



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

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

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANERA
LT. GOVERNOR

JONATHAN P. STEVERSON
SECRETARY

03/13/2015

Robert Potochnik
Univar USA Inc
155 Ellis Rd S
Jacksonville, FL 32254-3546

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 **155 Ellis Rd S, Jacksonville, FL 32254-3546** has been registered through **March 1, 2016** with the following status:

Facility ID # **FL0000596866**

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).

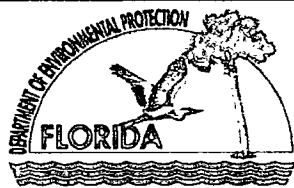
This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 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



8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
(for FDEP Official Use Only)
ENVIRONMENTAL PROTECTION
MAR 09 2015
PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

EPA ID F L O O O O 5 9 6 8 6 6

MTS

1. Reason for
Submittal

Mark 'X' in
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

2. Facility or
Business Name

Univar USA Inc.

FEID No.

9 1 1 3 4 7 9 3 5

3. Facility Operator
(List additional
Operators in the
comments section).

Name of Operator:

Univar USA Inc.

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

155 Ellis Road South

Phone Number:

(904) 693-4815

City or Town:

Jacksonville

State:

FL

Zip Code:

32254-3546

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical
Location
Information

Physical Street Address:

155 Ellis Road South

City or Town:

Jacksonville

State:

FL

Zip Code:

32254-3546

County:

Duval

If available, please attach a map or sketch of the facility boundaries.

Latitude: 3 0 1 9 2 3 . 31N
dd mm ss . ssss

Longitude: 8 1 4 4 3 2 . 92W
dd mm ss . ssss

Method: Interpolation
Datum: Photo

5. Facility North American Industry
Classification System (NAICS)
Code(s)

A.

424690

B.

C.

D.

6. Facility or
Business Mailing
Address

Street Address or P.O. Box:

155 Ellis Road South

City or Town:

Jacksonville

State:

FL

Zip Code:

32254-3546

7. Facility or
Business Contact
Person

First Name:

Robert Potochnik

Last Name:

Hall

Title:

Operations Mgr.

Phone Number:

(904) 693-4815

Extension:

E-Mail:

robertpotochnik@univarusa.com

Street or P.O. Box:

155 Ellis Road South

City or Town:

Jacksonville

State:

FL

Zip Code:

32254-3546

8. Real Property
(Land) Owner
of the Facility's
Physical Location
(List additional
real property owners
in the comments
section.)

Name of Real Property (Land) Owner:

Univar USA Inc.

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box:

3075 Highland Pkwy, Suite 200

Phone Number:

(425) 889-3400

City or Town:

Downers Grove

State:

IL

Zip Code:

60515

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:**

For Items 2 through 7, mark 'X' in all that apply.

(1) Generator of Hazardous Waste

(Choose only one of the following three categories.)

- ☒ 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
- ☐ 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
- ☐ 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.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

(2) Treater, Storer, or Disposer of Hazardous Waste
(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.
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

(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.**(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☒ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**Insurance Company National Union Fire Insurance Co. of PittsburghAddress 175 Water Street, New York, NY 10038Contact Aon Risk Services Telephone (866) 283-7122Policy Number CA 4806890 Expiration date 3/01/2016d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☐ Hazardous Waste Transfer Facility: Storage Volume _____☐ Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [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 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.]
- ☐ Notification of changes in above items
- ☐ Annual update notification

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☒ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☒ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☒ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1000
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1000

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) 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.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☒ a. Transporter
- ☒ b. Transfer Facility

(2) ☐ Collection Center**(3) ☐ Used Oil Processor (A permit is required for this activity.)****(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.


Signature of Authorized Person

Lee Jarrett

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☐ A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
- ☒ The site (facility) address

EPA ID No.

FLO000596866

D. Other State Regulated Waste Activities:☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

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, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1 D001	2 D002	3 D003	4 D005	5 D006	6 D007	7 D008
8 D009	9 D011	10 D035	11 D040	12 F002	13 F003	14 F004
15 F005	16 U080	17 U145	18 U154	19 U228	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

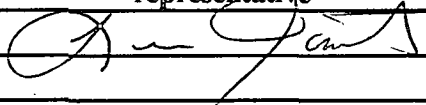
City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. 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. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed
(mm-dd-yyyy)

Lee Jarrett, Regional Regulatory Mgr.

02/26/2015

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

Lee Jarrett

(336) 289-8094

lee.jarrett@univarusa.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

MEMORANDUM OF INSURANCE

DATE OF ISSUE: 02/26/2015

PRODUCER:

Aon Risk Services Central, Inc.
One Liberty Place
1650 Market Street, Suite 1000
Philadelphia, PA 19103 USA
CONTACT: Tyler Muldoon
PHONE: (215) 255-1816

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	National Union Fire Insurance Company of Pittsburgh, PA
COMPANY LETTER	B	New Hampshire Ins Co
COMPANY LETTER	C	Insurance Company of the State of Pennsylvania
COMPANY LETTER	D	Illinois Union Insurance Company
COMPANY LETTER	E	

INSURED:

UNIVAR USA INC
And All Subsidiaries and Affiliates
3075 Highland Parkway Suite 200
Downers Grove, IL 60515 USA

COVERAGES

This memorandum verifies that the following coverages are in force: Commercial General Liability, Automobile Liability, Excess Liability and Workers' Compensation/Employers' Liability.

This memorandum is furnished to you as a matter of information for your convenience. It is not intended to reflect all the terms and conditions or exclusions of such policies. This memorandum is not an insurance policy and does not amend, alter, or extend the coverage afforded by the listed policies. The insurance afforded by the listed policy is subject to all the terms, exclusions and conditions of such policies.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFF. DATE	EXP. DATE	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	General Liability GL 2802979	3/01/15	6/01/16	GENERAL AGGREGATE	\$ 3,000,000
	X COM GEN LIABILITY				PRODUCTS-COMP/OP AGG	\$ 3,000,000
	CLAIMS MADE				PERSONAL & ADV INJURY	\$ 3,000,000
	X OCCUR				EACH OCCURRENCE	\$ 3,000,000
	OWN & CONT PROT				DAMAGE TO RENTED PREMISES (Any One Premise)	\$ 300,000
					MED EXPENSE (Any one person)	\$ Excluded
A	AUTOMOBILE LIABILITY	Commercial Auto – PPTs: CA 4806893 (AOS) CA 4806894 (MA) CA 4806895 (VA) Truckers Liability: CA 4806890 (AOS) CA 4806891 (MA) CA 4806892 (VA)	3/01/15	6/01/16		
	X ANY AUTO				COMBINED SINGLE LIMIT	\$ 5,000,000
	ALL OWNED AUTOS					
	SCHEDULED AUTOS				BODILY INJURY (Per Person)	\$
	HIRED AUTOS				BODILY INJURY (Per Accident)	\$
	NON-OWNED AUTOS				PROPERTY DAMAGE	\$
	GARAGE LIABILITY					
D	EXCESS LIABILITY	Umbrella Liability XCEG27380566002	3/01/15	6/01/16		
	X OCCUR				EACH OCCURRENCE	\$ 4,000,000
	CLAIMS MADE				AGGREGATE	\$ 4,000,000
B B A B B B C	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY	WC 1591220 (AOS) WC 1591221 (FL) WC 1591222 (CA, WA, OH, OR) WC 1591223 (MA, ND, WI, WY) WC 12948466 (IL, KY, NC, NH, UT) WC 12948467 (AK, AZ, GA, VA) WC 12948468 (NJ, PA) WC 029342496 (ME)	3/01/15	3/01/16	WC - STATUTORY LIMITS	\$
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE-POLICY LIMIT	\$ 1,000,000
					E.L. DISEASE-EACH EMPLOYEE	\$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Evidence of Coverage – Note that a \$2,000,000 SIR applies to the General Liability coverage evidenced above.



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
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.

Univar USA Inc.		FLC000596866	
(Facility Name)		(EPA id)	
155 Ellis Road	Jacksonville	FL	32254-3546
(Street Address)	(City)	(State)	(Zip)
(904) 693-4815	lee.jarrett@univarusa.com		
(Phone)	(Fax)	(E-mail)	

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

Complete all sections and check all boxes that apply.

- Estimated number of LAMPS handled during the last calendar year. 2054
Types: Fluorescent ☒ HID ☐
- Estimated number of DEVICES handled during the last calendar year. 0
Types: Thermostats ☐ Electric Switches/Relays ☐
Thermometers ☐ Manometers ☐ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. 0 lb.
- Estimated number of lamps or devices you shipped to each lamp recycling facility. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

Number	L	D	Facility Name	City	State	Phone
2054	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vopak Logistic Services	Fitzgerald	GA	229-423-5428
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

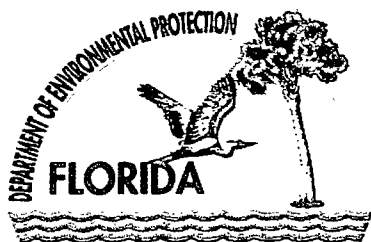
Lee Jarrett

03/04/2015

Print Name of Authorized Agent

Signature of Authorized Agent

Date



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

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

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

Submitted in What Year? _____

Print Name of Authorized Agent

Signature of Authorized Agent

Date

Complete, sign and return this checklist along with your registration form to:

EPA ID Notification Coordinator
Hazardous Waste Regulation Section 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.

TransChkl.doc