

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

01/30/2015

Brian Kucharski EQ Industrial Services Inc 17440 College Parkway Ste 300 Livonia, MI 48152-

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 **17440 College Parkway**, **Livonia**, **MI 48152** has been registered through **March 1**, **2016** with the following status:

Facility ID # **MIK435642742**

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 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 Date Received (for FDEP Official Use Only)

JAN 2 3 2015

| EPA ID: M I | K 4 3 5 6 | 4 2 7 4 | 2 Pleas | se use the instru | ctions | document to con | nplete this form | | |
|--|--|------------------------------------|-----------------------|-------------------|---------------------|--|---------------------------------|------------------|--|
| 1. Reason for Submittal | Mark 'X' in 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, - complete as applicable) FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Use | | | | | | | 4) Used (| Oil (see page 4) | |
| 2. Facility or Business Name | EQ Industrial Services, Inc. | | | | | | | | |
| 3. Facility | Name of Operator: | :-10 :- | | | | Date became (| perator: 07 / | 07 / 03 | |
| Operator (List additional Opera- | EQ Industr | iai Service | es, inc. | | | ☐New Operator mm dd yy | | | |
| tors in the comments section). | Street or P.O. Box: 17440 COLLE | EGE PARKW | VAY, SUI | ΓΕ 300 | | 4 | Phone Number: (734) 521-8000 | | |
| section). | City or Town: LIVONIA | | | State: | - | Zip Code: Country (if not USA): 48152 | | | |
| | | Private Fee | leral Mu | nicipal Sta | te 🔲 | County Othe | er | | |
| 4. Facility Physical | Physical Street Address: | | | | | | | | |
| Location Information (No P.O. Boxes) | City or Town: | State: | Zip Code: | | | | | | |
| Same address as #3 above or: | Country (if not USA): | | | | | | | | |
| 5. Facility North Ar | | a. 56 | 1 1 1 | 0 (required |) B. | 5 6 ₽ | 2 _ا 1 _ا 1 | | |
| Classification Sys Code(s) (at least 5 | | c. | | | D. | | | _ | |
| 6. Facility or | Same address as #3_ above or: Street or P.O. Box: | | | | | | | | |
| Business Mailing Address | City or Town: | | | State: | Zip/P | ostal Code: | Country (if n | ot USA): | |
| 7. Facility or Business | First Name: Brian | | Last Name: Kuchars | ki | | Title: Manager of Transportation Complia | | | |
| RCRA Contact Person | Phone Number: (734) 521-80 | Extension: E-Mail: brian.kucharski | | | Fax: (734) 521-8018 | | | | |
| _ | Street or P.O. Box: | | | | | | | | |
| Same address as #3_above or: | City or Town: State: | | | | | Zip Code: Country | | if not USA): | |
| 8. Real Property (FL Land) Owner | Name of Owner: | | | | | Date became Owner:// New Owner mm dd yy | | | |
| of the Facility's Physical Location (List additional | Street or P.O. Box: | | | | | hone Number: | | | |
| owners in the com- ments section.) | City or Town: | | State: | | Zip Code: | Country (i | f not USA): | | |
| Same address as #above or: | Owner Type: | | | | | | | | |

| RCR | A Hazardou | s Waste | Status No | tification or Out of | Busi | ness Notific | ation | ``` | EPA ID No | MIK4 | 35642 | 2742 |
|--------|-----------------------------------|-------------------------------------|--------------------------------|---|---------|--|---|--------------------|----------------------|------------------------------------|------------------------------|-------------------------|
| 9. R | CRA Haza | rdous \ | Waste Act | ivities at this Fa | cility | : (Mark 'X | (' in all | l that a | pply): | | | |
| (A) (| 1)Generator | of Haza | rdous Waste | | | For Iten | ns 2 thr | ough 7 | , mark 'X' | in all tha | t apply. | |
| □Y | es 🖪 No | (Do no | ot include Univ | versal Waste or Used Oi | 1) | (2) Tr | eater, S | Storer, | or Dispose | r of Haza | rdous W | aste |
| If Y | | - | | wing three categories. | - | | (at your | r facility | y) Note: A | | | ermit this activity. |
| | Genera greater hazardo | tes in any per mont ous waste | th (kg/mo) (2 e; or Greater | (LQG): onth 1,000 kilograms 2,200 lbs.) of non-acu than 1 kg (2.2 lbs) least once a year) | | | | b. Oper c. Non- | rating Comr | nercial TS Commerc Postclosu | SD rial TSD are or Cor | rrective Action |
| | Genera | tes in any | | onth greater than | | (3) | Specif | cler of | Hazardous Commerc | Waste (a | at your fa Non-Con | nmercial. |
| | lbs.) of | non-acut | te hazardous |) kg/mo (>220 to <2, waste and/or 1 kg ardous waste | 200 | (4) | Note: A permit is required for storage prior to recycling. (4) Exempt Boiler and/or Industrial Furnace | | | | - - | |
| | | t once a y | | | | | | a. Smal | l Quantity (| On-site B | umer Exe | emption |
| | Genera | tes in any | | onth 100 kg/mo or les | SS | (5) |] Perso | on Auth | orized to N | Manage (| Condition | urnace Exemption |
| | | | of acute hazar | dous waste and 1 kg ardous waste | | Waste Generated at Other Facilities Choose this management activity ONLY if you atta EITHER a copy of your application for such author | | | | | uch authorization | |
| | | | - | activities that apply | y. | OR the authorization you received from FDEP. | | | | | | |
| | | | - | ne, not on-going) | - ~ . | ` . | ■ Rece | eives Ha | azardous V | Vaste froi | m Off-Sit | te |
| | · - | | | me per year:SQG | _LQ0 | G (7) [|] Unde | ergrani | nd Injection | n Contro | .1 | |
| | f. United Sta | _ | | dous waste adioactive) Generator | | (,, = | _ Onu. | vi gi vui | au xiljeello | n contro | • | |
| _ | g. Wincu W | asic (liaz | ardous and r | adioactive) Generator | | | | | | | | |
| | our facility. | List them | in the order | Regulated Hazar they are presented in | the re | gulations (e.g | ., D001 | , D003, | F007, K01 | 9, P012, U | U 112) . | |
| | | | ransporters l | ist codes routinely or | | ly transported. | | omment | | itional pag | ge if more | e spaces are needed. |
| | attachment | 2 | | 3 | 4 | | 5 | | 6 | | | |
| 8 | | 9 | | 10 | 11 | | 12 | | | | | 14 |
| 15 | | 16 | | 17 | 18 | | 19 | | 20 | | | 21 |
| 11. C | Other Statu | s Char | iges (If no | longer handling was | te or c | losed, sections | s 9 and 1 | 10 shou | ld be blank | and skip | Section 1 | 2-16): |
| (A) | Non-Handle | r of Regi | ulated Wast | e at This Facility (S | ection | s 9, 10 and 12 | -16 sho | uld be b | olank.) | | | |
| | (1) Busin | ness no lo | onger genera | tes, transports, treats, | stores | , disposes of, | or other | rwise ha | ındles any r | egulated v | waste. | |
| (B) | - Facility Clos | ed (Con | plete this se | ction only if all busin | ess ac | tivities at this | facility | have ce | ased.) | | | |
| | | | = | moved or moving to | | | | | | the new lo | ocation if | you will |
| | (2) Out | of Busine | ess - Busines | s closed on | | | | (date |) | | | |
| | (C) Property | Tax De | fault | | | (D) F | etition | for Bar | nkruptcy P | rotection | ı | |
| 12-14 | — Registi | ration A | Activities | Contact Informa | ation | (only if this s | ubmissi | on is a r | registration | or registr | ation info | ormation update): |
| | me as Facility | | First Name: | - | | Last Name: | | | | Tit | tle: | |
| Contac | | or emest. | Phone Num | ber: | | Extension: | E-N | Mail: | | | | |
| н | W Transporter | | Street or P. | O. Box: | | | | | | | | |
| | sed Oil Handler niversal Waste | | City or Tow | vn: | | | Sta | ite:(Cou | ntry): | Zij | p Code: | |

| Universal | Vaste Notification and Mercury Transporter/Handler Registration EPA ID No. MIK435 | 642742 | | | | | |
|---|---|--|--|--|--|--|--|
| 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. Pharmaceu | ıticals | | | | | |
| | 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 U A permit is required for storage prior to recycling. | W. | | | | | |
| B. Florid | Universal Pharmaceutical Waste (UPW): one-time registration | | | | | | |
| Pha | rmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) | - | | | | | |
| ☐ Pha | rmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW |) accumulated | | | | | |
| ☐ Rev | erse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal | th [DOH]) | | | | | |
| Flo | ida Universal Pharmaceutical Waste (UPW) Transporter | | | | | | |
| C. Florida | Annual Mercury Handler Registration: | | | | | | |
| | nsporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containi | ng I awas 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 | | | | | | | |
| Fo Fo | -hire Transporter of Universal Waste Mercury-Containing Lamps or Devices | _ | | | | | |
| ☐ Fo | -hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices | Annual Registration | | | | | |
| □ Me | rcury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler | Required | | | | | |
| \$ | reury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler | | | | | | |
| | rcury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler | Annual Registration + | | | | | |
| | recury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler | one-time \$1,000 feet More Requirements (contact FDEP) | | | | | |
| · · | ry Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) First time registering Renewal | Annual Registration Required | | | | | |
| Briefly Describ | e your Universal Waste Activities: | Cop Bulb Crusher(s). | | | | | |
| i | | | | | | | |
| 1 | State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transporte: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Ru | | | | | | |

| Hazardous Waste and Used Oil Transporter Registration | EPA ID No. MIK435642742 | | | | | |
|--|--|--|--|--|--|--|
| 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 hazard | ous waste. | | | | | |
| <u> </u> | ☐ Notification of changes ☐ Cancel Registration | | | | | |
| 1. For own waste only 2. For commercial p | ourposes 3. Both commercial and own waste | | | | | |
| 4. Transportation Mode Air Rail Highway | Water Other - specify | | | | | |
| B. HW Transfer Facility Registration Information (m | aust be completed annually and when this information changes) | | | | | |
| ☐ This facility is a Hazardous Waste Transfer Fac | cility: (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 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 facil annually register with the Department using this form. All except Flo \$100 registration fee. This form is: Initial Registration Renewal | rida used oil (UO) Processors and collection centers must pay an annual | | | | | |
| <u> </u> | , 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 | b. Transfer Facility | | | | | |
| (2) Collection Center (From businesses, no more than 55 gal per shipment) | c. Processor (Annual Report Required) d. End User | | | | | |
| (3) Used Oil Processor (A permit is required.) | (7) The records required under the provisions of Rule 62-710.510, | | | | | |
| (4) Gff-Specification Used Oil Burner | FAC, are kept at (check one): Our mailing (business) address The site (facility) address | | | | | |
| (5) Used Oil Fuel Marketer | Our maining (ourmess) address | | | | | |
| Please see the top of page 5 for additional items that must be submexempt Used Oil Transporters. | nitted in addition to the above registration and fees required for non- | | | | | |

| Transfer Facility and Used Oil Transporter requiren | nents and required signature page | EPA ID No. MIK43 | 564 | 2742 |
|--|--|--|-------------|-----------------------------|
| (14 cont.) Hazardous Waste Transfer Facilities following items are required to be submitted with the in subsequent submission [Rule 62-730.171(3), Florida Ad | itial notification for a transfer facility a | | | |
| Certification by a responsible corporate officer | of the transporter that the proposed loc tes (F.S.) [Rule 62-730.171(3)(a)1., F.A | | f | |
| _ Evidence of the transporter's financial responsi | • • • | | | |
| A brief general description of the transfer facil | | - | | |
| A copy of the facility closure plan [Rule 62-73 | | , 1 .1 | | |
| 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 | n 40 CFR 279.40(a)(1-4)) | | | |
| In addition to the requirements on Page 4 Sect | ion 15: | | | |
| ALL registered UO Handlers must submit their own company. | t an annual report except generators tra | nsporting UO from noncor | ntiguo | us operations within |
| UO transporters transporting off-site over | r public highways only within their own | n company must submit pro | oof of | insurance. |
| UO transporters transporting more than 5 submission as a certified used oil transpo | | • | _ | and certify this |
| The used oil annual report is attached | Evidence of Liability Insurance pur | | | C is attached |
| | | | | |
| 17. Certification: I certify under penalty of law the accordance with a system designed to assure that question submitted is, to the best of my knowledge and belief alse information, including the possibility of fine a | nalified personnel properly gather and east, true, accurate, and complete. I am aw | evaluate the information su vare that there are significa | bmitte | d. The information |
| ☐ I certify as a Used Oil Transporter that I am tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter | ng program in place covering the applic | able used oil rules. Eviden | ce of | |
| Signature of owner, operator, or an authorized representative | Print Name and | Title | Used Oil | Date Signed (mm-dd-yyyy) |
| 250 | Brian Kucharski, Manager of Trar | sportation Compliance | | 1 1 - |
| | Brian Radial Str., Manager of Tra | isportation Compilance | | 01/16/2015 |
| | | | | <u> </u> |
| | | | | |
| If the person that filled in this form is not the Facili Andrea Schultz | • • | lete the information belov qehs@usecology.c | | |
| (Name of person completing this form) | (Phone Number) | (E-mail Address) | J | |

JAN 23 2015

FROME BE PE



Florida Department of Sing To Governor **Environmental Protection**

Jennifer Carroll Lt. Governor

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Herschel T. Vinyard Jr. Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers that are not engaging in transport activities need not complete this form.

EQ Industrial Services, Inc. 17440 College Parkway, Suite 300 Livonia, MI

| | | | · |
|--|--|---|---------------|
| Facility Name | Street Ad | Idress City and | d State |
| (734) 521-8000 | (734) 521-80 | 18 eqisqehs@usecology | y.com |
| Phone | Fax | E-mail | |
| Complete | e all sections and check a | | • |
| 1. Estimated <u>numb</u> Types: | <u>er</u> of LAMPS handled d Fluorescent ⊠ | uring the last calendar year. 5 | 4,000 |
| Types: Thern | Thermostats 🛭 Ele nometers 🖾 M | during the last calendar year ectric Switches/Relays 🛭 anometers 🖾 Other 🔲 during the last calendar year. <u>2</u> | |
| 4. Estimated <u>numb</u> | <u>er</u> of lamps or devices y c lamps (L) or devices (D | ou shipped to a mercury recycling). Give the receiving facility nam | ng facility. |
| 58,750 | LEI | Hammond, LA | (985) 345-435 |
| Number L⊠D⊠ | Facility Name | City/State | Phone |
| Number L D | Facility Name | City/State | Phone |
| Number LDDD ANDREA SC Print Name of Author | HULTZ au | City/State (1/20) | Phone |
| Print Name of Autho | orized Agent Signati | ure or Aumhorized Adent | Jare |

Section 2: For out-of-state transporters and transfer facilities only

| transfer facility for universal waste | lamps and devices in Florida? | • | | | | | |
|---|-------------------------------|---------------|--|--|--|--|--|
| Yes _ ✓ | No | | | | | | |
| 2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc. | | | | | | | |
| Submitted Previously X | Submitted in What | 2012 Year? | | | | | |
| ANDREA SCHULTZ | | 1/20/15 | | | | | |
| Print Name of Authorized Agent | Signature of Authórized Agent | Date | | | | | |

1. Is any environmental agency in your state aware of your activities as a transporter or

Complete, sign and return this checklist along with your registration form 8700-12FL to:

HWRS, MS 4560 Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

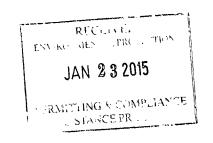
Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.





January 14, 2015

Florida Department of Environmental Protection Division of Waste Management – Mail Station 4560 2600 Blair Stone Road Tallahassee, Florida 32399-2400

RE: EQ Industrial Services, Inc. (MIK 435 642 742)

Registration Renewal - Hazardous Waste and Universal Waste Transporter

Dear Sir or Madam:

Enclosed please find a completed 8700-12FL - Florida Notification of Regulated Waste Activity and a completed Universal Waste Lamp and Device Transporter Information Checklist for EQ Industrial Services, Inc. (EQIS) located at 17440 College Parkway, Suite 300, Livonia, Michigan.

This application is for the annual renewal of EQIS's Transporter of Hazardous Waste and Universal Waste Lamps & Devices registration for the 2015 – 2016 renewal period.

An original copy of DEP FORM 62-730.900(5)(a) was submitted previously with our location change notification (effective 12/8/2014). I have submitted a copy with this letter for your reference.

If you have any questions or need additional information, please contact me or Kim Schmoll at eqisqehs@usecology.com or (734) 521-8104.

Thank you,

Andrea Schultz EHS Coordinator

Enclosures