Notification of changes Cancel Registration								
-	0, 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	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,								
(4) Off-Specification Used Oil Burner	FAC, are kept at (check one): Our mailing (business) address The site (facility) address								
(5) Used Oil Fuel Marketer	Uni maining (business) audiess								
Please see the top of page 5 for additional items that must be subrexempt Used Oil Transporters.	mitted in addition to the above registration and fees required for non-								

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No. FLD981	1932	494					
(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 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	• • • • • • • • • • • • • • • • • • • •	•							
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 Section									
 ALL registered UO Handlers must submit their own company. 	an annual report except generators tra	nsporting UO from nonconti	iguous	operati	ions	within			
UO transporters transporting off-site over	public highways only within their owr	company must submit proo	f of ins	surance).				
• UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):									
The used oil annual report is attached	Evidence of Liability Insurance pur	rsuant to 62-710.600(2)(e)., I	F.A.C.	is attac	ched				
17. Certification: I certify under penalty of law that accordance with a system designed to assure that qu	alified personnel properly gather and e	evaluate the information sub-	mitted.	The in	ıforn	nation			
submitted is, to the best of my knowledge and belief false information, including the possibility of fine ar	f, true, accurate, and complete. I am award imprisonment for knowing violation	vare that there are significant as.	penalt	ties for	subi	mitting			
I certify as a Used Oil Transporter that I am fe tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter Company.	g program in place covering the applic	cable used oil rules. Evidence	e of fina						
Signature of owner, operator, or an a suthorized representative	Print Name and		Jsed Oil	Date (mm-	_				
Strant Strant	Stuart Stapl	eton	- (21/1	احرا	2013			
1		[□	1	,				
			<u> </u>						
If the person that filled in this form is not the Facility	y Contact or Operator, please compl	ete the information below:							
(Name of person completing this form)	(Phone Number)	(E-mail Address)	<u> </u>						