

Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

02/19/2014

Raj Singh Stericycle Specialty Waste Solutions Inc 341 Landstreet Rd # B Orlando, FL 32824-

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 **314 W Landstreet Rd # B, Orlando, FL 32824-7803** has been registered through **March 1, 2015** with the following status:

Facility ID # **FLR000006353**

Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Small Quantity Handler Facility for Universal Waste Lamps and 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 Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace

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) 245-8772 (for FDEN OFFICE LEGICALY)

FEB 0 4 2014

DEPARTTING & COMPLIANCE
ASSISTMENATIONS OF AM

FLR	لينط فيط في المنظمة ا										
1. Reason for Submittal	Mark 'X' in correct box: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). To provide subsequent notification (to update status and facility identification information). Is this the final notification (see instructions) for the facility?										
2. Facility or Business Name	Stericycle Specialty Waste Solutions, Inc.					FEID 2	No. 6 0 8 1	1 4 6 3			
3. Facility Operator (List additional Operators in the	Name of Operator: Stericycle Specialty Waste Solutions, Inc.				New Operator Date became Operator: 05 / 31 /2009 mm dd yy						
comments section).	Street or P.O. Box	: 341-	B Lan	dstreet Road	Phone Number: 800-762-9162						
	City or Town:	0	rlando)	State:	FL	Zip Code:	32824			
	Operator Type: [2	Private Fede	eral	Municipal :	State [Othe	r Publi	cly Held			
4. Facility Physical Location	Physical Street Address: 341-B Landstreet Road										
Information	City or Town:		lando		State:	FL	Zip Code:	32824			
	County: Orange If available, ple boundaries.			ease attach a map or sketch of the facility							
	Latitude: 2 8 4 3 5 7. 93 Longitude: 8 1 3 8 3 1. 52 Method: dd mm ss.ssss dd mm ss.ssss Datum;										
5. Facility North Am Classification Syst Code(s)	· ·	* * * * * * * * * * * * * * * * * * * *			B. D.						
6. Facility or		1			Street Address or P.O. Box: 341-B Landstreet Road						
Transfer Transfer	Street Address or l	P.O. Box:		341-B L	andstre	et Ro	oad				
Business Mailing Address	Street Address or l City or Town:	·	rlando			et Ro	Zip Code:	32824			
Address 7. Facility or		·					Zip Code:	32824 ty Manager			
Address	City or Town:	Or			State:	FL	Zip Code:	ty Manager			
Address 7. Facility or Business Contact	City or Town: First Name:	Or Raj (407) 855-014		Last Name:	State: Singh E-Mail:	FL	Zip Code: Title: Facili	ty Manager			
Address 7. Facility or Business Contact	City or Town: First Name: Phone Number:	Or Raj (407) 855-014 :		Last Name: Extension: 341-B Land	State: Singh E-Mail: street	FL	Zip Code: Title: Facili	ty Manager			
Address 7. Facility or Business Contact Person 8. Real Property (Land) Owner of the Facility's	City or Town: First Name: Phone Number: Street or P.O. Box: City or Town: Name of Real Prop	Or Raj (407) 855-014 : Or Perty (Land) Owner Dr. Robert E	l1 lando	Last Name: Extension: 341-B Land	State: Singh E-Mail: street	FL Cowne	Zip Code: Title: Facili singh@sterio	ty Manager cycle.com			
Address 7. Facility or Business Contact Person 8. Real Property (Land) Owner of the Facility's	City or Town: First Name: Phone Number: Street or P.O. Box: City or Town:	Or Raj (407) 855-014 : Or Or Dr. Robert E	lando r: Baker	Last Name: Extension: 341-B Land	State: Singh E-Mail: street State:	FL Road FL Owne	Zip Code: Title: Facili singh@sterio Zip Code: r Owner: 03 /	32824 13 / 1986			
Address 7. Facility or Business Contact Person 8. Real Property (Land) Owner of the Facility's Physical Location (List additional	City or Town: First Name: Phone Number: Street or P.O. Box: City or Town: Name of Real Prop	Or Raj (407) 855-014 : Or Perty (Land) Owner Dr. Robert E	lando r: Baker	Last Name: Extension: 341-B Land side Drive	State: Singh E-Mail: street State:	FL Road FL Owne	Zip Code: Title: Facili singh@sterio Zip Code: r Owner: 03 /	ty Manager cycle.com 32824 13 / 1986			

and the second of the second s	EPA ID No. FLR000006353				
9. Type of Regulated Waste Activity (Mark 'X' in all the	at apply):				
A. Hazardous Waste Activities: (1) Generator of Hazardous Waste (Choose only one of the following three categories.) \times a. Large Quantity Generator (LQG):	For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste (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	a. Operating Commercial TSD b. Operating Non-commercial TSD c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility)				
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	Specify: Commercial: Non-Commercial. A permit is required for storage prior to recycling. (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	(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.				
In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator	(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.				
(7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own	waste only b. For commercial purposes				
c. Hazardous Waste Transporter Insurance Information	on I Fire Insurance Company				
	artford Plaza				
Hartford, CT 0	6155				
Contact Cullen Flanigan	Telephone (312) 627-6837				
Policy Number 21 CSE \$13403	Expiration date 06-01-2014				
d. Transportation Mode Air Rail Highway					
e. Hazardous Waste Transfer Facility: Initial notification	Storage Volume 300 55 Gallon Drum				
	vith the initial notification for a transfer facility [Rule 62-730.171(3),				
Certification by a responsible corporate officer of	the transporter that the proposed location satisfies the				
criteria of Section 403.7211(2), Florida Statutes (• •				
Evidence of the transporter's financial responsibili	· · · · · · · · · · · · · · · · · · ·				
A brief general description of the transfer facility	· · · · · · · · · · · · · · · · ·				
A copy of the facility closure plan [Rule 62-730.1]					
A copy of the contingency and emergency plan [R					
A map or maps of the transfer facility [Rule 62-73	· · · · · ·				
Notification of changes in above items	• • • • • •				
Annual update notification					

	EPA ID No. FLR000006353				
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):				
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of	of any combination of UW accumulated				
Small Quantity Handler (SQH) = always less than 5,000 kg accu	mulated				
Mercury-containing devices LQH = 100 kg (220 lb) or more ac Mercury-containing devices SQH = less than 100 kg accumulate	-				
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lam	ps) or more accumulated by for-hire handler				
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lam	ps) accumulated by for-hire handler				
[Note: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$]	[Note: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$]				
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	eutical waste (UPW) accumulated				
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	dous ("P-listed") pharmaceutical waste accumulated				
Pharmaceuticals SQH = always less than 5,000 kg of UPW and	always 1 kg or less of acutely hazardous UPW accumulated				
(1) For those Managing Generate/ Accumulate Transport (see note in instructions) Handle at Transfer Facility	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.				
a. Batteries	20,000 lbs.				
b. Pesticides	60 lbs.				
c. Pharmaceuticals	145,000 lbs.				
d. Mercury Containing Devices	219 lbs.				
e. Mercury Containing Lamps	24,000 lbs.				
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]				
(4) Reverse Distributor of UW Pharmaceuticals	☑ Lamps ☐ Devices ☐				
(5) Destination Facility for UW Note: for this activi storage prior to recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for veling.				
C. Used Oil Activities: (1) Used Oil Transporter - indicate type(s) of activity(ies): \(\times \) a. Transporter \(\times \) b. Transfer Facility (2) \(\times \) Collection Center (3) \(\times \) Used Oil Processor (A permit is required for this activity.) (4) \(\times \) Off-Specification Used Oil Burner (5) \(\times \) Used Oil Fuel Marketer (6) Used Oil Filter \(\times \) a. Transporter \(\times \) b. Transfer Facility \(\times \) c. Processor \(\times \) d. End User	8) Specific Certification to be signed by all Used Oil Transporters I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C. Signature of Authorized Person T.J. Mc Caustland Print Name of Authorized Person				
(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection. A check is enclosed.	(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one): ☐ Our mailing (business) address ☐ The site (facility) address				

					EPA ID No.	FLR	000006353
D. Oth	er State F	Regulated Waste A	ctivities:			CW) Handler [Ch mit may be required	napter 62-740, F.A.C.] If for this activity.
your fac	cility. List	les for Federally l t them in the order the transporters list code	they are presented in	in the regulations (e	e.g., D001, D003,	F007, U112).	azardous wastes handled at are needed.
, ,	AliD	² AllF	³ AllK	[∤] AllP	⁵ AllU	6	7
8		9	10	11	12	13	14
15			17	18	19	20	21
22		23	24	25	26	27	28
11. Ot	her Stati	us Changes (Mar	rk 'X' in all that a	pply):			
A	(1) Bus (2) Was	ler of Regulated W siness no longer gen ste generated by bus aer (explain)	nerates, transports, t siness has been deli	treats, stores, or dis			
	be (2) Out add Contact Address	sed at this location a handling regulated t of Business - Busin dress, and phone nur	waste there. iness closed on imber where you can	an be reached after c	(Date). I	Please provide a co	new location if you will ntact person, mailing
	C. Pro	perty Tax Default	;	☐ D. Petition	ı for Bankruptcy	Protection	
in accordinformate for submarked facility,	dance with tion submi nitting fals I am awar	h a system designed itted is, to the best o se information, inclu	d to assure that qual of my knowledge ar uding the possibility lities must comply v	lified personnel pro- and belief, true, accu- ty of fine and impris- with the requirement	operly gather and e urate, and complet sonment for know hts of Rule 62-730 rint Name and 1	evaluate the informate. I am aware that twing violations. If I 0.171, FAC, and Ru	my direction or supervision ation submitted. The there are significant penalties have notified as a transfer ale 62-730.182, FAC. Date Signed (mm-dd-yyyy)
If M'Courtine			T.J. Mc Caustland			01/30/2014	
C.J							
	T.,	o filled in this form J. Mc Caustlan	nd	(770) 891-2	-	tmccaustland	@stericycle.com
		completing this form	n)	(Phone Number)	·	(E-mail Address))
		: al Waste Lamp	and Device Tr	ransporter and	Transfer Fac	aility (reg exp o	n



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.

Stericycle Specialty Waste Solutions, Inc. 314 B West Landstreet Road Orlando, Florida

Facility Name	Street Address	City and State
(407) 855-0141	(407) 855-0354	TMcCaustland@Stericycle.com
Phone	Fax	E-mail
Complete	ansporters and transfer facilities e all sections and check all boxes	that apply.
1. Estimated <u>numb</u> Types:	<u>er</u> of LAMPS handled during th Fluorescent ☑	e last calendar year. 114,609 HID ☑
Types:	er of DEVICES handled during to Thermostats	vitches/Relays ☑
3. Estimated weigh	t of DEVICES handled during t	he last calendar year. 329 lb.
4. Estimated <u>numb</u>	er of lamps or devices you shipp lamps (L) or devices (D). Give t	ped to a mercury recycling facility. The receiving facility name, location,
147,840	Lamp Environmental Industries, In	C. Independence, Louisiana (800) 309-9908
Number L D	Facility Name	City/State Phone
Number L D	Facility Name	City/State Phone
Number L□D□ T.J. Mc Causti	and SAM (A	City/State Phone
Print Name of Author	orized Agent Signature of Auth	orized Agent Date