

## FLORIDA DEPARTMENT OF

ENVIRONMENTAL PROTECTION

BOB MARTINEZ CENTER

2600 BI AIR STONE POAD

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

CARLOS LOPEZ-CANTERA LT. GOVERNOR

JONATHAN P. STEVERSON SECRETARY

01/27/2015

Maria Thistlewaite Greer Enterprises LLC PO Box 191466 Mobile, AL 36619-

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 **35 Davis Avenue**, **Saraland**, **AL 36571** has been registered through **March 1**, **2016** with the following status:

Facility ID # **ALR000046581** 

**Transporter of Universal Waste Lamps and Devices** 

The registration form for the year **2016** 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 Florida Notification of Regulated Waste Activity [form 62-730.900(1)(b)] changes, please notify the Department using that form. I can also be contacted at (850) 245-8759 or at <a href="mailto:Laurie.Tenace@dep.state.fl.us">Laurie.Tenace@dep.state.fl.us</a>.

Sincerely,

Laurie Tenace Environmental Specialist Waste Reduction Section

**Enclosures** 



## 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)

JAN 222015

PERMITTING COMPLEXION

| EPA ID: A L   | R 0 0 0 4 6 5 8 1 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, - complete as applicable) | Mark 'X' in the correct box:  (must choose one if a notification)  To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).  To provide subsequent notification (to update status and facility identification information).  To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) |   |                               |      |                 |               |                                     |   |             |  |  |
| 2. Facility or  | FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)  |   |                               |      |                 |               |                                     |   |             |  |  |
| Business Name   | Greer Enterprises, LLC  |   |                               |      |                 |               |                                     |   |             |  |  |
| 3. Facility Operator (List additional Opera-  | Name of Operator:  Craig Greer  |   |                               |      |                 |               |                                     | Date became Operator://  New Operator mm dd yy  Phone Number: |             |  |  |
| tors in the comments section).  | Street or P.O. Box: PO Box 191466   |   |                               |      |                 |               |                                     | 251-679-1967  |             |  |  |
| section).   | City or Town: State Mobile AL   |   |                               |      |                 |               |                                     | Zip Code: Country (if not USA): 36619                         |             |  |  |
|   |   | Private F   | ederal [                      | Muni | icipal [        | State         | Cou                                 | nty 🗖 Ot  | her         | •••••••••••••••••••••••••••••••••••••• |  |
| 4. Facility Physical Location   | Physical Street Address: 35 Davis Ave   |   |                               |      |                 |               |                                     |   | □Vessel     |  |  |
| Information (No P.O. Boxes)   | City or Town: Saraland  |   |                               |      |                 |               |                                     | ate:<br>L   |             | Code:<br><b>571</b>                    |  |
| Same address as #3 above or:  | ess as Country: Country (if not USA):   |   |                               |      |                 |               |                                     |   |             |  |  |
| 5. Facility North A<br>Classification Sys   | •   | a. <u>5  4</u>  | 1 6                           | 2    | <u>0</u>   (req | quired)       | В.                                  | <u>\$ 6</u>   | <u>2  1</u> | 1   9                                  |  |
| Code(s) (at least 5   |   | c.  _ _   | _  _                          | _    |                 |               | D.                                  | <u> </u>  | _           | _ _                                    |  |
| 6. Facility or  | Same address as   | Same address as #3 above or: Street or P.O. Box:  City or Town: State: Zip/Postal Code: Country (if not USA): |                               |      |                 |               |                                     |   |             |  |  |
| Business<br>Mailing Address   | City or Town:<br>Mobile   |   |                               |      |                 |               | ip/Posta<br>6619                    |   |             |  |  |
| 7. Facility or Business RCRA Contact Person   | First Name:  Maria  |   | ast Name:<br>  Thistlethwaite |      |                 |               | Staff Scientist                     |   |             |  |  |
|   | Phone Number: Extension: 251-679-1967   |   |                               |      |                 | il:<br>a@gree | erllc.cc                            | c.com   |             | Fax:<br>251-679-1968                   |  |
|   | Street or P.O. Box:   |   |                               |      |                 |               |                                     |   |             |  |  |
| Same address as #3_above or:  | City or Town:   |   |                               |      | State:          | State:        |                                     | Zip Code:   |             | Country (if not USA):                  |  |
| 8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional   | Name of Owner:  |   |                               |      |                 |               | Dat                                 | Date became Owner://  |             |  |  |
|   | Jerry Todd  |   |                               |      |                 |               |                                     | ☐ New Owner mm dd yy  |             |  |  |
|   | 2   |   |                               |      |                 |               |                                     | Phone Number:<br>51-656-6451                                  |             |  |  |
| owners in the comments section.)  | City or Town:   | City or Town:   |                               |      |                 |               | Zip Code: Country (if not USA 36526 |   |             | Country (if not USA):                  |  |
| Same address as  # above or:  | Ovenor Type: Private   Federal   Municipal   State   ICounty   IOther   |   |                               |      |                 |               |                                     |   |             |  |  |

| RCRA Hazardous   | <b>Waste</b>       | Status No     | tification or Out o   | f Busi  | ness Notificat  | tion  | EPA ID No. A                  | LR00004     | 6581              |  |  |  |
|--|--------------------|---------------|---|---|---|---|-------------------------------|-------------|-------------------|--|--|--|
| 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 include Universal Waste or Used Oil)  |                    |               | (2) Treater, Storer, or Disposer of Hazardous Waste   |   |   |   |                               |             |                   |  |  |  |
| If YES, Choose only one of the following three categories.  a. Large Quantity Generator (LQG):   |                    |               |   |   | (a  | (at your facility) Note: A hazardous waste permit may be required for this activity.  |                               |             |                   |  |  |  |
| Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)   |                    |               |   | <ul> <li>a. Operating Commercial TSD</li> <li>b. Operating Non-Commercial TSD</li> <li>c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)</li> </ul> |   |   |                               |             |                   |  |  |  |
| b. Small Quantity Generator (SQG):  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) |                    |               |   | (4)   | <ul> <li>(3) Recycler of Hazardous Waste (at your facility)         Specify: Commercial Non-Commercial.         Note: A permit is required for storage prior to recycling.     </li> <li>(4) Exempt Boiler and/or Industrial Furnace         a. Small Quantity On-site Burner Exemption     </li> </ul> |   |                               |             |                   |  |  |  |
| 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.    |                    |               |   |   | _   | 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. |                               |             |                   |  |  |  |
| d. Short-Term Generator (one-time, not on-going)  e. Episodic: Not more than one-time per year:SQGLQG  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   |   |   |                               |             |                   |  |  |  |
|  | ist them           | in the order  | Regulated Hazar<br>they are presented in<br>ist codes routinely or                                    | the re  | gulations (e.g., l  | D001, D00   | 3, F007, K019, P              | 012, U112). |                   |  |  |  |
|  | <sup>2</sup> D002  |               | <sup>3</sup> D005   | <sup>4</sup> D00  |   | <sup>5</sup> D007   | <sup>6</sup> D00              | <u></u>     | <sup>7</sup> D035 |  |  |  |
|  | <sup>9</sup> F005  |               | <sup>10</sup> K050  | 11  |   | 12  | 13                            | <u> </u>    | 14                |  |  |  |
|  | 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):  |                    |               |   |   |   |   |                               |             |                   |  |  |  |
| (1) Busing (B) Facility Close (1) Closed   | ess no lored (Comp | nger generat  | e at This Facility (S tes, transports, treats, ction only if all busin moved or moving to s closed on | stores,<br>ess act  | disposes of, or ivities at this fac   | otherwise<br>cility have<br>w Form 87   | handles any regul<br>ceased.) |             | f you will        |  |  |  |
| ☐ (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:  |                    |               | Last Name:  Extension:  | E-Mail:   |   | Title:  |                               |             |                   |  |  |  |
| Contact for:   |                    |               |   |   |   | L-ividii.   |                               |             |                   |  |  |  |
| HW Transporter Used Oil Handler  | L                  | Street or P.0 |   |   |   |   |                               |             |                   |  |  |  |
| Universal Waste City or Town:  |                    |               |   | State:(Country):  |   |   | Zip Code:                     |             |                   |  |  |  |

| Universal Wa  | ste Notification and Mercury Transporter/Handler Registration EPA ID No. ALR00   | 0046581   |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|
| 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. Pharmaceuticals  |   |  |  |  |  |  |  |  |
|   | d. Mercury Containing Devices 🔲 e. Mercury Conta   | ining 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  |   |  |  |  |  |  |  |  |
| ☐ Pharm   | accuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time   | )   |  |  |  |  |  |  |  |
| ☐ Pharm   | aceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPV   | V) accumulated  |  |  |  |  |  |  |  |
| Revers  | e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Hea   | lth [DOH])  |  |  |  |  |  |  |  |
| ☐ Florida   | Universal Pharmaceutical Waste (UPW) Transporter   | i   |  |  |  |  |  |  |  |
| C. Florida Aı   | nual Mercury Handler Registration:   |   |  |  |  |  |  |  |  |
| 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 re   | gistration is attached  |  |  |  |  |  |  |  |
| For-hi  | re Transporter of Universal Waste Mercury-Containing Lamps or Devices  | Annual  |  |  |  |  |  |  |  |
| For-hi  | re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices  | Registration  |  |  |  |  |  |  |  |
| ☐ Mercu   | ry-Containing Devices (thermostats, etc) <b>SQH</b> = 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   |   |  |  |  |  |  |  |  |
| ☐ Merci   | ry-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler   | Annual Registration +   |  |  |  |  |  |  |  |
| ☐ Mercı   | ry-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler  | one- time \$1,000 fee+<br>More Requirements<br>(contact FDEP) |  |  |  |  |  |  |  |
|   | Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) st time registering  Renewal                                 | Annual Registration<br>Required                               |  |  |  |  |  |  |  |
| Briefly Describe your Universal Waste Activities:   |  |   |  |  |  |  |  |  |  |
| 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. ALR000046581   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| 14. HW Transporter Activities: (Mark 'X' and complete all th   | nat 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 hazard  | ous waste.  | !   |  |  |  |  |  |
| _  | Notification of a   | · ·   |  |  |  |  |  |
| 1. For own waste only 2. For commercial p  | ourposes 3. E   | Both commercial and own waste                                       |  |  |  |  |  |
| 4. Transportation Mode Air Rail Highway  | y Water O   | ther - specify  |  |  |  |  |  |
| B. HW Transfer Facility Registration Information (m  | ust be completed ar   | 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 c   | changes   Cancel Registration                                       |  |  |  |  |  |
| Note: Hazardous Waste transfer facilities must comply with the   | requirements of Ru  | le 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   | ns of Rule 62-730.171  The site (facility) ac   | - · ·   |  |  |  |  |  |
| Please enter the EPA ID Number of the HW Transporter who carries the  Please see the top of page 5 for additional items that must be sub  Transfer Facilities [Rule 62-730.171(3), Florida Administrative Co   | omitted in addition to  |   |  |  |  |  |  |
| 15. Used Oil and Oil Filter Activities: : (Mark 'X' and comp   | plete 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)   |   | er Management (must annually register)                              |  |  |  |  |  |
| a. Transporter (off-site) and noncontiguous locations  | a. Transpo  b. Transfe  |   |  |  |  |  |  |
| ☐ b. Transfer Facility   |   | or racinty  Sor (Annual Report Required)                            |  |  |  |  |  |
| (2) Collection Center (From businesses, no more than 55 gal per shipment)  | d. End Us   | · · · · · · · · · · · · · · · · · · ·                               |  |  |  |  |  |
| (3) Used Oil Processor (A permit is required.)   |   | quired 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  On-Spec  Off-Spec  |   |   |  |  |  |  |  |
| Please see the top of page 5 for additional items that must be subm exempt Used Oil Transporters.  | itted in addition to t  | he above registration and fees required for non-                    |  |  |  |  |  |

| Transfer Facility and Used Oil Transporter requirem   | ents and required signature page        | EPA ID No. ALROO            | 004         | 6581                        |  |  |  |
|---|---|-----------------------------|-------------|-----------------------------|--|--|--|
| (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 location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]   |   |                             |             |                             |  |  |  |
| 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   | • |                             |             |                             |  |  |  |
| _A copy of the contingency and emergency plan   |   |                             |             |                             |  |  |  |
| _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 In addition to the requirements on Page 4 Section All Legistered UO Handlers must submit   | ion 15:                                 | -c-asting LIO from nancon   | tiano       | anarotione within           |  |  |  |
| <ul> <li>ALL registered UO Handlers must submit<br/>their own company.</li> </ul>   | an annual report except generators trai | asporting UU from noncom    | tiguoi      | is operations within        |  |  |  |
| 1 7   | public highways only within their own   | company must submit pro-    | of of i     | 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       | C. is attached.             |  |  |  |
| 7. 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 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                          | 1 11.16                     | Used<br>Oil | Date Signed<br>(mm-dd-yyyy) |  |  |  |
| (///  | Craig Greer Managi                      | ine Member                  |             | 61/14/2015                  |  |  |  |
|   |   | 3                           |             |                             |  |  |  |
| •   |   | 1                           |             |                             |  |  |  |
| If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:  |   |                             |             |                             |  |  |  |
| Dama Shenesey 25  | 51-679-1967 dama                        | a@greerllc.com              |             |                             |  |  |  |
| Name of person completing this form)  | (Phone Number)                          | (E-mail Address)            |             |                             |  |  |  |