

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

07/22/2014 Stuart Stapleton, EHS Manager EQ Florida Inc 7202 E 8th Ave Tampa, FL 33619-3380

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 EQ Florida Inc located at 2002 N Orient Rd, Tampa, FL33619-3356

FLD981932494

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Large Quantity Generator; Importer.

Your facility is currently registered for the following activities: UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility, UW Lamp SQH, UW Device SQH (reg exp on 03/01/2015); HW Transporter, HW Transfer Facility (reg exp on 06/30/2014); Used Oil Transfer Facility, Used Oil Filter Transfer Facility (reg exp on 06/30/2015).

Your facility is currently permitted/active as: Operating Commercial TSD (exp on 04/01/2019).

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=FLD981932494. 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: 21659, Email Address: <u>Stuart.Stapleton@eqonline.com</u>

FLORIDA

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

MAY 012014

Rate Baceived

Enter Deposited

Enter De

PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

ANNIANI F PRIJIKAM										
EPA ID: F L	D 9 8 1 9 3	2 4 9	Pleas	e use the instr	uctions	document to co	omplete this form			
Reason for Submittal			nitial notification			Number for haza ivities).	ırdous			
(all submitters must complete pages 1 and 2	if a matification)						ntification information).			
and sign page 5. Pages 3 and 4, - com-	if a notification)	Γο provide th	e final notifica	tion (closing) fo	or the fa	cility. (see instruc	ctions—must complete pages 1,2,5)			
plete as applicable)	FL Registration(s)	UW Merc	eury (see page 3	3) 🖪 HW	√ Trans	sporter (see page	e 4) Used Oil (see page 4)			
2. Facility or Business Name			EQ	Florida	a, Ir	1C.				
3. Facility	Name of Operator:					Date became (Operator: 02 / 02 / 04			
Operator	EQ Florida, In	IC.				☐New Ope	erator mm dd yy			
(List additional Operators in the comments section).	Street or P.O. Box: 7202 East 8th Av	enue			Phone Number 813-319-3					
,	City or Town: Tampa			State: FL		Zip Code: 33619	Country (if not USA):			
	<u> </u>									
4. Facility Physical	Physical Street Address: Vessel 2002 North Orient Road									
Location Information	City or Town:					State:	Zip Code:			
Information (No P.O. Boxes)	Tampa			FL	33619					
Same address as #3 above or:	County: Hillsborough		A):							
5. Facility North An Classification Syst		<u>5 6</u>	2 11 1	(required	i) B.					
Code(s) (at least 5		<u> </u>			D.					
6. Facility or	Same address as #3_ above or: Street or P.O. Box:									
Business Mailing Address	City or Town: Tampa			State: FL	Zip/P 336	Postal Code:	Country (if not USA):			
7. Facility or	First Name:		Last Name:		1	Title:				
Business	Stuart		Stapletor			EHS Man	_ <u></u>			
RCRA Contact Person	Phone Number: 813-319-3423		Extension:	E-Mail: stuart.sta	apleto	n@eqonline.c	Fax:			
Same address as	Street or P.O. Box: 720	2 East 8	th Avenue	e						
# <u>3_above or:</u>	City or Town: Tampa			State: FL		Zip Code: 33619	Country (if not USA):			
o. Real Froperty	Name of Owner:					Date became Owner: 02 / 02 / 04				
(FL Land) Owner of the Facility's	EQ Holdings	, Inc				New O	Owner mm dd yy			
Physical Location (List additional	Street or P.O. Box: 7202 East 8th Avenue					hone Number: 13-319-3423				
owners in the com- ments section.)	City or Town: Tampa			State:		Zip Code: 33619	Country (if not USA):			
Same address as #7 above or:	Owner Type: Priva	ite 🖵 Feder	ral Munic	cipal State		County Other				

RC	RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No. FLD981932494							
9. F	CRA Haza	ardous	Waste Act	tivities at this Fac	cility	: (Mark 'X'	in all tha	ıt apply):					
(A)	(1)Generator	r of Haza	rdous Wast	e		For Items 2 through 7, mark 'X' in all that apply.							
	Yes 🛚 No	(Do n	ot include Uni	versal Waste or Used Oil	il)	(2) Trea	ater, Store	er, or Dispose	r of H	lazardous V	Vaste		
If	_			wing three categories.		(a	t your faci	ility) Note: A			permit this activity.		
	Genera greater hazard of acut	ates in an r per mon lous waste	oth (kg/mo) (2 e; or Greater	(LQG): nonth 1,000 kilograms 2,200 lbs.) of non-acut than 1 kg (2.2 lbs) least once a year)		 a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) 							
			Generator (S	SQG): onth greater than			-	of Hazardous Commercia			• .		
	100kg/	/mo but le	ess than 1,000	0 kg/mo (>220 to <2,2	200			Commerci ermit is required					
İ	(2.2 lb	s) or less	of acute haza	waste and/or 1 kg ardous waste				Boiler and/or					
	(at leas	st once a	year)					nall Quantity (-		
	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					b. Smelting, Melting, and Refining Furnace Exemption (5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.							
	_			r activities that apply. ne, not on-going)	•	(6)		iuthorization y Hazardous W					
	_		•	ime per year:SQG_	_LQ0	G					ie		
	f. United St	tates Impo	orter of hazar	rdous waste			Undergro	ound Injection	n Con	itrol			
	g. Mixed W	/aste (haz	ardous and ra	adioactive) Generator	·								
10.	your facility.	List them	n in the order	Regulated Hazard r they are presented in list codes routinely or	the re	egulations (e.g., l	D001, D00	03, F007, K019	9, P01	2, U112).			
^I D0		² D002		³ D003	⁴ D0		⁵ D005		D006		⁷ D007		
8 DO		⁹ D009		¹⁰ D010	11 _D		¹² D012		D01	-	¹⁴ D014		
	015	¹⁶ D01		¹⁷ D017	L.		¹⁹ D019		D02	-	²¹ D21		
		us Chai	nges (If no	longer handling waste	e or c	losed, sections 9	and 10 sho	ould be blank	and sl	kip Section 1	2-16):		
(A)	(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 <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 (date)												
	(C) Property							Bankruptcy Pi					
12-1	4 — Regist	ration	Activities (Contact Informa	tion		mission is	a registration	or reg	istration info	ormation update):		
	Same as Facility ontact on page 1	RCRA or enter:	First Name:	Stuart		Last Name: St	apleto			Title: EH	S Manager		
	act for:		Phone Num	813-319-34		Extension:		stuart.sta	aple	eton@e	qonline.com		
	HW Transporter Used Oil Handler		Street or P.0	^{O. Box:} 7202 Ea	ıst {	3th Avenu	ie						
_	Universal Waste		City or Tow	Tampa			State:(Co	ountry): FL		Zip Code:	33619		

EPA ID No. FLD981932494

OMB#: 2050-0024 Expires 12/31/2014

- p. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K
 - You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to
 40 CFR Part 262 Subpart K

∐ 1. Օր Se	oting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories e the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:
	a. College or University
	b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
r.	C. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

11. Description of Hazardous Wastes

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

1 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

	T											- 1		
D001	D002	}	D003		D004			D005		D00	06		D007	
D008	D009		D010		D011			D012		D01	13		D014	
D015	D016		D017		D018			D019		D02	20	Ì	D021	
D022	D023		D024		D025			D026		D02	27		D028	
D029	D030		D031		D032			D033		D03	34		D035	
D036	D037		D038		D039			D040		D04	11		D042	
D043	F001		F002		F003			F004	, 700	F00)5		F006	<u>u</u>
	F009 F010			019 F0:		1 F02:				F026		7 F02		2 F034
K016 K017 K	, , , , , , , , , , , , , , , , , , , ,			22 K02				K027			K030		K032	
**************************************	050 K057	MOSE M	OCC VO	CO 107	V072	1010	14004	TO S	14000	1007	1010	1000	1001	1002
K060 K061 K	096 K097 :													
	114 K115 : 148 K149 :													
	009 P010													
P027 P028 P														
P047 P048 P														
P069 P070 P														
P094 P095 P														
	115 P116													
P194 P196 P														
U009 U010 U														
U029 U030 U													U046	
	050 U051 I													
	070 U071 I							0000 0079						
				92 U093						U099			U103	
U106 U107 U														
U124 U125 U														
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ł																
			5 U146													
			3 U164 2 U183													
			3 U204 2 U223													
			9 U271 State-Re led at your s													
hazan	dous waste	es hāndi led.	ed at your's	ite. List th	em in the	order the	y are pres	ented in th	ne regulati	ions. Us	e an additio	onal page	if more			
•										_			-			
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Iniversal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD	981932494									
2. 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. Pharmaceuticals										
d. Mercury Containing Devices e. Mercury Con	itaining Lamps									
Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a UW. 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 times)	me)									
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (U	PW) accumulated									
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of B	Health [DOH])									
Florida Universal Pharmaceutical Waste (UPW) Transporter										
C. Florida Annual Mercury Handler Registration:										
If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the (1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler form First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH	r-hire Activities									
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices										
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual									
Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Registration 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 +									
Mercury-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)									
(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: Storage and transfer Activity 🔲 We use Dru	m Top Bulb Crusher(s).									
2 Other State Bendered Wester Anti-Marie Barrier Barri										
3. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Tran Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to	• •									

Hazardous Waste and Used Oil Transporter Registrations EPA ID No. FLD 981 932 494										
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. Both commercial and own waste										
4. Transportation Mode Air Rail Mail 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 Facility: (at this location) Storage Volume 20,000 a Hons										
This form is: I Initial Registration 🗷 Renewal 🗆 Notification of changes 🚨 Cancel Registration										
Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.										
The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one): Our mailing (business) address The site (facility) address										
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer 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 complete all that apply if you need to register your used oil activities),										
Transporters (exemptions in 40 CFR 279.40(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 Department of Environmental Protection is enclosed.										
(1) Used Oil Transporter - mark activities: (occurring in Florida) (6) Used Oil Filter Management (must annually register)										
a. Transporter (off-site) and noncontiguous locations										
b. Transfer Facility										
(2) Collection Center (From businesses, no more than 55 gal per shipment)										
(3) Used Oil Processor (A permit is required.) (7) The records required under the provisions of Rule 62-710.510,										
FAC, are kept at (check one): Off-Specification Used Oil Burner Our mailing (business) address The site (facility) address										
(5) Used Oil Fuel Marketer On-Spec Off-Spec										
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.										

Transfer Facility and Used Oil Transporter requirem	nents 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	of the transporter that the proposed loc	ation satisfies the crip	ria of						
Section 403.7211(2), Florida Statu	tes (F.S.) [Rule 62-730.171(3)(a)1., F.A	l.C.]	FLU UD OL	RECEIVED .					
Evidence of the transporter's financial responsi	bility [Rule 62-730.171(3)(a)3., F.A.C.]	ENVIRON	MENTAL PROTECTION					
A brief general description of the transfer facili	_A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.] MAY 092014								
_A copy of the facility closure plan [Rule 62-73	_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	_A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.] ASSISTANCE PROGRAM								
(15 cont.) Used Oil Transporters: (Exemptions in In addition to the requirements on Page 4 Sect									
ALL registered UO Handlers must submit their own company.		insporting UO from no	oncontiguo	us operations within					
UO transporters transporting off-site over	r public highways only within their own	n company must subm	it proof of	insurance.					
UO transporters transporting more than 5 submission as a certified used oil transport	00 gallons/year must submit proof of in	nsurance annually, and	i must sign						
The used oil annual report is attached	Evidence of Liability Insurance pur	•	•	C. is attached.					
17. Certification: I certify under penalty of law tha accordance with a system designed to assure that quesubmitted is, to the best of my knowledge and belie false information, including the possibility of fine as	alified personnel properly gather and e f, true, accurate, and complete. I am aw	valuate the informatio are that there are sign	n submitte	d. The information					
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)					
	JAMES J. C.	BNN	0	5/212014					
				,					
If the person that filled in this form is not the Facility	y Contact or Operator, please comple	ete the information b	elow:						
JAMES CONN 20893	42-1891 1im	. conn @ e9	online	con					
(Name of person completing this form)	(Phone Number)	(E-mail Address)	<u> </u>						