

## 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

03/06/2014 Matthew Gregg, President Synergy Lighting Inc 6015 28th St E Unit A Bradenton, FL 34203-5341

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 **Synergy Lighting Inc** located at **6015 28th St E Unit A, Bradenton , FL34203-5341** 

## FLR000176651

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Non-Handler of Hazardous Waste.

Your facility is currently registered for the following activities: UW Lamp Transporter, UW Device Transporter, 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: <a href="http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm">http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</a>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www RCRA/Reports/handler results.asp?epaid=FLR000176651. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us

Sincerely,

Glen Perrigan

**Environmental Manager** 

Robin K. Pandley

Hazardous Waste Regulation Section

ME ID: 100952, Email Address: matt@synergylightingsupply.com

## FLORIDA POTECTION

## 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 On y) RECEIVED ENVIRONMENTAL PROTECTION

FEB 262014

EPA ID: FL	Rolololi	7665	II Ple	ase use the instruc	ctions document to co	ASSISTANCE PERCONAMI	
1. 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 complete pages 1 and 2		☐ To provide sul	bsequent not	ification (to updat	e status and facility ider	ntification information).	
and sign page 5. Pages 3 and 4, - com-	if a notification)	To provide the	e final notifi	cation (closing) for	the facility. (see instruc	ctions—must complete pages 1,2,5)	
plete as applicable)	FL Registration(s)	UW Mercu	ury (see pag	(e 3) HW	Transporter (see page	e 4) Used Oil (see page 4)	
2. Facility or Business Name	Synergy	 Lightic	s In	<b>c.</b> .			
3. Facility	Synergy Name of Operator.	<del></del>	<del>')</del> ,	<u> </u>	Date became	Operator: / / 4 / 10	
Operator					☐New Ope	•	
(List additional Opera-	Street or P.O. Box:	4.4			Phone Number	<del></del> er:	
tors in the comments section).	6015 2	8th St E	ast	Unit A	, , ,	756 - 4844	
Scottony.	City or Town:  Readen			State:	Zip Code:	Country (if not USA):	
		□Private □Fed	ieral $\square$ M	unicipal State			
4. Facility Physical	Physical Street Addre	ess:	c	UnitA		□Vessel	
Location	City or Town:	<u> </u>	<u> </u>	UNITH	State:	Zip Code:	
Information	Braden	<b>.</b>			FI	34203	
(No P.O. Boxes)  Same address as	County:	ton		Country (if r		4,74	
#3 above or:	Mana	atee				<del></del>	
5. Facility North Ar	merican Industry	A. 1213	18/2/1	[ O   (required)	B.  4 4	14   1   9   0	
4 1000111111111111111111111111111111111	· /NIAI/CC)	A.					
Code(s) (at least 5	tem (NAICS) digits)		131919		D.   <u>5 6</u>	11790	
Code(s) (at least 5  6. Facility or	digits)  Same address as	c.   <u>4</u>  2	131919	<b>    0</b>   Box:	D.   <u>S</u>  6		
Code(s) (at least 5	digits)	c.   <u>4</u>  2	131919	10	132132	1   7   9   0     Country (if not USA):	
Code(s) (at least 5  6. Facility or Business Mailing Address	digits)  Same address as	c.   <u>4</u>  2	eet or P.O. B	State:	D.   S   6	Country (if not USA):	
Code(s) (at least 5  6. Facility or Business	digits)  Same address as  City or Town:  First Name:  Mattheward	C.  4 2 #3 above or: Stre	3   9   9 eet or P.O. B   Last Name:   G r	State:	Zip/Postal Code:	Country (if not USA):	
Code(s) (at least 5  6. Facility or Business Mailing Address  7. Facility or	digits)  Same address as  City or Town:  First Name:	C.   <u>4 2</u> # <u>3</u> above or: Stre	eet or P.O. B	State:  State:  E-Mail:	D.   S   6	Country (if not USA):  Pack  Fax: 946	
Code(s) (at least 5  6. Facility or Business Mailing Address  7. Facility or Business RCRA Contact Person	Same address as City or Town: First Name:  Matthew Phone Number:	C.   <u>4 2</u> # <u>3</u> above or: Stre	3   9   9 eet or P.O. B   Last Name:   G r	State:  State:  E-Mail:	D.  5 6  Zip/Postal Code:	Country (if not USA):  Pack  Fax: 946	
Code(s) (at least 5  6. Facility or Business Mailing Address  7. Facility or Business RCRA	Gigits)  Same address as City or Town:  First Name:  Matthew Phone Number: 941-756-4	C.   <u>4 2</u> # <u>3</u> above or: Stre	3   9   9 eet or P.O. B   Last Name:   G r	State:  State:  E-Mail:	D.  5 6  Zip/Postal Code:	Country (if not USA):  Pack  Fax: 946	
Code(s) (at least 5  6. Facility or Business Mailing Address  7. Facility or Business RCRA Contact Person  Same address as # 3 above or:	digits)  Same address as  City or Town:  First Name:  Mathemathemathemathemathemathemathemathem	C.   <u>4 2</u> # <u>3</u> above or: Stre	3   9   9 eet or P.O. B   Last Name:   G r	State:    State:	Zip/Postal Code:  Title:  Out  Zip Code:	Country (if not USA):  PARE Fax: 9466  Country (if not USA):	
Code(s) (at least 5  6. Facility or Business Mailing Address  7. Facility or Business RCRA Contact Person  Same address as # 3 above or:  8. Real Property (FL Land) Owner	Gigits)  Same address as  City or Town:  First Name:  Mattheward  Phone Number:  941-756-4  Street or P.O. Box:  City or Town:	C.   <u>4 2</u> # <u>3</u> above or: Stre	3   9   9 eet or P.O. B   Last Name:   G r	State:    State:	Zip/Postal Code:  Title:  Out  Attelylighting Sup	Country (if not USA):  Fax: 946  Fax: 9466  Country (if not USA):	
Code(s) (at least 5  6. Facility or Business Mailing Address  7. Facility or Business RCRA Contact Person  Same address as #_3 above or:  8. Real Property (FL Land) Owner of the Facility's Physical Location	Gigits)  Same address as  City or Town:  First Name:  Mattheward Phone Number:  941.756.4  Street or P.O. Box:  City or Town:  Name of Owner:  Street or P.O. Box:	c.  4 2 #3 above or: Stra	Last Name:  Extension:	State:  State:  E-Mail:  Syncrs  State:	Zip/Postal Code:  Title:  Zip Code:  Date became (  Phone Number:	Country (if not USA):  Fax: 3466  Country (if not USA):  Owner:/ Owner mm dd yy	
Code(s) (at least 5  6. Facility or Business Mailing Address  7. Facility or Business RCRA Contact Person  Same address as #3 above or:  8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the com-	Gigits)  Same address as City or Town:  First Name:  Matthew Phone Number:  941-756-4  Street or P.O. Box:  City or Town:  Name of Owner:  Street or P.O. Box:  5997  City or Town:	c.  4 2 #3 above or: Stra 1844	Last Name:  Extension:	State:  State:  State:  State:  State:	Zip/Postal Code:  Title:  Zip Code:  Date became (  New (  Phone Number:  941-35  Zip Code:	Country (if not USA):  Fax: 9466  Country (if not USA):  Owner:/ Owner mm dd yy  Country (if not USA):	
Code(s) (at least 5  6. Facility or Business Mailing Address  7. Facility or Business RCRA Contact Person  Same address as # 3 above or:  8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional	Gigits)  Same address as City or Town:  First Name:  Matthew Phone Number: 941-756-4  Street or P.O. Box:  City or Town:  Name of Owner:  Street or P.O. Box:  City or Town:  Street or P.O. Box:  Street or P.O. Box:	c.  4 2 #3 above or: Stra 1844	Last Name:  Gr Extension:	State:  State:  State:  State:  State:  State:  State:	Zip/Postal Code:  Title:  Zip Code:  Date became (  Phone Number:  941-35	Country (if not USA):  Fax: 346.  Fax: 346.  Country (if not USA):  Owner:/ Owner mm dd yy  Country (if not USA):	

P. RCRA Hazardous Waste Activities at this Facility: (Mark X' in all that apply.)	R	CRA Hazardous Waste	Status Notification o	r Out of Busine	ss Notificatio	on	EPA ID No. FL	-R 000176651
Yes   No	9.							
If YES, Choose only one of the following three categories.	(A	(1)Generator of Hazar	dous Waste		For Items 2	through	7, mark 'X' in all	that apply.
a. Large Quantity Generator (LQG):   Generates in any calendar month 1,000 kilograms or greater per month (kgmo) (2,200 lbs) of non-acute hazardous waste (a tiest ofned a year)   b. Small Quantity Generator (SQG):   Generates in any calendar month greater than 1,000 kymo but less than 1,000 kymo (2,200 lbs) of non-acute hazardous waste and 100 kgmo or less (2,2 lbs) or less of gene thearardous waste (a ltest ofned in 1,000 kymo but less than 1,000 kymo pour less than 1,000 kymo pour less than 1,000 kymo or less (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of gene thearardous waste and 1 kg (2,2 lbs) or less of generator activities that apply.    G. Short-Term Generator (one-time, not on-going)	Į	Yes No (Do no	t include Universal Waste o	r Used Oil)	(2) Treate	er, Storei	, or Disposer of H	azardous Waste
a. Operating Commercial TSD		_	-	ntegories.	(at y	your facil		
D. Small Quantity Cenerator (SQC):   Cenerates in any calendar month greater than 1000 kymo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) of resor aque the hazardous waste (at lower hazardous waste (at least once a year)   C. Conditionally Exempt SQG (CESQG):   Generates in any calendar month 100 kymo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of aque the hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste handled and less of the Federal hazardo		Generates in any greater per mont hazardous waste	calendar month 1,000 k h (kg/mo) (2,200 lbs.) of ; or Greater than 1 kg (2.	non-acute 2 lbs)		b. Op c. No	erating Commercial erating Non-Comm	I TSD ercial TSD osure or Corrective Action
(220 lbs) of non-acute hazardous waste  (2.20 lbs) or less of acute hazardous waste  (3.20 lbs) or less of acute hazardous chain in the order control one than one-time per year: _SQG_LQG  (3.20 lbs) or less of acute hazardous waste from Off-Site  (4.20 lbs) or less of acute hazardous waste from one-time, not on-going)  (5.20 lbs) or less of acute hazardous waste from Off-Site  (6.20 lbs) or less of acute hazardous waste from Off-Site  (7.20 lbs) or less of acute hazardous waste from Off-Site  (8.20 lbs) or less of acute hazardous waste from Off-Site  (8.20 lbs) or less of acute hazardous waste from Off-Site  (8.20 lbs) or less of acute hazardous waste from Off-Site  (8.20 lbs) or less of acute hazardous waste from Off-Site  (8.20 lbs) or less of acute hazardous waste from Off-Site  (8.20 lbs) or least from Control  (9.20 lbs) or less of acute hazardous waste from Off-Site  (9.21 lbs) or less of acute hazardous waste from Off-Site  (9.22 lbs) or less of acute hazardous waste from Off-Site  (10.21 lbs) or less of acute hazardous waste from Off-Site  (11.21 lbs) or less of the Federal hazardous waste shandled at wastes transporter is tregulations (e.g., D001, D003, F007, K019, P012, U112,  (12.21 lbs) or less of the Federal hazardous wastes handled at wastes transporter is tregulations (e.g., D001, D003, F007, K019, P012, V112, U112,  (12.21 lbs) or less of the Federal hazardous wastes handled at wastes acute of the regulations (e.g., D001, D003, F007, K019, P012, V112,	ı	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)  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			<ul> <li>(3) Recycler of Hazardous Waste (at your facility)         Specify: Commercial Non-Commercial.         Note: A permit is required for storage prior to recycling.</li> <li>(4) Exempt Boiler and/or Industrial Furnace         a. Small Quantity On-site Burner Exemption         b. Smelting, Melting, and Refining Furnace Exemption</li> </ul>			
c. Episodic: Not more than one-time per year: _SQG_LQG   f. United States Importer of hazardous waste   g. Mixed Waste (hazardous and radioactive) Generator  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). Nazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are need   1						Facilities , ivity ONLY if you attach ication for such authorization		
f. United States Importer of hazardous waste   (7)   Underground Injection Control     g. Mixed Waste (hazardous and radioactive) Generator     10		_	_		(6) 🗖 R	Receives l	Hazardous Waste 1	from Off-Site
Some as Facility Cosed (Complete this section only if all business activities at this facility have ceased.)		e. Episodic: Not more	than one-time per year:	SQGLQG	_			
Naste 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).  Nazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are need.			rter of hazardous waste		(7)	Indergro	und Injection Con	trol
Same as Facility RCRA   Contact for:		g. Mixed Waste (haza	ardous and radioactive) (	Generator				
8 9 10 11 11 12 13 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.)  (I) 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.)  (I) 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		your facility. List them	in the order they are pre ransporters list codes rou	sented in the regu	lations (e.g., Deransported. Us	001, D00 se comme	3, F007, K019, P01 nts or an additional	2, U112). page if more spaces are needed
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.)  (I) 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.)  (I) 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		2						7
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.)  (I) 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.)  (I) 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	8	9	10	11		2	13	14
(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	15	16	17	18		9	20	21
(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								
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 enter:		(1) Business no lo  (B) Facility Closed (Com  (1) Closed at this	onger generates, transport plete this section only if location and moved or m	ts, treats, stores, d all business activ	isposes of, or o	therwise lity have Form 87	handles any regulate ceased.) 00-12FL for the nev	
Same as Facility RCRA Contact on page 1 or enter:  Phone Number:  Extension:  E-Mail:  Contact for:  HW Transporter  Used Oil Handler  City or Town:  State:(Country):  Title:  Title:  Street or P.O. Box:		(C) Property Tax Def	fault		(D) Petit	ion for B	ankruptcy Protect	ion
Contact on page 1 or enter:  Phone Number:  Extension:  E-Mail:  Contact for:  Used Oil Handler  City or Town:  State:(Country):  Zin Code:	12	-14 — Registration A		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	ission is	a registration or reg	
Contact for:  HW Transporter  Used Oil Handler  City or Town:  Street or P.O. Box:  State:(Country):  Zin Code:		•						Title:
HW Transporter Used Oil Handler City or Town: Street or P.O. Box:  State: (Country): Tip Code:		ntact for	Phone Number:	E	xtension:	E-Mail:		
City or Town: State:(Country): 7in Code:			Street or P.O. Box:					
Universal Waste City of Town: State: (Country): Zip Code:		Used Oil Handler						

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.						
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):						
A. Federal Notification Notification  Accumulates:  a. UW Batteries  b. Pesticides  c. Pharmaceu  d. Mercury Containing Devices  Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a Unit A permit is required for storage prior to recycling.	ticals ning Lamps					
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)  Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Healt Diorida Universal Pharmaceutical Waste (UPW) Transporter  C. Florida Annual Mercury Handler Registration:	th [DOH])					
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Devices operating in the State of Florida are required to register annually with the Department using this segment of the State of Florida are required for first time registration as a Large Quantity for-him 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 infection of Universal Waste Transporter/Handler for-him First time registering Renewal  One-time \$1,000 fee for Mercury for-hire first time LQH reg	ection of the form ire Handler of ormation below.					
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices  For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices  Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler  Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required					
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler  Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + one- time \$1,000 fee+ 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:  We use Drum Top Bulb Crusher(s).  13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery 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)]						

Hazardous Waste and Used Oil Transporter Registration	ons	EPA ID No.			
4. 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 p	ourposes 🚨 3. I	30th commercial and own waste			
4. Transportation Mode Air Rail Highwa	y Water O	ther - specify			
B. HW Transfer Facility Registration Information (m	ust be completed an	nnually and when this informat	tion changes)		
☐ This facility is a Hazardous Waste Transfer Fac	cility: fat this location	on) Storage Volume			
This form is: 🔲 Initial Registration 🔲 Renewal	Notification of c	changes	on		
Note: Hazardous Waste transfer facilities must comply with the	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 provision  U Our mailing (business) address	ns of Rule 62-730.17  The site (facility) a		one):		
Please enter the EPA ID Number of the HW Transporter who carries the	insurance for this Tra	nsfer 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 com	plete all that apply it	f you need to register your used	oil activities),		
Transporters (exemptions in 40 CFR 2/9.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register 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 D	Department of Environmental Proto	ection is enclosed.		
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	Management (must annually re	egister)		
a. Transporter (off-site) and noncontiguous locations	a. Transp	\			
☐ b. Transfer Facility	]	er Facility ssor (Annual Report Required)			
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End U	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
(3) Used Gil Processor (A permit is required.)		equired under the provisions of Ru	de 62-710.510,		
(4) Gff-Specification Used Oil Burner	FAC, are kept at (check one):  Our mailing (business) address  The site (facility) address				
(5) Used Of Fuel Marketer On-Spec Off-Spec					
Please see the top of page 5 for additional items that must be subn exempt Used Oil Transporters.	nitted in addition to	the above registration and fees r	equired for non-		

(14 cont.) Hazardous Waster Transfer Eaclitities. In addition to the registration required for Transfer Facilities on Page 4, Section 14, the fullowing items are required to be submitted with the mills 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 403.721(2), Florids Satustic (F.S.) [Rule 62-730.171(3)(a)], F.A.C.] A brief general description of the transfer facility general secreptions [Rule 62-730.171(3)(a)], F.A.C.] A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)], F.A.C.] A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)], F.A.C.] A map or maps of the transfer facility [Rule 62-730.171(3)(a)], F.A.C.] A map or maps of the transfer facility [Rule 62-730.171(3)(a)], F.A.C.] A map or maps of the transfer facility [Rule 62-730.171(3)(a)], F.A.C.] A L. registered Uo Handlers must submit an annual report except generators transporting Uo from noncontiguous operations within their own company.	Transfer Facility and Used Oil Transporter requirements and required signature page EPA ID No.		
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 ropy of the facility closure plan [Rule 62-730.171(3)(a)5. F.A.C.]  A copy of the facility closure plan [Rule 62-730.171(3)(a)5. F.A.C.]  A copy of the facility closure plan [Rule 62-730.171(3)(a)5. F.A.C.]  A map or maps of the transfer ficility [Rule 62-730.171(3)(a)5. F.A.C.]  A map or maps of the transfer ficility [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 15:  A L. registered UO Inadlers 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 off-site over public highways must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except flows exempted by Rule 52-710.600(1), F.A.C.).  The used oil annual report is attached Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.  16. Comments (attach a page if more space is needed):  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 avaluate 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 submittin files information, including the possibility of fine and impressment 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 transport attoin and have an annual and new e	following items are required to be submitted with the initial notification for a transfer facility and any changed items		
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 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 62-730.171(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 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 (secopt those cermpled by Rule 62-700600), F.A.C. is attached  [Evidence of Liability Insurance pursuant to 62-710.600(2)(e)., F.A.C. is attached.  16. Comments (attach a page if more space is needed):  17. Certification: 1 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 are available the information submitted. The information is a mached properly gather and evaluate the information submitted in the information including the possibility of fine and imprisonment for knowing violations.    1		ria of	
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 62-730.171(3)(a)7. 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 15:  ALL registered LO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.  • UO transporters transporting off-sic 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 pursuant to 62-710.600(2)(e)., F.A.C. is attached.  16. Comments (attach a page if more space is needed):  17. Certification: Lertify under penalty of faw that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I. an aware that there are significant penalties for submittin false information, including the possibility of fine and imprisonment for knowing violations.    1 certify as a Used Oil Transporter that I am familiar with the applicable Florids and Federal laws and rules governing used oil transport tation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of finanties reponsibility 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			
A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)7, 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 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 these exempted by Rule 62-710.600(1), F.A.C.).  The used oil annual report is attached  Evidence of Liability Insurance pursuant to 62-710.600(2(e)., F.A.C. is attached.  16. Comments (attach a page if more space is needed):  17. Certification: 1 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 ashwritted is, to the best of my knowledge and belief, ruse, 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.  1 certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and ruse. Sydence 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  On Date Signed  (mm-dd-yyyyy)  II the person that filled in this form-is not the facility Contact or Operator, please complete the information below:  What G. E.C.E.  What G. E.C.E. What G. H.T. D.	<del></del>		
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 15:  A LL registered Uc 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 one than 500 gallous/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 pursuant to 62-710.600(2)(e), F.A.C. is attached.  16. Comments (attach a page if more space is needed):  17. Certification: 1 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 befief, true, accurate, and complete. I am aware that there are significant penalties for submittin false information, including the possibility of fine and imprisonment for knowing violations.  □ 1 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  Priot Name and Title  Used Date Signed (mm-dd-yyyyy)  The person that filled in this form-is got the facility Contact or Operator, please complete the information b	_A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]		-
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If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:  WATGNEGS 1.64514 WATGSYNDON 1.6477 WEUST.			
MAHGNOGE /// 941-756-4844 MAH & SYNDRGY/16HTINGUSA.			
(Name of person completing this form) (Phone Number) (E-mail Address)			TTNEUSA. Con