

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

03/17/2014 Edgar Santillan, Dir Operations Energy Systems Inc PO Box 308 Lutz, FL 33548-0308

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 Energy Systems Inc located at 19716 Wellington Manor Blvd, Lutz, FL33549-5010

FLR000208496

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** (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:

http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000208496. 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 For

Hazardous Waste Regulation Section

ME ID: 112119, Email Address: EnergySystemsInc@yahoo.com



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: D

FEB 102014

PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

EPA ID: F L	R 0 0 0 0	5 4 8 8	2 Pleas	se use the ir	structions	document to co	mplete th	is form	
Reason for Submittal	Mark 'X' in To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).								
(all submitters must complete pages 1 and 2	(must choose one To provide subsequent notification (to update status and facility identification information).								
and sign page 5. Pages 3 and 4, - com-	if a notification) To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)								
plete as applicable)	FL Registration(s)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)							
2. Facility or Business Name	Energy Systems, Inc.								
3. Facility	Name of Operator:			Date became	Operator:	02 / 15	/ 99		
Operator	Energy Sy	stems, inc). 			☐ New Operator mm dd yy			
(List additional Opera- tors in the comments section).	Street or P.O. Box: Post Office B	ox 308				Phone Number 813-926-			
,	City or Town: Lutz			Star FL	te:	Zip Code: 33549	Cour	ntry (if not U	JSA):
	Operator Type:	Private DFe	deral 🗆 Mu	nicipal 🖵	State 🗖	County Oth	ner		
4. Facility Physical	19716 Wellingt	Physical Street Address: 19716 Wellington Manor Blvd					□Vessel		
Location Information	City or Town:	,				State:	Zip Cod		
(No P.O. Boxes)	Lutz FL 33549								
Same address as #3 above or:	Country: Country (if not USA): Hillsborough								
5. Facility North A Classification Sys		a. <u>56</u>	1 1 2	9 _{(reqr}	uired) B.	_			
Code(s) (at least 5	•	c			D.				
6. Facility or	Same address as #3 above or: Street or P.O. Box:								
Business Mailing Address	City or Town:			State:	Zip/P	ostal Code:	Cour	itry (if not U	SA):
7. Facility or	First Name:	· · · · · · · · · · · · · · · · · · ·	Last Name:			Title:			· · · · · · · · · · · · · · · · · · ·
Business	Edgar Santillan			l E-Mail		Director of Operations			
RCRA Contact Person	Phone Number: \\813-926-949	14	Extension:		-	sInc@Yahoo			632
	Street or P.O. Box:								
Same address as #_3_above or:	City or Town:			State:		Zip Code: Country (if not USA):		t USA):	
8. Real Property	Name of Owner:					Date became C)wner: 01	/01 /10)
(FL Land) Owner of the Facility's	Jennifer S	antillan				☐ New C	wner	mm dd	уу
Physical Location (List additional	Street or P.O. Box:				Phone Number:				
owners in the com- ments section.)	City or Town: State:			Zip Code:	Co	ountry (if not	USA):		
Same address as #3 above or	Owner Type:	Private DFeder	al DMunio	cipal US	tate 🔲 C	ounty Other			

RCRA Hazardous Was	te Status Notification	or Out of Busi	ness Notificati	on	EPA ID No.		
9. RCRA Hazardous	Waste Activities at	t this Facility:	: (Mark 'X' i	n all that	apply):		
(A) (1)Generator of Haz	ardous Waste		For Items 2	2 through	7, mark 'X' in all	that apply.	
☐Yes ☐ No (Do	not include Universal Waste	e or Used Oil)	(2) Treat	ter, Store	r, or Disposer of H	azardous W	/aste
a. Large Quanti	ne of the following three ty Generator (LQG):	_	(at		•	required for	ermit this activity.
greater per mo hazardous was	ny calendar month 1,000 inth (kg/mo) (2,200 lbs.) ite; or Greater than 1 kg (dous waste (at least once	of non-acute (2.2 lbs)		□ b. Op □ c. No	erating Commercia perating Non-Commen-Operating: Postermit or Order (HSV	nercial TSD losure or Co	rrective Action
Generates in a 100kg/mo but lbs.) of non-ac	y Generator (SQG): ny calendar month greate less than 1,000 kg/mo (> aute hazardous waste and/ s of acute hazardous was a year)	-220 to <2,200 /or 1 kg	S _I N (4) 🚨	Recycler (pecify: ote: A pe Exempt E a. Sm	of Hazardous Was Commercial rmit is required for sto coiler and/or Indu all Quantity On-sit nelting, Melting, an	te (at your fa Non-Con orage prior to a strial Furna e Burner Exe	nmercial. recycling. ace emption
c. Conditionally Generates in a (220 lbs.) of n (2.2 lbs) or les	`	Person Au Waste G Choose t EITHER	athorized to Mana enerated at Other his management ac a copy of your app uthorization you re	ge Condition Facilities tivity ONLY lication for s	nally Exempt if you attach such authorization		
In addition, indicate other generator activities that apply. OR the authorization you received from FDEP. OR the authorization you received from FDEP. (6) Receives Hazardous Waste from Off-Site Episodic: Not more than one-time per year: _SQG_LQG f. United States Importer of hazardous waste G. Mixed Waste (hazardous and radioactive) Generator							
-	Federally Regulate em in the order they are p e transporters list codes n	resented in the re	gulations (e.g., I	0001, D00	3, F007, K019, P0	12, U112).	
<i>I</i> 2	3	4		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 <u>all</u> business activities at this facility have ceased.) (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will (2) Out of Business - Business closed on							
☐ (C) Property Tax Default ☐ (D) Petition for Bankruptcy Protection							
12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):							
Same as Facility RCRA Contact on page 1 or enter	First Name:		Last Name:			Title:	
	Phone Number:		Extension:	E-Mail:			
Contact for: HW Transporter Used Oil Handler	Street or P.O. Box:						
Universal Waste	City or Town:			State:(Co	ountry):	Zip Code:	

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. 59-3	3559119					
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):						
A. Federal Notification 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. Phart	maceuticals					
d. Mercury Containing Devices 🔲 e. Mercury C	Containing Lamps					
Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycling. A permit is required for storage prior to recycling.						
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) accumulated					
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department	of Health [DOH])					
Florida Universal Pharmaceutical Waste (UPW) Transporter						
C. Florida Annual Mercury Handler Registration:						
[Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.						
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time Lo						
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices						
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration					
Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required					
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler						
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one-time \$1,000 fee+					
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler						
(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> 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 Translation Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuan	•					

Hazardous Waste and Used Oil Transporter Registration	ons	EPA ID No.			
14. HW Transporter Activities: (Mark 'X' and complete all the	hat apply if you need	I to register your HW Transporter activities)			
Transporters of and Transfer Facilities for Hazardous Was renew their registration. Evidence of casualty/liability insurance Transfer facilities must submit several additional documents as detaile changes. Registered transporters and transfer facilities may only begin Generators of hazardous waste who transport waste only within the	e pursuant to 62-730.17 ed on page 5 the first to n operations after recei	170(2)(a) is required in addition to this registration. time they register and when the information eiving approval from the Department.			
A. HW Transporter Registration Information (must be	"	y and when this information changes)			
This facility is a registered transporter of hazard					
This form is: Initial Registration Renewal					
1. For own waste only 2. For commercial p		Both commercial and own waste			
4. Transportation Mode Air Rail Highway	y Water Oo	ther - specify			
B. HW Transfer Facility Registration Information (m	nust be completed a	nnually and when this information changes)			
☐ This facility is a Hazardous Waste Transfer Fac	cility: (at this location	on) Storage Volume			
This form is; 🔲 Initial Registration 🚨 Renewal	☐ Notification of a	changes			
Note: Hazardous Waste transfer facilities must comply with the	e requirements of Ru	ale 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.			
The Transfer Facility records required under the provision Our mailing (business) address	ons 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 Tr	ansfer Facility:			
Please see the top of page 5 for additional items that must be sul Transfer Facilities [Rule 62-730.171(3), Florida Administrative Co	ıbmitted in addition t				
15. Used Oil and Oil Filter Activities: : (Mark 'X' and com	plete all that apply i	f you need to register your used oil activities),			
annually register with the Department using this form. All except Flo \$100 registration fee.					
_	Notification of				
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				
☐ b. Transfer Facility	1	fer Facility			
(2) Collection Center (From businesses, no more than 55 gal per shipment)	c. Process d. End Us	ssor (Annual Report Required) Jser			
(3) Used Oil Processor (A permit is required.)		equired under the provisions of Rule 62-710.510,			
(4) Off-Specification Used Oil Burner		t at (check one): ing (business) address The site (facility) address			
(5) Used Oil Fuel Marketer On-Spec Off-Spec		ig (ousiness) man on			
Please see the top of page 5 for additional items that must be subm exempt Used Oil Transporters.	aitted in addition to f	the above registration and fees required for non-			

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No.			
(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:					
Certification by a responsible corporate officer Section 403.7211(2), Florida Statut	of the transporter that the proposed loc es (F.S.) [Rule 62-730.171(3)(a)1., F.A				
Evidence of the transporter's financial responsit	· · · ·				
A brief general description of the transfer facili					
A copy of the facility closure plan [Rule 62-730		•			
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.]				
(15 cont.) Used Oil Transporters: (Exemptions in	40 CFR 279.40(a)(1-4))				
In addition to the requirements on Page 4 Secti					
 ALL registered UO Handlers must submit their own company. 	t an annual report except generators tra	insporting UO from nonconti	guous operations within		
UO transporters transporting off-site over	public highways only within their own	n company must submit proof	f of insurance.		
 UO transporters transporting more than 50 submission as a certified used oil transport 	•	• •	•		
The used oil annual report is attached	Evidence of Liability Insurance pu				
17. Certification: I certify under penalty of law that accordance with a system designed to assure that quesubmitted is, to the best of my knowledge and belief false information, including the possibility of fine and the control of the control	alified personnel properly gather and of f, true, accurate, and complete. I am av	evaluate the information subm ware that there are significant	nitted. The information		
I certify as a Used Oil Transporter that I am a tation and have an annual and new employee trainin bility is demonstrated by the Used Oil Transporter C	g program in place covering the applic	able used oil rules. Evidence	of financial responsi-		
Signature of owner, operator, or an authorized representative	Print Name and		Date Signed (mm-dd-yyyy)		
	Edgar Sant	illan			
		<u></u>			
If the person that filled in this form is not the Facility	Contact or Operator, please compl	.			
	The state of the s	may immedi beluw.	,		
(Name of person completing this form)	(Phone Number)	(E-mail Address)			



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.

Energy Systems	s, Inc. 19716 Wellingt	on Manor Blv	d Lutz, FL.	
Facility Name	Street Address		City and Stat	e
813-926-9494	813-920-1632	EnergySyster	nsinc@Yahoo.com	ı
Phone	Fax	E-mail		-
Complete	ansporters and transfer facilitie all sections and check all boxe	s that apply.	•	
1. Estimated <u>numb</u> Types:	er of LAMPS handled during the Fluorescent	he last calendar HID ☑	year. 104,000	·
Types:	er of DEVICES handled during Thermostats Electric Synometers Manomet	witches/Relays		
3. Estimated weigh	nt of DEVICES handled during t	the last calenda	r year. <u>15</u>	lb.
4. Estimated <u>numb</u>	<u>er</u> of lamps or devices you ship r lamps (L) or devices (D). Give	ped to a mercu	ry recycling fac	•
104,000	Lighting Resources, LLC	Ocala,FL	352-509-3001	
Number L☑D□	Facility Name	City/State		Phone
21	Lighting Resources, LLC	Ocala,FL	352-509-3001	
Number L□D☑	Facility Name	City/State		Phone
Number LDD	Facility Name	City/State		Phone
Edgar Santillar Print Name of Author		borized Agent	2-6-12 Date	1

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

 Is any environment transfer facility for uni 	0 5 5	_		insporter oi
Yes	No			
 If you have not alreated written verification from activities as a transporstate. This verification registration, a permit, or 	m that environme ter for universal w can be in the forn	ental agency that the vaste lamps and dev	ey are aware of y ices in Florida a	our nd in your
Submitted Prev	iously	Submitted ir	what Year?	
Print Name of Authorize	d Agent Sign	nature of Authorized Age	ent Date	
Complete, sign and re	turn this checklis	t along with your r	egistration form	ı 8700-12FL
	HW	RS, MS 4560		
Fl	orida Department	of Environmental Pr	otection	
	2600 Bl	lair 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.