



**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

02/25/2014

Jason Muhlenkamp
Lighting Resources LLC
1007 SW 16th Ln
Ocala, FL 34471-1228

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 **1007 SW 16th Ln, Ocala, FL 34474** has been registered through **March 1, 2015** with the following status:

Facility ID # **FLR000070565**
Transporter of Universal Waste Lamps and Devices
Large Quantity Handler Facility for 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



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
RECEIVED
(for FDEP Official Use Only)
ENVIRONMENTAL PROTECTION

FEB 20 2014

PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

EPA ID: **FLR000070565**

Please use the instructions document to complete this form

1. Reason for Submittal

(all submitters must complete pages 1 and 2 and sign page 5.
Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box:
(must choose one if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
☒ 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)

FL Registration(s) ☒ UW Mercury (see page 3) ☒ HW Transporter (see page 4) ☐ Used Oil (see page 4)

2. Facility or Business Name

Lighting Resources LLC

3. Facility Operator

(List additional Operators in the comments section).

Name of Operator:

Lighting Resources LLC

Date became Operator: ___/___/___

☐ New Operator mm dd yy

Street or P.O. Box:

1007 SW 16th Lane

Phone Number:

352-509-3001

City or Town:

Ocala

State:

FL

Zip Code:

34471

Country (if not USA):

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

4. Facility Physical Location Information

(No P.O. Boxes)

☐ Same address as #3 above or:

Physical Street Address:

1007 SW 16th Lane

☐ Vessel

City or Town:

Ocala

State:

FL

Zip Code:

34471

County:

Marion

Country (if not USA):

5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)

A. **156211** (required)

B. **1562112**

C. **1562112**

D. **1562112**

6. Facility or Business Mailing Address

☐ Same address as #__ above or: Street or P.O. Box: **1007 SW 16th Lane**

City or Town:

Ocala

State:

FL

Zip/Postal Code:

34471

Country (if not USA):

7. Facility or Business RCRA Contact Person

First Name:

Jason

Last Name:

Muhlenkamp

Title:

Facility Manager

Phone Number:

352-509-3001

Extension:

E-Mail:

jason.muhlenkamp@lightingresourcesinc.com

Fax:

352-509-3012

Street or P.O. Box:

1007 SW 16th Lane

☐ Same address as #__ above or:

City or Town:

Ocala

State:

FL

Zip Code:

34471

Country (if not USA):

8. Real Property (FL Land) Owner of the Facility's Physical Location

(List additional owners in the comments section.)

☐ Same address as #__ above or:

Name of Owner:

Lighting Resources LLC

Date became Owner: ___/___/___

☐ New Owner mm dd yy

Street or P.O. Box:

1919 Williams St. # 350

Phone Number:

805-624-3050

City or Town:

Simi Valley

State:

CA

Zip Code:

93065

Country (if not USA):

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

RCRA Hazardous Waste Status Notification or Out of Business Notification	EPA ID No.
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9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

<p>(A) (1) Generator of Hazardous Waste</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Do not include Universal Waste or Used Oil)</p> <p>If YES, Choose only one of the following three categories.</p> <p><input checked="" type="checkbox"/> a. Large Quantity Generator (LQG): 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)</p> <p><input type="checkbox"/> 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 (at least once a year)</p> <p><input type="checkbox"/> 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</p> <p>In addition, indicate other generator activities that apply.</p> <p><input type="checkbox"/> d. Short-Term Generator (one-time, not on-going)</p> <p><input type="checkbox"/> e. Episodic: Not more than one-time per year: <u> SQG </u> LQG</p> <p><input type="checkbox"/> f. United States Importer of hazardous waste</p> <p><input type="checkbox"/> g. Mixed Waste (hazardous and radioactive) Generator</p>	<p>For Items 2 through 7, mark 'X' in all that apply.</p> <p>(2) Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.</p> <p><input checked="" type="checkbox"/> a. Operating Commercial TSD</p> <p><input type="checkbox"/> b. Operating Non-Commercial TSD</p> <p><input type="checkbox"/> c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)</p> <p>(3) <input checked="" type="checkbox"/> Recycler of Hazardous Waste (at your facility) Specify: <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling.</p> <p>(4) <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>(5) <input type="checkbox"/> 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.</p> <p>(6) <input type="checkbox"/> Receives Hazardous Waste from Off-Site</p> <p>(7) <input type="checkbox"/> Underground Injection Control</p>
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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 D009	2 D006	3 D008	4 U151	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

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 all business activities at this facility have ceased.)

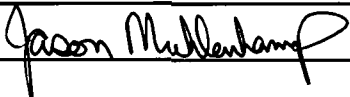
☐ (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will

☐ (2) Out of Business - Business closed on _____ (date)

<input type="checkbox"/> (C) Property Tax Default	<input type="checkbox"/> (D) Petition for Bankruptcy Protection
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12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input checked="" type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input checked="" type="checkbox"/> Universal Waste	First Name: <u>Jason</u>	Last Name: <u>Muhlenkamp</u>	Title: <u>Facility Manager</u>
	Phone Number: <u>352-509-3001</u>	Extension:	E-Mail: <u>jason.muhlenkamp@lightingresourcesinc.com</u>
	Street or P.O. Box: <u>1007 SW 16th Lane</u>		
	City or Town: <u>Ocala</u>	State (Country): <u>FL</u>	Zip Code: <u>34471</u>

Transfer Facility and Used Oil Transporter requirements and required signature page	EPA ID No.		
<p>(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.)] :</p> <p style="margin-left: 40px;"> <input type="checkbox"/> 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.] <input type="checkbox"/> Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.] <input type="checkbox"/> A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.] <input type="checkbox"/> A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.] <input type="checkbox"/> A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.] <input type="checkbox"/> A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.] </p>			
<p>(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4)) In addition to the requirements on Page 4 Section 15:</p> <ul style="list-style-type: none"> ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company. UO transporters transporting off-site over public highways only within their own company must submit proof of insurance. 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.). <p style="margin-left: 40px;"> <input type="checkbox"/> The used oil annual report is attached <input type="checkbox"/> Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached. </p>			
<p>16. Comments (attach a page if more space is needed):</p>			
<p>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.</p>			
<p><input type="checkbox"/> 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..</p>			
Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	Jason Muhlenkamp, Branch Manager	<input type="checkbox"/>	2/10/14
		<input type="checkbox"/>	
		<input type="checkbox"/>	
<p>If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:</p> <p style="margin-left: 40px;"> _____ (Name of person completing this form) (Phone Number) (E-mail Address) </p>			



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.

Lighting Resources 1007 SW 16th Lane Ocala, FL
Facility Name Street Address City and State
352-509-3001 352-509-3012 jason.muhlenkamp@lightingresourcesinc.com
Phone Fax E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

- Estimated number of LAMPS handled during the last calendar year. 3,000,000
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 1,500
Types: Thermostats ☒ Electric Switches/Relays ☒
Thermometers ☒ Manometers ☐ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. 2,000 lb.
- Estimated number of lamps or devices you shipped to a mercury recycling facility.
Check the boxes for lamps (L) or devices (D). Give the receiving facility name, location,
and contact information.

10,000 Lighting Resources Greenwood/IN 317-888-3889
Number L ☐ D ☒ Facility Name City/State Phone

Number L ☐ D ☐ Facility Name City/State Phone

Number L ☐ D ☐ Facility Name City/State Phone

Print Name of Authorized Agent

Signature of Authorized Agent

Date

"More Protection, Less Process"

www.dep.state.fl.us

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes _____

No _____

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously _____

Submitted in What Year? _____

Jason Muhlenkamp

Print Name of Authorized Agent

Jason Muhlenkamp

Signature of Authorized Agent

2/10/14

Date

Complete, sign and return this checklist along with your registration form 8700-12FL to:

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 laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.



Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

DEP Form #	62-737.900(3)
Form Title	Mercury Recovery and Mercury Reclamation Facility Annual
Effective Date	May 20, 1998

Mercury Recovery and Mercury Reclamation Facility Annual Report and Instructions For Calendar Year 2013

For reporting period from January 1st *, through December 31, 2013

*If other than January 1, explain in "Other Notes or Explanations," on Page 3.

Pursuant to Rule 62-737.600, Florida Administrative Code, mercury recovery and mercury reclamation facilities permitted to operate in the state of Florida must report their activities to the Department using this form. See instructions on pages 4-6.

Part I: Business Information:

- Business name: Lighting Resources EPA ID Number: FLR000070565
- Mailing address: 1007 SW 16th Lane Ocala, FL 34471
Telephone No.: (352) 509-3001
- Street Address: _____
- Name of person preparing report (please print): Jason Muhlenkamp
Title Branch Manager Telephone No.: (352) 509-3001

Part II: Type of Facility: (Check one only. Submit a separate annual report for each type of facility your business operates.)

☒ Mercury Recovery

☐ Mercury Reclamation

Part III: Materials Flow: Complete both Table 1 on Page 2 and Table 2 on Page 3.

Part VI: Certification:

To the best of my knowledge and belief, I certify under penalty of perjury that the information provided in this report is true, accurate and correct. I have attached all documents that are required.

Jason Muhlenkamp
Print Name of Authorized Agent

Jason Muhlenkamp
Signature of Authorized Agent

2/18/14
Date

Mail completed form to:
Florida Department of Environmental Protection
Hazardous Waste Management Section MS 4555
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Table 1: Materials Flow: All quantities in Kilograms. If you report quantities on lines 10, 18, or 29, use the lines marked "Specify" below the table to describe the material. Use the codes on page 5 to complete the "Destination Code" column.

	Material	Method	Beginning	Inventory	Quantity	Received	From	Quantity	Shipped	Destination	Ending	Inventory
			Number	Kilogramss	Number	Kilograms	Out of State	Number	Kilograms	Code	Number	Kilograms
1	LAMPS											
2	Straight Fluorescent 4 Ft.	02	29,923	8,079	1,927,342	525,823	25 %				4354	1175
3	Straight Fluorescent 8 Ft.	02	1976	1,067	173,913	94,690	20 %				169	76
4	Straight Fluorescent Other Lengths	02	0	0	97,063	42,312	26 %				0	0
5	Total Straight Fluorescent	02	31,899	9,146	2,198,318	662,825	24 %				4523	1251
6	Irregular Fluorescent U, Circular	02	1906	533	106,916	30,069	31 %				121	34
7	Irregular Fluorescent Compact	02	14,611	3,506	282,166	69,276	9 %				0	0
8	Total Irregular Fluorescent	02	16,517	4,039	395,082	99,345	15 %				121	34
9	High Intensity Discharge (HID)	02	3,350	1,239	209,917	76,173	12 %				27	10
10	Other Whole Lamps (Specify Below)	02	1,670	751	49,172	22,304	15 %				0	0
11	Unintentionally Broken Lamps			0		3,563	29 %					0
12	Total Lamps		53,436	15,175	2,852,489	864,210	22 %				4,671	1,295
13	Intentionally Crushed Lamps			4,593		218,852	22 %					455
14	DEVICES											
15	Thermostats						%					
16	Mercury Column Devices	02			1,238	562	13 %	1,238	562	11		
17	Other Relays/Switches/Gauges						%					
18	Other Devices (Specify Below)						%					
19	Unintentionally Broken Devices						%					
20	Total Devices				1,238	562	13 %		562	11		
21	Intentionally Crushed Devices						%					
22	MISCELLANEOUS											
23	Separated Ampoules						%		172	11		
24	Separated HID Arc Tubes						%					
25	Liquid Mercury						%					
26	Separated Glass						%	693,212	04			
27	Separated Aluminum						%	29,154	13			
28	Phosphor Powder						%	43,895	11			1,430
29	Other (Specify Below)						%	25,141	13			
30	Total Materials						%	791,574				

Specify: Describe materials listed in Table 1 above on Line 10, Line 18, and Line 29. For example, laboratory test equipment lamps, filter material, floor sweepings, cardboard, plastic, personal protective equipment, etc.

Line 10 Neon, Ultra violet, incandescent, halogens.

Line 18 _____

Line 29 Separated material, End caps from Compacts, HID's, Incandescent and halogens.

[illegible]

Instructions for Completing the Volume Reduction, Mercury Recovery and Mercury Reclamation Facility Annual Report

Use this form to comply with the annual reporting requirements for volume reduction, mercury recovery, and mercury reclamation facilities found in Rule 62-737.800, Florida Administrative Code.

Who Must Report?

1. Mercury Recovery Facilities permitted by the State of Florida as defined in 62-737.200, F.A.C., as "a facility where operations or processes are performed or equipment is used to receive and process spent mercury-containing lamps or devices for the purpose of crushing or dismantling and separating the lamps or devices in a manner as to produce separated, individual recyclable components such as glass and scrap metal; and mercury-containing phosphor powder, ampoules or other mercury-containing residuals which will be processed at a mercury reclamation facility for the purpose of reclamation of the mercury."

2. Mercury Reclamation Facilities permitted by the State of Florida as defined in 62-737.200, F.A.C., as "a facility where operations or processes are performed or equipment is used to receive and recapture mercury from spent lamps, mercury-containing devices, mercury-containing materials or residuals, or pourable, commodity grade mercury materials; and that can demonstrate, using a quality control plan approved in accordance with Chapter 62-160, F.A.C., and an EPA analytical test method for determining the total mercury content of a waste material, an effective reclamation rate of at least 99% of the mercury introduced into its process or a resulting total mercury concentration remaining in the processed material that is below the method detection limit; and by which a commercial grade of mercury is produced for recycling."

When Are Reports Due?

Reports are due by March 1 of each year for the preceding calendar year.

Part I: Business Information

Business Name - Give the business name and specific site name (if business has more than one site) for which you are reporting.

EPA ID Number - Your facility's 12 alpha/numeric character EPA ID Number. Your EPA ID number will remain the same from year to year.

Street Address - Actual physical location address, not P.O. Box or Route Number.

Part II: Type of Facility

Check only one box. If you operate more than one type of facility, you must submit a separate annual report for each facility. See your facility's operating permit(s) for the type(s) of facility(ies).

Part III: Materials Flow and Rejected Materials

Table 1: Materials Flow (Page 2).

Material (Column):

Line 1: Lines 2 through 13 relate to mercury-containing lamps only.

Line 2: Report only unbroken straight lamps which are 4 feet long here.

Line 3: Report only unbroken straight lamps which are 8 feet long here.

Line 4: Report all unbroken straight lamps not 4 feet or 8 feet long here (2 feet, 6 feet, 7 feet, 9 feet, 10 feet, etc.).

Line 5: Total of Lines 2 through 4.

Line 6: Report U-shaped and circular fluorescent lamps here.

Line 7: Report all types of compact fluorescent lamps here.

Line 8: Total of Lines 6 through 7.

Line 9: Report all types of high intensity discharge (HID) lamps (mercury vapor, metal halide, high pressure sodium, etc.).

Line 10: Report any mercury-containing lamps which do not fit into any of the above categories and describe them in "Specify" below Table 1. This may include such lamps as neon, special purpose lamps for diagnostic or testing equipment, etc. Do not report incandescent or other lamps which do not contain mercury on this line. Report those types of non mercury-containing lamps on Line 30, "Other (Specify)" and describe them in "Specify" below Table 1.

Line 11: Report all types of mercury-containing lamps which were found to be broken in the packaging containers which your facility received or which were unintentionally or accidentally broken at your facility between receipt and introduction into your process. Since it may sometimes be difficult to get an exact count on how many lamps have been broken when several or many lamps in a packaging container arrive broken, provide your best estimate.

Line 12: Total of Lines 5, 8, 9, 10, and 11.

Line 13: Report the quantity of lamps which were intentionally crushed for volume reduction or other purposes.

Line 14: Lines 15 through 21 relate to mercury-containing devices only.

Line 15: Report only thermostats which contain mercury. Do not report thermostats which do not contain mercury on this line. Report non mercury-containing thermostats such as bimetal, solid state, etc. on Line 29, "Other (Specify)" and describe them in "Specify" below Table 1.

Line 16: Report all types of devices which use a column of mercury such as thermometers, manometers, sphygmomanometers, etc.

Line 17: Report all types of mercury wetted relays, pressure control devices, and other switches which use ampoules containing liquid mercury. This may include such things as shoes with mercury switches which control heel lights.

Line 18: Report any mercury-containing devices which do not fit into any of the above categories and describe them in "Specify" below Table 1.

Line 19: Report all types of mercury-containing devices which were found to be broken in the packaging containers which your facility received or which were unintentionally or accidentally broken at your facility between receipt and introduction into your process. Since it may sometimes be difficult to get an exact count on how many devices have been broken when several or many devices in a packaging container arrive broken, provide your best estimate.

Line 20: Total of Lines 15 through 19.

Line 21: Report the quantity of devices which were intentionally crushed for volume reduction or other purposes.

Line 22: Lines 23 through 30 apply to other mercury-containing and non mercury-containing materials which do not fit into any other categories under "LAMPS" or "DEVICES".

Line 23: Report all types of unbroken ampoules (glass, plastic, metal, etc.) containing liquid mercury which have been separated from the devices which contain the ampoule.

Line 24: Report all types of unbroken arc tubes which have been separated from HID lamps.

Line 25: Report all liquid mercury not contained in lamps, devices, separated ampoules, or separated HID arc tubes. This would include liquid mercury which has been separated from lamps, devices, ampoules, or arc tubes; or which has been received or shipped in any other container (bottle, metal flask, etc.)

Line 26: Report all glass regardless of its mercury content which has been separated from lamps or devices.

Line 27: Report all aluminum regardless of its mercury content which has been separated from lamps or devices.

Line 28: Report all phosphor powder regardless of its mercury content which has been separated from lamps or devices.

Line 29: Report any materials which do not fit into any of the above categories and describe them in "Specify" below Table 1.

Line 30: Total of Lines 12, 13, 20, 21, and 23 through 29.

Method (Column): Use one of the following methods to obtain the quantities reported in the "Kilograms" subcolumns of "Beginning Inventory", "Quantity Received", "Quantity Shipped", and "Ending Inventory" columns.

- 01 Actual weight including containers
- 02 An average unit weight based upon manufacturers data
- 03 An average unit weight based upon a statistically significant sample of your materials
- 04 An average unit weight based upon another method approved by the Department

Report the code number corresponding to the method used to obtain the quantities reported for each material. If you use more than one method for obtaining the quantity of a particular material, please explain in "Other Notes and Explanations" on page 3.

Beginning Inventory (Column): Report both number of units (in "Number" column) and quantities in kilograms (in "Kilograms" column) of all materials in your inventory on site at your facility as of January 1 of the reporting year.

Quantity Received (Column): Report both number of units (in "Number" column) and quantities in kilograms (in "Kilograms" column) of all materials received by your facility. In the "From Out of State" column, report the percentage of materials (by either number or kilograms) received from out of state generators.

Quantity Shipped (Column): Report both number of units (in "Number" column) and quantities in kilograms (in "Kilograms" column) of all materials shipped from your facility.

Destination Code (Column): Report the destination of all shipped materials using the following codes

- | | |
|---|---|
| 01 In-State Mercury Reclamation Facilities | 11 Out-of-State Mercury Reclamation Facilities |
| 02 In-State Mercury Recovery Facilities | 12 Out-of-State Mercury Recovery Facilities |
| 03 Other In-State Recycling Facilities or Brokers | 13 Other Out-of-State Recycling Facilities or Brokers |
| 04 In-State Solid Waste Landfills | 14 Out-of-State Solid Waste Landfills |
| | 15 Out-of-State Hazardous Waste Landfills |
| 06 Other In-State Facilities (Specify Type) | 16 Other Out-of-State Facilities (Specify Type) |

Destination Code (Continued):

If you shipped a material to more than one destination code, please list quantities shipped to each destination code in "Other Notes or Explanations" on page 3. For example, if you shipped a total of 800 Kg of Separated Ampoules to in-state mercury reclamation facilities and 200 Kg of Separated Ampoules to out-of-state mercury reclamation facilities, write "1,000 Kg" in the "Shipped" column of Line 24, write "See Note Below" in the "Destination" column of Line 24, and write "Line 24 Destination - 800 Kg to 01, 200 Kg to 11" in "Other Notes or Explanations" on page 3.

Ending Inventory (Column): Report both number of units (in "Number" column) and quantities in kilograms (in "Kilograms" column) of all materials in your inventory on site at your facility as of December 31 of the reporting year.

Table 2: Rejected Materials (Page 3).

Material: Describe the material which was rejected. You may use the material descriptions listed in Table 1 if that description fits or use another description which most accurately describes the physical and chemical characteristics of the rejected material, for example, "mercury contaminated dirt", "off specification mercury-containing liquid reagents", "sneakers with light up heels controlled by a mercury switch", etc.

Incoming: Report quantities in kilograms of incoming materials which your facility rejected or refused to receive or accept. Report estimated quantities if actual quantities are not available from shipping papers.

Outgoing: Report quantities in kilograms of materials shipped from your facility which were rejected by the destination facility to which they were shipped. Report actual quantities from the shipping papers.

Reason Rejected: Explain why the materials were rejected by your facility (incoming materials) or by the destination facility (outgoing materials), for example, "Hazardous waste - not permitted to process", "Missing or incomplete shipping paper", "Improper packaging", "Exempt transporter hauling more than 100 Kg per month", "Glass recycling broker refused to accept due to contamination", etc.

Disposition: Describe the disposition of the rejected material, for example, "Returned to shipment origination point", "Hazardous waste landfill", "Mercury reclamation facility", etc.

Part IV: Certification

Your Annual Report will not be accepted if this part is not completed and signed by the authorized representative.

Questions:

Any questions concerning this form may be referred to the Hazardous Waste Management Section, Department of Environmental Protection MS 4555, 2600 Blair Stone Road, Tallahassee, FL 32399-2400, (850) 488-0300.