

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

BOB MARTINEZ CENTER 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 RICK SCOTT GOVERNOR

CARLOS LOPEZ-CANTERA LT. GOVERNOR

JONATHAN P. STEVERSON SECRETARY

01/14/2015 Kurt Seaburg, Haz Waste Coord Alachua County HHW Collection Center 5125 NE 63rd Avenue Gainesville, FL 32609

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 Alachua County HHW Collection Center located at 5125 NE 63rd Ave, Gainesville , FL32609-5515

## FLR000057158

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Non-Handler of Hazardous Waste; Household Hazardous Waste, Person authorized to accept Conditionally Exempt Waste.

Your facility is **currently registered** for the following activities: **UW Lamp SQH, UW Device SQH** (reg exp on 03/01/2016).

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:

 $\underline{\text{http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm}.$ 

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLR000057158. 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: 34514 , Email Address: kurt@alachuacounty.us

## 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 Only)

DEC 222014

PERMITTING & COMPLIANCE

EPA ID: F	R 0 0 0 5 7 1 5 8 Please use the instructions document to complete this form										
1. Reason for Submittal (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - com-	Mark 'X' in the correct box: (must choose one if a notification)	the correct box: waste, universal waste, used oil activities, or PCW activities).  (must choose one To provide subsequent notification (to update status and facility identification information).									
							Used Oil (see page 4)				
2. Facility or Business Name	Alachua County Hazardous Waste Collection Center										
3. Facility Operator (List additional Operators in the comments	Name of Operator: Alachua County BoCC Street or P.O. Box: 12 SE 1st Street (PO Box 5547)						Date became Operator: 10 / / 99  New Operator mm dd yy  Phone Number: 352-264-6900				
section).	City or Town: Gainesville	Private					State:   Zip Code:   Country (if not USA):   FL   32602-2877				
4. Facility Physical Location Information (No P.O. Boxes) Same address as #3 above or:	Physical Street Address:  5125 NE 63rd Avenue  City or Town:  Gainesville  Country:  Alachua						Lip Code:				
5. Facility North A Classification S Code(s) (at least		A. <u>f</u>	1 <u> </u> 2	<mark>1  2</mark> 	<u>                                     </u>		(required)	) В.	· · · ·	<u>                                     </u>	
6. Facility or	Same address as	Same address as #4_ above or: Street or P.O. Box:									
Business Mailing Addres	City or Town:	City or Town:				State:		Zip/F	Postal Code: Country (if not USA):		
7. Facility or Business RCRA Contact Person	First Name: Kurt Phone Number: 352-334-0440 Street or P.O. Box:			Last Name: Seaburg Extension: E-Mail: kurt@alachuac			chua	Title: Hazardous Waste Coordinator Fax: 352-334-0440			
Same address as #4_above or:	City or Town:					Sta	State:		Zip Code:	Country (if not USA):	
8. Real Property (FL Land) Owne of the Facility's Physical Location (List additional	Street or P.O. Box:	Alachua County BoCC					F	Date became Owner: 10 / /99  New Owner mm dd yy  Phone Number:			
owners in the comments section.)  Same address as	City or Town:	City or Town:								Country (if not USA):	
#3 above or:	Owner Type:	Private	Fede	ral 🗀	Munic	cipal	State		County Other_		

RCRA Hazardous Waste Status Notification or Out of Business Notification					<sup>EPA ID No.</sup> FLR000057158			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):								
(A) (1)Generator of Hazardous Waste For Items 2 through 7, mark 'X' in all that apply.								
☐Yes ■ No (Do not	(2) Treater,	, Store	r, or Disposer of H	azardous Waste				
	Choose only one of the following three categories.  Large Quantity Generator (LQG):			ur facil	cility) Note: A hazardous waste permit may be required for this activity.			
Generates in any greater per month hazardous waste; of acute hazardou	calendar month 1,000 kilogram n (kg/mo) (2,200 lbs.) of non-ac or Greater than 1 kg (2.2 lbs) us waste (at least once a year) Generator (SQG):		• •	b. Op c. No Per cycler o	Operating Commercial TSD Operating Non-Commercial TSD Non-Operating: Postclosure or Corrective Action Operating or Order (HSWA, etc.) Of Hazardous Waste (at your facility)			
100kg/mo but les lbs.) of non-acute (2.2 lbs) or less o	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)			Specify: Commercial Non-Commercial.  Note: A permit is required for storage prior to recycling.  (4) Exempt Boiler and/or Industrial Furnace  a. Small Quantity On-site Burner Exemption  b. Smelting, Melting, and Refining Furnace Exemption				
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  In addition, indicate other generator activities that apply.			(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.					
□ d. Short-Term Generator (one-time, not on-going)  e. Episodic: Not more than one-time per year: _SQG_LQG  f. United States Importer of hazardous waste  g. Mixed Waste (hazardous and radioactive) Generator  (6) □ Receives Hazardous Waste from Off-Site  (7) □ Underground Injection Control								
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). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.								
1 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 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 (date)								
(C) Property Tax De	(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:			Last Name:			Title:		
	Phone Number:		Extension: E	E-Mail:				
HW Transporter Used Oil Handler								
Universal Waste City or Town:			S	State:(Country):		Zip Code:		

Universal W	aste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR000	057158							
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):									
A. Federal Notification	Tederary Defined Large Quantity Transfer (EQT) - Generate/Accumulate. 5,000 kg (11,000 lb) of more								
	Accumulates: 🗖 a. UW Batteries 🗖 b. Pesticides 🗖 c. Pharmaceu	iticals							
	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	Universal Pharmaceutical Waste (UPW): one-time registration								
☐ Pharm	naceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)								
☐ Pharm	acceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	) accumulated							
Rever	se Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Healt	th [DOH])							
☐ Florid	a Universal Pharmaceutical Waste (UPW) Transporter								
C. Florida A	nnual Mercury Handler Registration:								
If you <u>only</u> 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 <u>for-hire</u> Activities									
U Firs	t time registering	sistration is attached							
☐ For-l	ire Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual							
☐ For-l	For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices  Annual Registration								
☐ Mero	Mercury-Containing Devices (thermostats, etc) <b>SQH</b> = less than 100 kg accumulated by for-hire handler Required								
☐ Mero	ury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler								
☐ Merc	ury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +							
☐ Mero	ury-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)  Annual Registration Required									
Briefly Describe your Universal Waste Activities:  County Hazardous Waste Collection Center, receives lamps, batteries and devices from the public and from businesses.  Properly manages and recycles Universal Waste with licensed contractors, not for hire therefore considered a non handler.									
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. FLR000057158					
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 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 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		•					
(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	b. Transfe	·					
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End U	sor (Annual Report Required ) ser					
(3) Used Oil Processor (A permit is required.)		equired under the provisions of Rule 62-710.510,					
(4) Gff-Specification Used Oil Burner		at (check one):  ng (business) address  The site (facility) address					
(5) Used Oil Fuel Marketer	- The site (lacinty) 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 requireme	ents and required signature page	EPA ID No. FLR000	005	7158
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the init subsequent submission [Rule 62-730.171(3), Florida Adm	ial notification for a transfer facility a			
Certification by a responsible corporate officer of Section 403.7211(2), Florida Statute	of the transporter that the proposed loces (F.S.) [Rule 62-730.171(3)(a)1., F.A		•	
Evidence of the transporter's financial responsib	ility [Rule 62-730.171(3)(a)3., F.A.C.			
_A brief general description of the transfer facility	y 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)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	on 15:			
<ul> <li>ALL registered UO Handlers must submit their own company.</li> </ul>	an annual report except generators tra	nsporting UO from noncon	tiguou	s operations within
UO transporters transporting off-site over	public highways only within their ow	company must submit pro-	of of i	nsurance.
<ul> <li>UO transporters transporting more than 50</li> </ul>	0 gallons/year must submit proof of in	surance annually, and must	t sign a	and certify this
submission as a certified used oil transport	ter in section 17 (except those exempted	by Rule 62-710.600(1), F.A.C.	): <b>.</b>	
The used oil annual report is attached	Evidence of Liability Insurance pu	rsuant to 62-710.600(2)(e).,	F.A.C	C. is attached.
16. Comments (attach a page if more space is neede	ed):	· · · · · · · · · · · · · · · · · · ·		
The Alachua County Hazardous Waste Hazardous Waste Collection Center. To remove methanol from the glycerol bested and is a non-hazardous, waste. Swaste, our facility is considered a non-lare generated by households or small paperwork to FDEP and was granted a CESQG waste generated at other facility documentation paperwork is on file at the accordance with a system designed to assure that quantum control of the system designed to assure the	he county continues to op by-product from on-site bid Since the program continu- handler/generator. All was businesses, and Alachua authorization and approval ities. The FDEP approval the FDEP office.	erate a methanol rediesel fuel product les to not generate stes collected for product county submitted las a person authorizetter and the Alach letter and the Alach core prepared under my direct control of the county submitted letter and the Alach county submi	ecovition, any roper the porize nua	very system which was hazardous r disposal necessary ed to manage County
submitted is, to the best of my knowledge and belief false information, including the possibility of fine an I certify as a Used Oil Transporter that I am fatation and have an annual and new employee training	true, accurate, and complete. I am avaid imprisonment for knowing violation amiliar with the applicable Florida and	vare that there are significants.  1 Federal laws and rules gov	nt pena	alties for submitting
bility is demonstrated by the Used Oil Transporter C	Certificate of Liability Insurance, DEP	form 62-730.900(5)(a), F.A	A.C.,	manerar responsi-
Signature of owner, operator, or an	Print Name and	Title	Used Oil	Date Signed
authorized representative				(mm-dd-yyyy)
Kur Sealing	Kurt Seab	urg		12/12/14
0				
If the person that filled in this form is not the Facility	y Contact or Operator, please comp	lete the information below	/ <b>:</b>	
(Name of person completing this form)	(Phone Number)	(E-mail Address)		<del></del>