

## 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

03/26/2015 Raj Singh, Regional Manager Stericycle Specialty Waste Solutions Inc 314 Landstreet Rd # B Orlando, FL 32824

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Stericycle Specialty Waste Solutions Inc** located at **314 W Landstreet Rd # B, Orlando , FL32824-7803** 

## FLR000006353

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Large Quantity Generator; Universal Waste Batteries, Universal Waste Pesticides, Universal Waste Lamps, Universal Waste Devices, LQH Pharmaceuticals, Importer, Person authorized to accept Conditionally Exempt Waste, Universal Pharmaceutical Transporter.

Your facility is currently registered for the following activities: UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility, UW Lamp SQH, UW Device SQH (reg exp on 03/01/2016); HW Transporter, HW Transfer Facility (reg exp on 06/30/2015); Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2015).

Your facility is currently permitted/active as: No Active Hazardous Waste Treatment, Storage, or Disposal Permit.

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here: <a href="http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm">http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</a>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLR000006353. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us.

Sincerely,

Glen Perrigan Environmental Manager

Robin K. Pandley For

Hazardous Waste Regulation Section

ME ID: 56404, Email Address: rsingh@stericycle.com

## 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

BERNITTING & 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.	if a matification)	must choose one waste, universal waste, used oil activities, or PCW activities).  To provide subsequent notification (to update status and facility identification information).									
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 Specialty Waste Solutions, Inc.						Date becam	Operato	-	05 / 31 mm c	
(List additional Operators in the comments section).	Street or P.O. Box: 314 B Landstr						Phone Num (800) 76		162		
section).	City or Town: Orlando				State: Florida	1	Zip Code: 32824			try (if not	t USA):
		Operator Type: Private Pederal Municipal State County Other Publicly Traded									
4. Facility Physical	Physical Street Address: Uvessel 314 B Landstreet Road										
Location Information (No P.O. Boxes)	City or Town: Orlando						1 1 -			Code: 2824	
Same address as #3 above or:	County: Country (if not US.						.).				
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:	Same address as # above or: Street or P.O. Box:  City or Town:  State: Zip/Postal Code: Country (if not USA):									
Mailing Address				State	. كنيا				Count	ју (п по-	USA):
7. Facility or Business	First Name: Raj		Last Name: Singh	_			Title: Regiona	al M	anag		
RCRA Contact Person	· · ·	(407) 855-0141					E-Mail: RSingh@Stericycle.com				5-0354
☐ Same address as		314 B Lands	street Roa			_					
#above or:	City or Town: Battle Creek	(			tate: Iorida		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	Street or P.O. Box:						Phone Number: 269) 964-7113			
(List additional owners in the comments section.)	City or Town:  Battle Creek	Stat Mi	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):			<del></del>
(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 <sub>1</sub> b. O <sub>1</sub> c. No	perating Coperating No	may be ommercial on-Comming: Postcl	TSD ercial TSD osure or Co	ermit this activity.
Gen 100 lbs.) (2.2	kg/mo but le	calendar moss than 1,000 to hazardous of acute hazardous	SQG): onth greater than l kg/mo (>220 to <2,2 waste and/or 1 kg urdous waste	200	(4) <b>(</b>	Recycler pecify: ote: A pe  Exempt   a. Sr	Commermit is requiposed Boiler and International Quanti	ous Wast ercial ( ired for sto /or Indus	te (at your far Non-Cor orage prior to strial Furna e Burner Ex	nmercial. recycling. ace emption
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.					
e. Episod f. United	dic: Not mor I States Impo	e than one-ti orter of haza	ne, not on-going) me per year:SQG_ dous waste adioactive) Generator		G		Hazardou ound Injec		from Off-S strol	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, <b>k</b>	(019, PO	2, U112).	
<sup>/</sup> All D	<sup>2</sup> All F	irunsporters !	<sup>3</sup> All K	<sup>4</sup> All		<sup>5</sup> All U	chis or air a	6	page II IIIo	7
8	9	,	10	11	<u>'</u>	12		13		14
15	16		17	18		19		20		21
(A) Non-Han (I) B (B) Facility C	dler of Regu usiness no lo	ulated Wast onger genera aplete this se location and	longer handling wast e at This Facility (Some steen of the steen of th	ection stores	s 9, 10 and 12-16, disposes of, or tivities at this fac	5 should botherwise cility have v Form 87	handles are ceased.)	ny regulat	ed waste.	<u>,                                      </u>
(C) Propo	erty Tax De	fault			(D) Peti	tion for I	Bankrupte;	y Protect	ion	
12-14 — Reg	istration A	Activities	Contact Informa	tion	(only if this sub	nission is	a registrati	on or reg	istration info	ormation update):
Same as Facility RCRA Contact on page 1 or enter:				MC Caustland Regional ES&H Manag						
Contact for:	-	Phone Num	(770) 891-2		Extension:	E-iviail;	TMcC	austla	nd@St	ericycle.com
HW Transpor			<sup>D. Box:</sup> 5158 As	hle	y Drive					
Universal Wa	ste	City or Tow	<sup>m</sup> 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  Notification  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	e the information below.						
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handle  First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time							
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 <b>LQH</b> = 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 renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.1 Transfer facilities must submit several additional documents as detailed on page 5 the first changes. Registered transporters and transfer facilities may only begin operations after reconstructions of hazardous waste who transport waste only within the boundaries of the	170(2)(a) is required in addition to this registration. time they register and when the information eiving approval from the Department.						
A. HW Transporter Registration Information (must be completed annual	ly and when this information changes)						
This facility is a registered transporter of hazardous waste.							
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 a	• ,						
■ This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume ~300 55 gallon							
This form is: 🔲 Initial Registration 🚨 Renewal 🔲 Notification of							
Note: Hazardous Waste transfer facilities must comply with the requirements of R	ule 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 To	ransfer Facility: F L R D D D 0 6 3 5 3						
Please see the top of page 5 for additional items that must be submitted in addition Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:	to the above registration for Hazardous Waste						
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, of annually register with the Department using this form. All except Florida used oil (UO) P \$100 registration fee.							
This form is: 🔲 Initial Registration 🔳 Renewal 🚨 Notification o	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 File	ter Management (must annually register)						
a. Transporter (off-site) and noncontiguous locations a. Transporter	porter						
— o. mansier racinty	fer Facility						
(2) Collection Center (From businesses, no more than 55 gal per shipment)	ssor (Annual Report Required) Jser						
	required under the provisions of Rule 62-710.510,						
(A)   Off-Specification Head Oil Rurner	ot at (check one): ing (business) address  The site (facility) address						
(5) Used Oil Fuel Marketer  On-Spec  Off-Spec	ing (business) address — The site (facility) 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	· · · <del>-</del>		
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:		
<ul> <li>ALL registered UO Handlers must sub</li> </ul>	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 nalties 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)	<del></del>