

Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

02/14/2014

Bart Phillips 419 Metal & Auto Recycling Center Inc 600 Old Sanford Oviedo Rd Winter Spgs, FL 32708-2646

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 **600 Old Sanford Oviedo Rd, Winter Spgs, FL 32708-2646** has been registered through **March 1, 2015** with the following status:

Facility ID # FLR000026625

Small Quantity Handler Facility for Universal Waste Devices

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

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 http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm. I can also be contacted at (850) 245-8759 or at http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm. I can also be contacted at (850) 245-8759 or at http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm.

Sincerely,

Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures

8700-12FL - FLORIDA NOTIFICATION OF							Date Received (for FDEP Official Use $Only)$		
REGULATED WASTE ACTIVITY DEP Waste Management Division-HWRS, MS4560							JAN 27 2014		
2600 Blair Stone Rd. Tallahassee, FL 32399-2400							5414 2014		
		(8	350) 245-8707						
EPAID: FL	RODDO	2662	S Please u	se the instruct	ions documer	t to com	plete this form		
1. Reason for Submittal	Mark 'X' in 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 Deprovide subsequent notification (to update status and facility identification information).								
and sign page 5.	f a notification) 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 4)								
2. Facility or Business Name									
3. Facility	Name of Operator:				- I _	-	ne Operator://		
Operator (List additional Opera-	BALT PI	hillips				w Opera	tor mm dd yy		
tors in the comments section).	Street or P.O. Box:	1 hanta	- Dric	de R	Phone I	Number:	414-0912		
secuoli).	City or Town:	Gerinia	6	State:	Zip Co	le: 109	Country (if not USA):		
	Operator Type:	Private DFe	deral Munici	pal State	County	Other			
4. Facility Physical Street Address: Physical						Vessel			
Location Information (No P.O. Boxes)	City or Town: St				State:	Z	Zip Code:		
Same address as #3 above or: Country: Country (if not USA):									
5. Facility North An Classification Sys		A. 156	121/19	(required)	в. <u> </u>	1313	131910		
Code(s) (at least 5		c.		_1	D.				
6. Facility or	Same address as # <u>3</u> above or: Street or P.O. Box:								
Business Mailing Address	City or Town:		S	tate: Z	ip/Postal Co	le:	Country (if not USA):		
7. Facility or	First Name:	<u></u>	Last Name:		Title:				
Business RCRA	Phone Number: Extension: E-Mail: Fax:								
Contact Person	BART D.Phillip 5DwnerPhone Number:Extension:E-Mail:HD7-1114-0912Bart 110 & M5N.Lan 407-321-2937Street or P.O. Box:								
Same address as # <u>3</u> above or:	City or Town:		<u></u>	State:	Zip Cod	c:	Country (if not USA):		
8. Real Property	Name of Owner:	·			Date be	ame Ow	mer: 11/185		
(FL Land) Owner of the Facility's	Bart th	illips				New Ow	mer mm dd yy		
Physical Location (List additional	Street or P.O. Box:	-			Phone Nur HO	nber: 2 1 /	14-0912		
owners in the com- ments section.)	City or Town:			State:	Zip Cod	e:	Country (if not USA):		
Same address as #2 above or:	Owner Type: 🛛	Private GFede	ral Municip	al 🛛 State		Other			

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 1 of 5

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID NO. FIR DODO 26625			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):								
(A) (1)Generator of Hazardous Waste For Items 2 through 7, mark 'X' in all that apply.								
Yes D No (Do not include Universal Waste or Used Oil)				(2) Treat	er, Store	r, or Disposer of H	azardous 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.			
 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 (at least once a year) b. Small Quantity Generator (SQG): Generates in any calendar month greater than 				 a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial. 				
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 (at least once a year)			200	 (4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption 				
 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 In addition, indicate other generator activities that apply. 				(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.				
e. Episodic: Notf. United States I	Image: A state of the stat							
your facility. List	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). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.							
$1 D D D Q ^2$		3	4	5		6	7	
8 9		10	11	1	2	13	14	
15 16		17	18	1	9	20	21	
11. Other Status C	11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 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 <u>all</u> 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								
12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):								
Same as Facility RCRA Contact on page 1 or ent				Last Name:			Title:	
Contact for:	Phone Nun	ıber:		Extension: E-Mail:				
HW Transporter Used Oil Handler	Street or P.							
Universal Waste City or Town:				State:(C	ountry):	Zip Code:		

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 2 of 5

Universal W	aste Notification and Mercury Transporter/Handler Registration EPA ID No. FLAD	002425					
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :							
A. Federal Notification	A. Federal 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. Pharmacet	aticals					
	😫 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 U A permit is required for storage prior to recycling.	ſW.					
B. Florida	Universal Pharmaceutical Waste (UPW): one-time registration						
D Pharm	accuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)						
D Pharm	accuticals Acute LQH = more than 1 kg (2.2 ib) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated					
C Rever	se Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heat	th [DOH])					
🔲 Florid	a Universal Pharmaceutical Waste (UPW) Transporter						
C. Florida A	nnual Mercury Handler Registration:						
[Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of 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-hire Activities Pirst time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached							
D For-l	ire Transporter of Universal Waste Mercury-Containing Lamps or Devices						
		Annual					
	Kegistration						
D Merc	Mensury-Containing Devices I OH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler Annual Registration +						
Merc	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) Annual Registration Required							
Briefly Describe your Universal Waste Activities:							
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) C Recovery C 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)]							

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 3 of 5

Hazardous Waste and Used Oil Transporter Registrati	one	FPAID No CLOR DIA				
		EPAID No. FLR 0000 26625				
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 Air Rail Highway Water O Other - specify						
B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)						
This facility is a Hazardous Waste Transfer Fa	cility: (at this location	on) Storage Volume				
This form is: 🖸 Initial Registration 🛛 Renewal	Notification of c	changes 🛛 Cancel Registration				
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 provisio	ons of Rule 62-730.17 The site (facility) a					
Please enter the EPA ID Number of the HW Transporter who carries the	e insurance for this Tra	msfer 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 <u>must</u> <u>annually register</u> 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 Filte	er Management (must annually register)				
a. Transporter (off-site) and noncontiguous locations	🗖 a. Transpo	orter				
D b. Transfer Facility	D b. Transfe	-				
(2) Collection Center (From businesses, <u>no more than 55 gal per</u> shipment)	C. Proces	sor (Annual Report Required)				
(3) Used Oil Processor (A permit is required.)		equired under the provisions of Rule 62-710.510,				
(4) Dff-Specification Used Oil Burner		at (check one): ng (business) address D The site (facility) address				
(5) Used Oil Fuel Marketer DOn-Spec Off-Spec		ng (ousmess) address 🛛 🖬 The site (latinity) address				
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.						

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 4 of 5

Transfer Facility and Used Oil Transporter requiren	nents and required signature page	EPA ID No.FLGOOD	0025625			
(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 Section 403.7211(2), Florida Statu	of the transporter that the proposed loc ttes (F.S.) [Rule 62-730.171(3)(a)1., F.A					
Evidence of the transporter's financial responsi		-				
A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.] 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 [Rule 62-730.171(3)(a)6., F.A.C.]						
A map or maps of the transfer facility [Rule 62	2-730.171(3)(a)7., F.A.C.]					
 (15 cont.) Used Oil Transporters: (Exemptions in In addition to the requirements on Page 4 Sect ALL registered UO Handlers must submit their own company. UO transporters transporting off-site over UO transporters transporting more than 5 submission as a certified used oil transporter The used oil annual report is attached 16. Comments (attach a page if more space is need) 	tion 15: it an annual report except generators transformed to the second	n company must submit proof of nsurance annually, and must sig by Rule 62-710.600(1), F.A.C.):.	of insurance. on and certify this			
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. 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 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 authorized representative	Print Name and	Title Use Oi				
AND -	Bart Phillips,	Provident 0	1/20/14			
	, , , , , , , , , , , , , , , , , , , ,					
If the person that filled in this form is not the Facili	ty Contact or Operator, please comp	lete the information below:				
(Name of person completing this form)	(Phone Number)	(E-mail Address)				

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