

FLORIDA DEPARTMENT OF

ENVIRONMENTAL PROTECTION BOB MARTINEZ CENTER

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

CARLOS LOPEZ-CANTERA LT. GOVERNOR

HERSCHEL T. VINYARD JR. SECRETARY

03/03/2014 Kurt Seaburg, Haz Waste Coord Alachua County HHW Collection Center 201 SE 2nd Ave Ste 201 Gainesville, FL 32601-6538

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 **Alachua County HHW Collection Center** located at **5125 NE 63rd Ave, Gainesville , FL32609-5515**

FLR000057158

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Non-Handler of Hazardous Waste; Universal Waste Lamps, Universal Waste Devices, Household Hazardous Waste, Person authorized to accept Conditionally Exempt Waste.

Your facility is **currently registered** for the following activities: **UW Lamp SQH, UW Device SQH** (reg exp on 03/01/2015).

Your facility is currently permitted/active as: No Active Hazardous Waste Treatment, Storage, or Disposal Permit.

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: <u>http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</u>. **To review the details of your status**, visit: <u>http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000057158</u>.

For further assistance, please contact me at (850) 245-8749 or email at <u>Glen.Perrigan@dep.state.fl.us</u> .

Sincerely,

Robin K. Pandley for

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 34514 , Email Address: kurt@alachuacounty.us

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY						ह	Date Received (for FDEP Official Use Only)			
FLORIDA DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707							: ۲۵۰۰ J	IAN 23 2014		
EPA ID: F L R 0 0 0 5 7 1 5 8 Please use the instructions document to complete this form										
1. Reason for		To provide ini		1 (to obtain an J	EPA ID N	umber for haza	ordous	John I		
Submittal	the correct box:	waste, universal	d waste, used oil a	activities, or PC	CW activitie	ies).				
(all submitters must complete pages 1 and 2 and sign page 5.	(must choose one To provide subsequent notification (to update status and facility identification information). if a notification									
Pages 3 and 4, - com- plete as applicable)	FL Registration(s)	I o provide the final nouncation (closing) for the facility. (see instructions—must complete pages 1,2,5)								
2. Facility or Business Name	Alachu	a Count	y Hazar	rdous V	Nasl	te Coll	ecti	on Center		
3. Facility	Name of Operator:		Date beca				-	r: <u>10 / / 1999</u>		
Operator (List additional Opera-	Alachua Co	ounty Boc	<u> </u>	<u></u>	<u> </u>	New Operator mm dd yy				
tors in the comments	Street or P.O. Box: 12 SE 1st Street	eet (PO Box	5547)			Phone Number: 352-264-6900				
section).	City or Town: Gainesville		State: FL	Z	Zip Code: 32602-2877	Co	untry (if not USA):			
	Operator Type:	Private Fed	deral Muni	icipal 🛛 Stat	te 🗖 Co	ounty Oth	ner			
4. Facility	Physical Street Addr							Vessel		
Physical Location	5125 NE 63rd A	Avenue	<u> </u>			State:	Zip Co			
Information	City or Town: Gainesville	City or Town: Gainesville						ode: 09		
(No P.O. Boxes)	County:			Country (if		FL				
■ Same address as #3 above or:	Alachua						1			
5. Facility North An Classification Syst		<u>a. 4 2</u>	<u> 1_ 2_ _</u> _	(required)	i) B.					
Code(s) (at least 5	```	C. _ _	_ 		D.	<u> </u>				
6. Facility or	Same address as #above or: Street or P.O. Box:									
Business Mailing Address	City or Town:			State: Zip/Postal Code:			Country (if not USA):			
7. Facility or	First Name: Kurt		Last Name: Seaburg		itle: Iazardou	lous Waste Coordinator				
Business RCRA Contact Person	Phone Number: 352-334-044	 10	Extension:	E-Mail: kurt @ala				Fax: 352-334-0442		
Contact	Street or P.O. Box: 5125 NE 63rd Ave									
Same address as #above or:	City or Town: Gainesville		State: FL			Country (if not USA):				
o. Real Troperty	Name of Owner:		D	Date became Owner: <u>10 / / 1999</u>						
(FL Land) Owner of the Facility's				New Owner mm dd yy						
Physical Location (List additional	Street or P.O. Box:				Phor	Phone Number:				
owners in the com- ments section.)	City or Town: Gainesville		State:	Z	ip Code:	0	Country (if not USA):			
Same address as <u>#3</u> above or:		Private Feder	ral Munici	ipal DState	: Cou	unty Other	r			

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 Busi					iness Notificati	ation EPA ID No. FLR000057158						
9. R	9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):											
(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) Treat	er, Store	er, or Disposer of H	Iazardous 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					Į	a. Operating Commercial TSD						
				2,200 lbs.) of non-ac than 1 kg (2.2 lbs)	ute	(b. Operating Non-Commercial TSD					
	hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)					c. Non-Operating: Postclosure or Corrective Action						
	b. Small Q	uantity (Generator (S	SOG):		Permit or Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility)						
	Generat	tes in any	v calendar m	onth greater than	200	Specify: Commercial Non-Commercial.						
) kg/mo (>220 to <2 waste and/or 1 kg	2,200	Note: A permit is required for storage prior to recycling.						
) or less	of acute haza	ardous waste			 (4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption 					
_	(at least	. once a y	(cai)				_		d Refining Furnace Exen	uption		
			xempt SQG						-	-		
				onth 100 kg/mo or le dous waste and 1 kg		(5) 🔳 I		uthorized to Mana Senerated at Other	ge Conditionally Exemp Facilities	ot		
	(2.2 lbs) or less	of acute haza	ardous waste			Choose	this management ac	tivity ONLY if you attacl			
Ins	ddition. indi	cate othe	er generator	activities that app	lv.			a copy of your app authorization you re-	lication for such authoriz ceived from FDEP.	ation		
			-	ne, not on-going)	•	(6)		Hazardous Waste				
				me per year:SQC	G_LQO		_					
	f. United Sta	-				(7)	Undergr	ound Injection Co	ntrol			
	g. Mixed Wa	aste (haz	ardous and r	adioactive) Generate	or					_		
									al hazardous wastes hand	led at		
3				they are presented								
1	Hazardou	s waste t	ransporters 1	3	or usual		se comm	ents or an additiona	l page if more spaces are	needed.		
8		9		10	11		12	13	14			
15		16		17	18			20	21			
					10							
11. C	Other Statu	s Char	nges (If no	longer handling wa	ste or c	losed, sections 9	and 10 sh	ould be blank and s	kip Section 12-16):			
(A)	Non-Handle	r of Reg	ulated Wast	e at This Facility (Section	s 9, 10 and 12-16	should b	e blank.)				
	. (1) Busin	ness no lo	onger genera	tes, transports, treats	s, stores	, disposes of, or o	otherwise	handles any regula	ted waste.			
(B)	•		-	ction only if <u>all</u> busi			•					
	$\Box^{(1) \text{ Close}}$	d at this	location and	moved or moving t	o anoth	er - Submit a nev	Form 8	700-12FL for the ne	w 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):												
	me as Facility I		First Name:	· · · · · · · · · · · · · · · · · · ·		Last Name:		~	Title:			
	ntact on page 1 o	or enter:	Phone Num	ber:		Extension:	E-Mail:		1			
Contac			Otransform D. (0					·····			
	W Transporter		Street or P.	U. BOX:								
	sed Oil Handler niversal Waste		City or Tow	n:		State:(Country): Zip Code:						
DEP Fo	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 Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR000057158						
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :						
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. Pharmaceu	uticals				
	d. Mercury Containing Devices de . 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.	rw.				
B. Florid	a Universal Pharmaceutical Waste (UPW): one-time registration					
D Ph	rmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)					
D Ph	rmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated				
🗆 Re	verse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	th [DOH])·				
G Flo	rida Universal Pharmaceutical Waste (UPW) Transporter					
C. Florida	Annual Mercury Handler Registration:					
If you <u>only</u> 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 <u>for-hire</u> Activities First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached						
	r-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices					
_	r-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual				
—	ercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Registration Required				
	ercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +				
	ercury-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)				
• •	ry Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) First time registering	Annual Registration Required				
Briefly Describe your Universal Waste Activities: County Hazardous Waste Collection Center, receives lamps, batteries, and devices from the public and from businesses. Properly manages and recycles Universal Waste with licensed contractors, not for hire therefore considered a non handler.						
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) CRecovery CTransport [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)]						

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	EPA ID No. FLR000057158					
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. I	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 Face	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	ns of Rule 62-730.17 The site (facility) a					
Please enter the EPA ID Number of the HW Transporter who carries the	insurance for this Tra	Insfer 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		o the above registration for Hazardous Waste				
15. Used Oil and Oil Filter Activities: : (Mark 'X' and com	plete all that apply if	f you need to register your used oil activities),				
Transporters (exemptions in 40 CFR 279.40(a)(1-4) , transfer faci <u>annually register</u> with the Department using this form. All except Flo \$100 registration fee.	orida used oil (UO) Pr	rocessors and collection centers must pay an annual				
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 D	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				
b. Transfer Facility	b . Transfer Facility					
(2) Collection Center (From businesses, <u>no more than</u> 55 gal per 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) D Off-Specification Used Oil Burner	· _ ·	at (check one):				
(5) Used Oil Fuel Marketer 🖸 On-Spec 🗖 Off-Spec	D Our mailing (business) address D The site (facility) 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 requirem	nents and required signature page	EPA ID No. FLROC	005	7158				
(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 402 7211(2). Florida Statutos (E.S.) (Evaluation 62 720 $171(2)(x)$) = 5.4 C l								
	Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]							
Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.] A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]								
A oner general description of the transfer factor		, I .A.C.J						
A copy of the contingency and emergency plan								
A map or maps of the transfer facility [Rule 62								
 (15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4)) In addition to the requirements on Page 4 Section 15: 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.):. 								
The used oil annual report is attached	Evidence of Liability Insurance pu	rsuant to 62-710.600(2)(e).	, F.A.0	C. is attached.				
16. Comments (attach a page if more space is needed): The Alachua County Hazardous Waste Collection Center is a county operated Household Hazardous Waste Collection Center. I notified FDEP in Dec. 2012 that our facility was considered by FDEP to be a SQG due to the production of Biodiesel at this location and the resulting glycerol by-product having a flash point below 140 degrees and generating in excess of 1,000 kg of a hazardous waste per calendar month. Suspension of the biodiesel production began on January 1, 2013 until July 1, 2013 resulted in no hazardous waste being generated during that 6 months. Biodiesel production resumed again July 1, 2013, and the county subsequently purchased a methanol recovery unit to recover and reuse the methanol in the glycerol waste. Recent lab analysis conducted by Test America confirmed that three glycerol byproduct samples submitted have a flash point in excess of 212 degrees, thereby rendering the glycerol non-hazardous. There was four 55 gallons drums of the glycerol waste considered hazardous during calendar year 2013 shipped for proper disposal by EQ of Florida, less than the SQG threshold. Since the glycerol is now considered non-hazardous, we are not considered a CESQG either. Since the program does not generate any hazardous waste I am requesting our facility to be re-classified as a non-handler/generator. All wastes collected for proper disposal are generated by households or small businesses, and FDEP has Alachua County's authorization of file as a person authorized to manage CESQG generated at other facilities.								
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	Used Oil	Date Signed (mm-dd-yyyy)				
Kint Seabing	Kurt Seaburg, Hazardous	lous Waste Coordinator 📮 01/17/2014						

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If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

(Phone Number)

(Name of person completing this form)

· ?? · ·

(E-mail Address)