

## 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

10/02/2014 Thomas Kottke, President Above & Beyond Pest Control Inc 40445 Emeralda Island Rd Leesburg, FL 34788

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 **Above & Beyond Pest Control Inc** located at **40445 Emeralda Island Rd**, **Leesburg**, **FL34788-8903** 

## FLR000204214

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 Transfer Facility, UW Device Transfer Facility, 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:

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=FLR000204214. For further assistance, please contact me at (850) 245-8749 or email at \_Glen.Perrigan@dep.state.fl.us .

Sincerely,

Glen Perrigan

**Environmental Manager** 

Hazardous Waste Regulation Section

Kobin K. Pandley

ME ID: 110332, Email Address: aboveandbeyondpestcontrol@gmail.com

## 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)						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				Zip Code: Country (if not USA): 34788			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	<b>A)</b> :					
5. Facility North A		<b>A</b> .  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:		Country (if not USA):		
8. Real Property							te 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 comments section.)  City or Town:					State:			Zip Code:			Country (if not USA):	
Same address as # 3 above or:	Owner Type: Private Federal Municipal State County Other											

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	(A) (1)Generator of Hazardous Waste For Items 2 through 7, mark 'X' in all that apply.											
į	Yes No (Do not include Universal Waste or Used Oil) (2) Treater, Storer, or Disposer of Hazardous Waste											
1	If YES, Choose only one of the following three categories.  (at your facility) Note: A hazardous waste permit											
	a. Large Quantity Generator (LQG):  Generates in any calendar month 1,000 kilograms or  a. Operating Commercial TSD								this activity.			
	gre	eater per mont	h (kg/mo) (2	2,200 lbs.) of non-acu		1		perating Corporating No.				
				than 1 kg (2.2 lbs) least once a year)		ĺ	C. No	on-Operatin	g: Postcl	osure or Co	errective Action	
	Permit or Order (HSWA, etc.)							noility)				
	Ge	enerates in any	calendar me	onth greater than		(3) Recycler of Hazardous Waste (at your facility)  Specify: Commercial Non-Commercial.						
				) kg/mo (>220 to <2,2 waste and/or 1 kg	200	Note: A permit is required for storage prior to recycling.						
	(2.	2 lbs) or less of	of acute haza			(4) Exempt Boiler and/or Industrial Furnace  a. Small Quantity On-site Burner Exemption						
	(at	least once a y	ear)								emption Furnace Exemption	
		nditionally Ex				'	<b></b> 0. Sn	neiting, Me	iung, and	i Keilling F	urnace Exemption	
				onth 100 kg/mo or les dous waste and 1 kg	SS	(5)					nally Exempt	
		2 lbs) or less of						ienerated a his manage			if you attach	
	In addition	indicate ather		activities that annh	•					ication for seived from	such authorization	
	_		-	activities that apply ne, not on-going)	<b>'•</b>	<b>6</b> □			-	from Off-Si		
			-	me per year:SQG_	LQG	(6) —	110001103		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		ed States Impo		• • — -		(7)	Undergre	ound Inject	tion Con	trol		
	g. Mixe	ed Waste (haza	ardous and r	adioactive) Generator	•							
10.	Waste C	odes for F	ederally I	Regulated Hazard	dous V	Vastes: List	the waste	codes of th	e Federa	l hazardous	wastes handled at	
	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).											
1	Haza		ransporters l	ist codes routinely or	<del>,                                     </del>		Jse commo			page if mor	re spaces are needed.	
		9		3	4 11		12		6 13		<u>[</u>	
8				10							14	
15		16		17	18		19		20		21	
11.	Other S	tatus Chan	ges (If no	longer handling wast	te or clos	sed, sections 9	and 10 sh	ould be bla	nk and sk	kip Section 1	12-16 ):	
(	A) Non-Ha	ndler of Regu	lated Wast	e at This Facility (Se	ections 9	9, 10 and 12-10	should b	e blank.)				
	<b>(1)</b>	Business no lo	nger genera	tes, transports, treats,	stores, o	disposes of, or	otherwise	handles any	y regulat	ed 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 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 Fac	•	First Name:	Thomas		Last Name: Ko	ottke			Title: Pre	President	
Car			Phone Num	ber: 352-504-54	T	Extension:	F-Mail:	abovean	dbeyor	ndpestcon	ntrol@gmail.com	
	ntact for: HW Transp		Street or P.	O. Box: 40445 E	mer	alda Isla	nd Ro	ad			<del></del>	
	Used Oil Ha Universal W		City or Tow	n: Leesbur	a		State:(C	Country): F		Zip Code:	34788	

Universal Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR00(	)204214						
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 Contai	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)	ı						
Pharma	accuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	/) accumulated						
Revers	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	th [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.								
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities  First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached								
For-hi	re Transporter of Universal Waste Mercury-Containing Lamps or Devices							
For-hi	re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration						
Mercu	ry-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required						
Mercu	ry-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
☐ Mercu	ry-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	rry-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)						
	Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) st time registering   Renewal	Annual Registration Required						
Briefly Describe your Universal Waste Activities:  Pick up spent bulbs from our current pest control customers and transport to recycle facilities, however we store in a enclosed cargo trailer until we gather enough bulbs to bring to recycle facility.								
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.				
<ul> <li>UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.</li> <li>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.):.</li> </ul>							
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 accordance with a system designed to assure that que submitted is, to the best of my knowledge and belief false information, including the possibility of fine at I certify as a Used Oil Transporter that I am it	alified personnel properly gather and e f, true, accurate, and complete. I am aw and imprisonment for knowing violation	valuate the information submitter are that there are significant per is.	ed. The information nalties for submitting				
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:	-				
- · · · · · · · · · · · · · · · · · · ·	<del>-</del>	eandbeyondpestcontrol@	gmail.com				
(Name of person completing this form)	(Phone Number)	(E-mail Address)					