

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

02/26/2015

Raj Singh Stericycle Specialty Waste Solutions Inc 341 Landstreet Rd # B Orlando, FL 32824-

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 **314 W Landstreet Rd # B, Orlando, FL 32824-7803** has been registered through **March 1, 2016** with the following status:

Facility ID # **FLR000006353**

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 **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

(850) 245-8707



FEB 1 6 2015

PRESENTATING & COMPLIANCE											
EPA ID: F L	R 0 0 0 0	0 0 6 3 5	3 Please	e use f	the instruction	ons d	document to	comp	lele ish	STEARLY.	FUKOCKZW!
1. Reason for Submittal (all submitters must complete pages 1 and 2 and sign page 5.	the correct box: waste, universal waste, used oil activities, or PCW activities). (must choose one ete pages 1 and 2 gn page 5. 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)										
Pages 3 and 4, - complete as applicable)	FL Registration(s)										
2. Facility or Business Name		Stericycle Specialty Waste Solutions, Inc.									
3. Facility Operator	Name of Operator: Stericycle S		Vaste So	luti	ons, In	ıc.	Date becam	Operato	-	05 / 31 mm c	
(List additional Operators in the comments section).	Street or P.O. Box: 314 B Landstr						Phone Number: (800) 762-9162				
section).	City or Town: Orlando				State: Florida	1	Zip Code: 32824			try (if not	t USA):
			deral Muni	icipal	State	□c	County 🗖	Other_F	² ublicly T	raded	
4. Facility Physical	314 B Landstree	Physical Street Address: Uvessel 314 B Landstreet Road									
Location Information (No P.O. Boxes)	City or Town: Orlando						State: Florida		ip Code: 282 4		
Same address as #3 above or:	County: Orange			Co	Country (if not	USA	.).				
5. Facility North Ar Classification Syst	stem (NAICS)		2 1 1	2		B.			<u> </u>		1
Code(s) (at least 5		C				D.		<u> </u>	<u>_ll_</u>	<u>l_</u> _	
6. Facility or Business	Same address as City or Town:	# above or: Sue		C: State:		·/D(ostal Code:		T_Count	try (if not	- 110 A \.
Mailing Address				State	. كنيا				Count	ју (п по-	USA):
7. Facility or Business	First Name: Raj		Last Name: Singh	_			Title: Regiona	al M			
RCRA Contact Person	· · ·	(407) 855-0141				teric	cycle.com		Fax (40		5-0354
☐ Same address as		314 B Landstreet Road									
#above or:	City or Town: Battle Creek	Battle Creek Florida					Zip Code: 32824	_	Соц	antry (if r	not USA):
8. Real Property (FL Land) Owner	Name of Owner: Dr. Robert	t Raker				7	Date became Owner: 03 / 13 / 86 New Owner mm dd yy				
of the Facility's Physical Location	Street or P.O. Box: 424 Riverside Drive						none Number 69) 964-711	er:		111111	dd yy
(List additional owners in the comments section.)	City or Town:				ate: ichigan	7	Zip Code: Country (if not USA): 49015			not USA):	
Same address as	Owner Type: Private Pederal Municipal State County Other										

RCRA Hazardous Waste Status Notification or Out of Business Notification					ion	EPA ID No. FLR000006353				
9. RCRA Ha	zardous \	Waste Act	ivities at this Fac	ility	: (Mark 'X' i	n all tha	t apply):			
(A) (1)General	tor of Hazaı	dous Waste	:		For Items	2 through	7, mark '	X' in all	that apply.	
■Yes □ N	O (Do no	t include Univ	ersal Waste or Used Oil)	(2) Trea	ter, Store	r, or Dispo	ser of H	azardous V	Vaste
a. Larg Gen grea haza	ge Quantity erates in any ter per mont ardous waste	Generator (calendar month (kg/mo) (2 ; or Greater	ving three categories. (LQG): onth 1,000 kilograms (200 lbs.) of non-acusthan 1 kg (2.2 lbs) least once a year)		1	a. O ₁ b. O ₁ c. No	perating Coperating No	may be ommercial on-Comming: Postcl	TSD ercial TSD osure or Co	ermit this activity.
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)				200	Permit or Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility) 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.					_	Person A Waste C Choose EITHER	uthorized Generated this manage a copy of	to Manag at Other ement act your app	ge Conditio Facilities ivity ONLY	nally Exempt ' if you attach such authorization
e. Episod f. United	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 (6) □ Receives Hazardous Waste from Off-Site (7) □ Underground Injection Control						ite			
your facili	ty. List then	n in the order	Regulated Hazar they are presented in list codes routinely or	the re	egulations (e.g.,	D001, D0	03, F007, k	(019, PO	2, U112).	
[/] All D	² All F	irunsporters !	³ All K	⁴ All		⁵ All U	chis or air a	6	page ii iio	7
8	9	,	10	11	<u>'</u>	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.) (I) 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										
☐ (C) Property Tax Default ☐ (D) Petition for Bankruptcy Protection										
12-14 — Reg	istration A	Activities	Contact Informa	tion	(only if this sub	nission is	a registrati	on or reg	istration info	ormation update):
	Contact on page 1 or enter:				Last Name: Mc Caustland Title: Regional ES&H Mana			•		
Contact for:	-	Phone Num	(770) 891-2		Extension:	E-iviail;	TMcC	austla	nd@St	ericycle.com
HW Transpor			^{D. Box:} 5158 As	hle	y Drive					
Universal Wa	ste	City or Tow	^m Covingto	n		State:(C	Country): G	eorgia	Zip Code:	30014

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. F	R000006353					
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. Ph	narmaceuticals					
d. Mercury Containing Devices e. Mercury	y Containing 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						
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any of	one time)					
Pharmaceuticals Acute LQH ≈ more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical was	ste (UPW) accumulated					
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department	ent of Health [DOH])					
Florida Universal Pharmaceutical Waste (UPW) Transporter						
C. Florida Annual Mercury Handler Registration:						
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-C						
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-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices						
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration					
Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required					
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler						
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire hand	Annual Registration +					
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire hand	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) □ First time registering □ Renewal	Annual Registration Required					
Briefly Describe your Universal Waste Activities:	se Drum Top Bulb Crusher(s).					
Pick up and transport Universal waste through transfer station. Load consolidat or compacting activities.	ion but no treatment					
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility purs						

Hazardous Waste and Used Oil Transporter Registrations	EPA ID No. FLR000006353						
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 annua	lly and when this information changes)						
This facility is a registered transporter of hazardous waste.							
This form is: 🔲 Initial Registration 🔲 Renewal 🔲 Notification o	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	•						
This facility is a Hazardous Waste Transfer Facility: (at this loca	tion) Storage Volume ~300 55 gallon						
This form is: 🔲 Initial Registration 🚨 Renewal 🔲 Notification o							
Note: Hazardous Waste transfer facilities must comply with the requirements of F	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 62-730.1 Our mailing (business) address The site (facility)							
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this T	FLRDD06353						
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, o annually register with the Department using this form. All except Florida used oil (UO) \$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 Fi	lter Management (must annually register)						
a. Transporter (off-site) and noncontiguous locations	porter						
— 6. Transfer Lucinity	sfer Facility						
(2) Collection Center (From businesses, no more than 55 gal per shipment)	essor (Annual Report Required) User						
	required under the provisions of Rule 62-710.510,						
(A) Off-Specification Used Oil Rurner	pt at (check one): ling (business) address The site (facility) address						
(5) Used Oil Fuel Marketer On-Spec Off-Spec	ming (business) address						
Please see the top of page 5 for additional items that must be submitted in addition to exempt Used Oil Transporters.	the above registration and fees required for non-						

Transfer Facility and Used Oil Transporter requir	rements and required signature page	EPA ID No. FLR0000	06353
(14 cont.) Hazardous Waste Transfer Faciliti following items are required to be submitted with the subsequent submission [Rule 62-730.171(3), Florida	initial notification for a transfer facility a		
Certification by a responsible corporate offi Section 403.7211(2), Florida St	cer of the transporter that the proposed locatutes (F.S.) [Rule 62-730.171(3)(a)1., F.A		
Evidence of the transporter's financial respo	· · · · =		
A brief general description of the transfer fa	• •		
A copy of the facility closure plan [Rule 62.	· ·	,	
A copy of the contingency and emergency p			
_A map or maps of the transfer facility [Rule			
(15 cont.) Used Oil Transporters: (Exemption	s in 40 CFR 279.40(a)(1-4))		
In addition to the requirements on Page 4 S	ection 15:		
 ALL registered UO Handlers must sub 	omit an annual report except generators tra	insporting UO from noncontigu	ous operations within
their own company.			
•	ver public highways only within their ow		
, , , , ,	n 500 gallons/year must submit proof of in		n and certify this
	porter in section 17 (except those exempted		
The used oil annual report is attached	Evidence of Liability Insurance pu	rsuant to 62-710.600(2)(e)., F.A	A.C. is attached.
17. Certification: I certify under penalty of law	that this document and all attachments we	re prepared under my direction	or supervision in
accordance with a system designed to assure that submitted is, to the best of my knowledge and be false information, including the possibility of fin	t qualified personnel properly gather and e elief, true, accurate, and complete. I am av e and imprisonment for knowing violation	evaluate the information submit ware that there are significant pe as.	ted. The information malties for submitting
I certify as a Used Oil Transporter that I a tation and have an annual and new employee traibility is demonstrated by the Used Oil Transport	ining program in place covering the applic	able used oil rules. Evidence of	f financial responsi-
Signature of owner, operator, or an	Print Name and	Title Used Oil	Date Signed
authorized representative			(mm-dd-yyyy)
11 /aut U	T.J. Mc Cau	stland	02/13/2015
If the person that filled in this form is not the Fac	ility Contact or Operator, please comp	lete the information below:	<u> </u>
T.J. Mc Caustland		Caustland@Stericycle	.com
(Name of person completing this form)	(Phone Number)	(E-mail Address)	



Florida Department of Environmental Protection

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

Jennifer Carroll Lt. Governor

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.

Stericycle Specialty Was	ste Solutions Inc.	314 B W Landst	reet Road	Orlando, Florida	
Facility Name		Street Address		City and Stat	e
(407) 855-0141	(888)	240-4312	tmccaustland	@stericycle.com	
Phone	Fax		E-mail		-
Complete	all sections a	l transfer facilities (i nd check all boxes th	nat apply.	,	
 Estimated <u>number</u> Types: 	<u>er</u> of LAMPS l Fluorescent [nandled during the l	ast calendar y HID 🗹	ear. 119,700	
Types:	<u>er</u> of DEVICES Thermostats nometers	S handled during the Electric Swite Manometers	ches/Relays [$\overline{\mathcal{L}}$	
3. Estimated <u>weigh</u>	t of DEVICES	handled during the	last calendar	year. 500	lb.
4. Estimated <u>numb</u>	er of lamps or lamps (L) or o	devices you shipped devices (D). Give the	d to a mercury	y recycling fac	
119,700	Lamp Environ	mental Industries, Inc.	Independence, Lou	isiana (800) 309-9908	
Number L D	Facility Name	e	City/State		Phone
Number L D	Facility Name	e	City/State		Phone
Number L□D□ T.J. Mc Caustl	Facility Name	- IM 'a	City/State	02/13/2015	Phone
Print Name of Author	rized Agent	Signature of Author	ized Agent	Date	-

Section 2: For <u>out-of-state</u> transporters and transfer facilities <u>only</u>

•	cy in your state aware of your activities as a transporter or waste lamps and devices in Florida?
Yes	No
written verification from that activities as a transporter for a	ne the following in previous years, please enclose some environmental agency that they are aware of your universal waste lamps and devices in Florida and in your in the form of a letter to you or to the Department, a
Submitted Previously	Submitted in What Year?
Print Name of Authorized Agent	Signature of Authorized Agent Date
Complete, sign and return th	is checklist along with your registration form 8700-12FL
	HWRS, MS 4560
	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.