

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

08/28/2014

Thomas Kottke
Above & Beyond Pest Control Inc
40445 Emeralda Island Rd
Leesburg, FL 34788-8903

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at 40445 Emeralda Island Rd, Leesburg, FL 34788-8903 has been registered through March 1, 2015 with the following status:

Facility ID # **FLR000204214**

Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices at any one time)

The registration form for the year **2015** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify by sending an updated form 8700-12FL(Florida Notification of Regulated Waste Activity) to the address on the form which can be found at http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures

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 RECEIVED
ENVIROPME Received ECTION
(for FDEP, Official Use Only)
AUG 2 2 2014

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

EPA ID: F L	R 0 0 0 2	2 0 4 2 1	4 Pleas	e use t	ne instru	ctions	docum	ient to c	omple	ete unis i	iorm -	
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	(must choose one To provide subsequent notification (to update status and facility identification information).											
and sign page 5.	if a notification) To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)											
Pages 3 and 4, - com- plete as applicable)	FL Registration(s) UW Mercury (see page 3) HW Transp						porter (see page 4) Used Oil (see page 4)					
2. Facility or Business Name	Above & Beyond Pest Control, Inc.											
3. Facility Operator	Name of Operator: Thomas Leo Kottke Jr							Date became Operator: 09 /24 / 13				
(List additional Opera- tors in the comments section).	Street or P.O. Box: 40445 Emeralda Island Road							Phone Number: 352-504-5418				
ŕ	City or Town: Leesburg	· I — I · I				Country	(if not U	JSA):				
	Operator Type: Private Pederal Municipal State County Other											
4. Facility Physical	40445 Emeralda Island Road									Vessel		
Location Information (No P.O. Boxes)	City or Town: Leesburg					State: Zip Code:						
Same address as #3 above or:	County: Lake			Co	ountry (if r	not US	A) :					
5. Facility North A		A . 5 6	2 1 1	9	(required)	B.	1					
Classification Sys Code(s) (at least 5	` '	с				D.				<u> _</u>		
6. Facility or	Same address as #3 above or: Street or P.O. Box:											
Business Mailing Address	City or Town:			State:		Zip/P	ostal C	Code:		Country	(if not L	JSA):
7. Facility or Business	First Name: Thomas	Last Name: Kottke			Title: President							
RCRA Contact Person	Phone Number 352-504-541	Extension:				oestcontrol@gmail.com			Fax:			
	Street or P.O. Box:											
Same address as #_3_above or:	City or Town:				State:			Zip Code:		Coun	Country (if not USA):	
8. Real Property	Name of Owner: Date became							became	Owner:/			
(FL Land) Owner of the Facility's	Thomas Leo Kottke Jr.						☐ New Owner mm dd yy					
Physical Location (List additional							hone Number: 52-504-5418					
owners in the com- ments section.)	City or Town:	or Town:				State: Zip Code: Country (if not US.			rt USA):			
Same address as # 3 above or:	Owner Type: Private											

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No. FLR000204214								
9.	9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):												
(A	(1)Gen	erator of	Hazardous W	aste		For Items	2 through	ı 7, mark 'X	' in all t	hat apply.			
ı	Yes No (Do not include Universal Waste or Used Oil) (2) Treater, Storer, or Disposer of Hazardous 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.												
			antity General	itor (LQG): ar month 1,000	kilograms or		П . о.	perating Con	•	-	uns activity.		
		greater pe	r month (kg/m	o) (2,200 lbs.)	of non-acute			perating Con perating Non					
				ater than 1 kg (e (at least once			C. No		g: Postcl	osure or Co	rrective Action		
b. Small Quantity Generator (SQG): (3) Recycler of Hazardous Waste (at your facility)							acility)						
				ar month greate 1,000 kg/mo (>			Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling.						
	1	lbs.) of no	n-acute hazaro	lous waste and	or 1 kg	_	_	Boiler and/o		-			
			r less of acute nce a year)	hazardous was	ate		-	nall Quantity					
	_		,								urnace Exemption		
				SQG (CESQG ar month 100 k		<i>т</i> . П	D 4	.45	3 .	- C 1'''-	W W		
	((220 lbs.)	of non-acute h	azardous wast	e and 1 kg	(5)		utnorized to Senerated at			nally Exempt		
	((2.2 lbs) o	r less of acute	hazardous was	te						if you attach		
	In additio	n. indica	te other gener	ator activities	that apply.			a copy of youthorization			such authorization FDEP.		
	_		-	e-time, not on-		(6)		Hazardous	-				
					ar:SQGLQ	QG							
t		ited State	s Importer of h	azardous wast	e	(7)	Undergr	ound Injecti	on Con	trol			
	g. Mixed Waste (hazardous and radioactive) Generator												
10	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).												
ļ.,	На		waste transport			ally transported. U	Jse commo			page if mor	re spaces are needed.		
1		2		3	4			- 6					
8		9		10	11		12		13		14		
15		10	5 	17	18		19	2	20		21		
11	Other	Status	Changes (If no longer ha	ndling waste or	closed, sections 9	and 10 sh	ould be blan	k and sk	ip Section 1	12-16):		
(A) Non-F	landler o	f Regulated V	Vaste at This l	Facility (Section	ons 9, 10 and 12-1	6 should b	e blank.)					
	(1)) Busines	s no longer ge	nerates, transp	orts, treats, store	es, disposes of, or	otherwise	handles any	regulate	ed 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	2) Out of	Business - Bu	siness closed o	n		(d	ate)					
☐ (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):													
0	Same as I Contact on	Facility RC		ame: Thor	nas	Last Name: K	ottke			Title: Pre	esident		
Co	ntact for:		Phone 1	Number: 352	-504-5418	Extension:	E-Mail:	aboveand	lbeyon	dpestcon	trol@gmail.com		
	HW Tran	-	Street o	or P.O. Box: 4	0445 Em	eralda Isla							
	Universal		City or	Town: Lee	esbura		State:(C	Country): F		Zip Code:	34788		

Universal Wa	iste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR000	0204214							
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. Pharmacet	uticals							
	d. Mercury Containing Devices e. Mercury Contain	ning 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 U	Iniversal Pharmaceutical Waste (UPW): one-time registration								
Pharma	aceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time))							
☐ Pharma	accuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	/) accumulated							
Revers	se Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	Ith [DOH])							
C. Florida A	Annual Mercury Handler Registration:								
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [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.									
	is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-h time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH reg								
For-hi	re Transporter of Universal Waste Mercury-Containing Lamps or Devices								
For-hi	ire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration							
■ Mercu	ary-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required							
Mercu	ary-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler								
☐ Mercu	ary-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+							
☐ Mercu	ury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)							
1	Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) rst time registering Renewal	Annual Registration Required							
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s). Pick up spent bulbs from our current pest control customers and transport to recycle facilities,									
	e store in a enclosed cargo trailer until we gather enough bulbs to bring to i	•							
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 Registrations EPA ID No. FLR000204214							
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 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							
This form is: 🔲 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 ☐ a. Transporter							
□ b. Transfer Facility							
(2) Collection Center (From businesses, no more than 55 gal per Collection Center (From businesses, no more than 55 gal per d. End User							
shipment)							
(3) Used Oil Processor (A permit is required.) (7) The records required under the provisions of Rule 62-710.510,							
(4) Off-Specification Used Oil Burner FAC, are kept at (check one):							
(5) Used Oil Fuel Marketer On-Spec Off-Spec Our mailing (business) address 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.							

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No. FLR00020	04214				
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Advantage 1.0]	tial notification for a transfer facility ar	d for Transfer Facilities on Page and any changed items must be so	4, Section 14, the ubmitted with any				
Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of							
` '	es (F.S.) [Rule 62-730.171(3)(a)1., F.A	_					
Evidence of the transporter's financial responsil							
_A brief general description of the transfer facili _A copy of the facility closure plan [Rule 62-730]	_	F.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 CED 279 40(a)(1.4))						
In addition to the requirements on Page 4 Section	•						
ALL registered UO Handlers must submit their own company.		nsporting UO from noncontigue	ous operations within				
* *	public highways only within their own	company must submit proof of	insurance.				
 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 pur	suant to 62-710.600(2)(e)., F.A.	.C. is attached.				
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 transporter.							
tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter C Signature of owner, operator, or an	g program in place covering the applic	able used oil rules. Evidence of form 62-730.900(5)(a), F.A.C					
authorized representative	Frint 148me and	Oil	(mm-dd-yyyy)				
Moun Kull II.	Thomas Leo K	ottke Jr	08/19/14				
If the person that filled in this form is not the Facilit	y Contact or Operator, please compl	ete the information below:	-				
- · · · · · · · · · · · · · · · · · · ·	-	eandbeyondpestcontrol@	gmail.com				
(Name of person completing this form)	(Phone Number)	(E-mail Address)					