



**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

03/05/2015

Greg Williams
SWS Environmental Inc
901 McClosky Boulevard
Tampa, FL 33605-6717

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 **6900 NW 12th Ave, Fort Lauderdale, FL 33309-1103** has been registered through **March 1, 2016** with the following status:

Facility ID # **FLD099077257**
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

St. Lauderdale

		8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY DEP Waste Management Division—HWSR, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707		Date Received — (for DEP Official Use Only) ENVIRONMENTAL PROTECTION MAR 02 2015 PERMITTING & COMPLIANCE	
EPA ID: FL 0099077257		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) <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) FL Registration(s) <input type="checkbox"/> UW Mercury (see page 3) <input type="checkbox"/> HW Transporter (see page 4) <input type="checkbox"/> Used Oil (see page 4)			
2. Facility or Business Name		<i>Progressive Environmental Services, Inc.</i>			
3. Facility Operator (List additional Operators in the comments section).		Name of Operator: <i>SWS Environmental Services</i>		Date became Operator: ___/___/___ <input type="checkbox"/> New Operator mm dd yy	
		Street or P.O. Box: <i>6900 NW 12th Avenue</i>		Phone Number: <i>954/957-7271</i>	
		City or Town: <i>Fort Lauderdale</i>	State: <i>FL</i>	Zip Code: <i>33069</i>	Country (if not USA):
		Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other			
4. Facility Physical Location Information (No P.O. Boxes) <input checked="" type="checkbox"/> Same address as #3 above or:		Physical Street Address: <input type="checkbox"/> Vessel City or Town: State: Zip Code: County: Country (if not USA):			
5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)		A. <i>562998</i> (required) B. <i>562910</i> C. <i>562112</i> D. _____			
6. Facility or Business Mailing Address		<input type="checkbox"/> Same address as #___ above or: Street or P.O. Box: <i>901 McClosky Blvd.</i> City or Town: <i>Tampa</i> State: <i>FL</i> Zip/Postal Code: <i>33605-6717</i> Country (if not USA):			
7. Facility or Business RCRA Contact Person		First Name: <i>Greg</i> Last Name: <i>Williams</i> Title: <i>Director of Environmental Compliance</i> Phone Number: <i>813/241-0282</i> Extension: E-Mail: <i>greg.williams@swsenvironmental.com</i> Fax: <i>813/241-6765</i> Street or P.O. Box: <input checked="" type="checkbox"/> Same address as #___ above or: City or Town: State: Zip Code: Country (if not USA):			
8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.) <input type="checkbox"/> Same address as #___ above or:		Name of Owner: <i>Amston Investments, Inc.</i> Date became Owner: ___/___/___ <input type="checkbox"/> New Owner mm dd yy Street or P.O. Box: <i>1470 SW 28th Avenue</i> Phone Number: City or Town: <i>Pompano</i> State: <i>FL</i> Zip Code: <i>33069</i> Country (if not USA): Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other			

RCRA Hazardous Waste Status Notification or Out of Business Notification		EPA ID No. <u>FLD099077257</u>																										
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):																												
<p>(A) (1) Generator of Hazardous Waste</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Do not include Universal Waste or Used Oil)</p> <p>If YES, Choose only one of the following three categories.</p> <p><input type="checkbox"/> a. Large Quantity Generator (LQG): 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)</p> <p><input type="checkbox"/> 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)</p> <p><input checked="" type="checkbox"/> 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</p> <p>In addition, indicate other generator activities that apply.</p> <p><input type="checkbox"/> d. Short-Term Generator (one-time, not on-going)</p> <p><input type="checkbox"/> e. Episodic: Not more than one-time per year: __SQG__LQG</p> <p><input type="checkbox"/> f. United States Importer of hazardous waste</p> <p><input type="checkbox"/> g. Mixed Waste (hazardous and radioactive) Generator</p>		<p>For Items 2 through 7, mark 'X' in all that apply.</p> <p>(2) Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.</p> <p><input type="checkbox"/> a. Operating Commercial TSD</p> <p><input type="checkbox"/> b. Operating Non-Commercial TSD</p> <p><input type="checkbox"/> c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSA, etc.)</p> <p>(3) <input type="checkbox"/> Recycler of Hazardous Waste (at your facility) Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling.</p> <p>(4) <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>(5) <input type="checkbox"/> 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.</p> <p>(6) <input type="checkbox"/> Receives Hazardous Waste from Off-Site</p> <p>(7) <input type="checkbox"/> Underground Injection Control</p>																										
<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> <tr> <td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td> </tr> <tr> <td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td> </tr> </table> <p><i>Handwritten in table:</i> 10: <i>N/A</i> 11: <i>Being</i> 12: <i>U-Waste</i> 13: <i>Transporter</i> 18: <i>Registration</i> 19: <i>Contract</i> 20: <i>ON</i></p>				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
1	2	3	4	5	6	7																						
8	9	10	11	12	13	14																						
15	16	17	18	19	20	21																						
<p>11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):</p> <p>(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)</p> <p><input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.</p> <p>(B) Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.)</p> <p><input type="checkbox"/> (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will</p> <p><input type="checkbox"/> (2) Out of Business - Business closed on _____ (date)</p>																												
<input type="checkbox"/> (C) Property Tax Default		<input type="checkbox"/> (D) Petition for Bankruptcy Protection																										
<p>12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 20%; padding: 5px; vertical-align: top;"> <p>Same as Facility RCRA Contact on page 1 or enter:</p> <p>Contact for:</p> <p><input checked="" type="checkbox"/> HW Transporter</p> <p><input checked="" type="checkbox"/> Used Oil Handler</p> <p><input checked="" type="checkbox"/> Universal Waste</p> </td> <td colspan="2" style="padding: 5px;">First Name:</td> <td colspan="2" style="padding: 5px;">Last Name:</td> <td colspan="2" style="padding: 5px;">Title:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Phone Number:</td> <td colspan="2" style="padding: 5px;">Extension:</td> <td colspan="2" style="padding: 5px;">E-Mail:</td> </tr> <tr> <td colspan="6" style="padding: 5px;">Street or P.O. Box:</td> </tr> <tr> <td colspan="3" style="padding: 5px;">City or Town:</td> <td colspan="2" style="padding: 5px;">State:(Country):</td> <td colspan="1" style="padding: 5px;">Zip Code:</td> </tr> </table>				<p>Same as Facility RCRA Contact on page 1 or enter:</p> <p>Contact for:</p> <p><input checked="" type="checkbox"/> HW Transporter</p> <p><input checked="" type="checkbox"/> Used Oil Handler</p> <p><input checked="" type="checkbox"/> Universal Waste</p>	First Name:		Last Name:		Title:		Phone Number:		Extension:		E-Mail:		Street or P.O. Box:						City or Town:			State:(Country):		Zip Code:
<p>Same as Facility RCRA Contact on page 1 or enter:</p> <p>Contact for:</p> <p><input checked="" type="checkbox"/> HW Transporter</p> <p><input checked="" type="checkbox"/> Used Oil Handler</p> <p><input checked="" type="checkbox"/> Universal Waste</p>	First Name:		Last Name:		Title:																							
	Phone Number:		Extension:		E-Mail:																							
	Street or P.O. Box:																											
	City or Town:				State:(Country):		Zip Code:																					

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. <u>FL0099077257</u>
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) <div style="margin-left: 40px;"> Accumulates: <input type="checkbox"/> a. UW/Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps </div> <input type="checkbox"/> 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		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH]) <input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter		
C. Florida 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 <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 <input type="checkbox"/> First time registering <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler		Annual Registration + one-time \$1,000 fee+ More Requirements (contact FDEP)
(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities: <input type="checkbox"/> We use Drum Top/Bulb Crusher(s). <div style="font-size: 1.2em; margin-top: 10px;"><i>universal waste transporter; no Accumulation</i></div>		
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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)]		

Transfer Facility and Used Oil Transporter requirements and required signature page

EPA ID No. FL009907425 7

(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 403.724(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility 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 15:

- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- 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.).

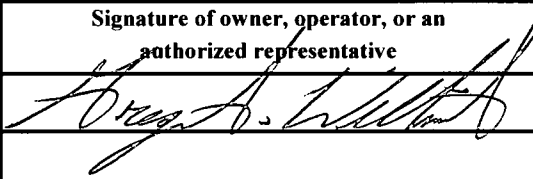
☐ The used oil annual report is attached ☐ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

16. Comments (attach a page if more space is needed):

Doing Universal Waste Transporter Renewal

17. 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 transportation 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 Title	Used Oil	Date Signed (mm-dd-yyyy)
	Greg S. Williams, Director of Environmental Compliance	<input checked="" type="checkbox"/>	02/25/2015
		<input type="checkbox"/>	
		<input type="checkbox"/>	

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

Ft. Lauderdale



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.

SW5 Environmental Services 6900 NW 12th Avenue Ft. Lauderdale, FL 33069
Facility Name Street Address City and State
(954) 957-7271 Phone *greg.williams@sw5environmental.com* E-mail
Fax

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply. *(Fluorescent) 7021 linear feet*
HID → 1304 U-shaped

- Estimated number of LAMPS handled during the last calendar year. _____
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. _____
Types: Thermostats ☐ Electric Switches/Relays ☐
Thermometers ☐ Manometers ☐ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. _____ lb.
- Estimated number of lamps or devices you shipped to a mercury recycling facility.
Check the boxes for lamps (L) or devices (D). Give the receiving facility name, location,
and contact information.

7021 linear feet
1304 U-shaped
HID Number ☒ L ☐ D ☐ Facility Name *EQ of Florida, Tampa, Florida* City/State *(813) 623-5302* Phone

Number ☐ L ☐ D ☐ Facility Name City/State Phone

Number ☐ L ☐ D ☐ Facility Name City/State Phone

Greg S. Williams Print Name of Authorized Agent
Greg S. Williams Signature of Authorized Agent
02/27/2015 Date

"More Protection, Less Process"

www.dep.state.fl.us