

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 Interim Secretary

07/09/2015 Jason Gross, Operations Mgr Stericycle Specialty Waste Solutions Inc 8505 NW 74th St Miami, FL 33166

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 **8505 NW 74th St, Miami**, **FL33166-2327**

FL0000702985

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 06/30/2016)**; **Used Oil Transporter**, **Used Oil Transfer Facility**, **Used Oil Filter Transporter**, **Used Oil Filter Transfer Facility** (reg exp on 06/30/2016).

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: http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm.

To review the details of your status, visit:

https://fideploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FL0000702985. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us

Sincerely,

Robin K. Pandley For

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 50192, Email Address: jgross@stericycle.com



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

Date Received
(for EDEP Official Use Only)

JUN 1 0 2015

PLOSTITING & COMPLET OF ASSISTANCE PROCESSA

EPA ID: F L	0 0 0 0 7	0 2	9 8	5		Pleas	e us	e the instri	ections	docun	nent to c	ompl	ete th	iis for	rm	
1. Reason for Submittal	Mark 'X' in the correct box: 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 and sign page 5. Pages 3 and 4, - com- plete as applicable)	if a matification)							on (to upda). : pages 1,2,5)
	FL Registration(s)		W Merc							······································	(see pag					(see page 4)
2. Facility or Business Name	Stericycle Specialty Waste Solutions, Inc.															
3. Facility Operator	Name of Operator: Stericycle Specialty Waste Solutions, Inc.									Date became Operator: 05 /31 / 09 New Operator mm dd yy						
(List additional Opera- tors in the comments section).	Street or P.O. Box: 314 B Landstreet Road									1	Phone Number: (800) 762-9162					
	City or Town: State: Orlando Florida							Zip Code: Country (if not USA):								
	Operator Type: Private Pederal Municipal State County Other Publicly Traded															
4. Facility Physical	Physical Street Address: 8505 Northwest 74th Street											Vessel				
Location Information (No P.O. Boxes)	City or Town: Miami								1	State: Zip Code: Florida 33166						
Same address as #3 above or:	Same address as County: Country (if not USA):															
5. Facility North Ar Classification Sys	7 (Α.	<u>5 6</u>	2	11	1	2	(required) B.							
Code(s) (at least 5	• '	C.							D		<u> </u>					
6. Facility or Business	Same address as #4_ above or: Street or P.O. Box:															
Mailing Address	City or Town:					State: Zip/I			Postal Code: Count			ıtry (if	f not (JSA):		
7. Facility or Business RCRA Contact Person Same address as	First Name: Jason		Last Name: Gross					Title: Operations Manager								
	Phone Number: (407) 385-95	Ext	Extension: E-Mail: JGross@Sterio			cycle.com				Fax: (407) 855-0354						
	Street or P.O. Box:															
#4_above or:	City or Town:					\$	State:	Zip Code:		C	Country (if not USA):					
8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional	Alcosta Family Limited Partnership, LTD Date became Owner: 01 /01 /87															
	Street or P.O. Box: 8505 Northwest 74th Street									Phone Number: (305) 788-5450						
owners in the comments section.)	City or Town:							_{tate:} Iorida	1 *			ot USA):				
Same address as # above or:	*Orman Trinar Directa Electoral Municipal Estata Ecounty Without															

RCRA Hazardous	s Waste	Status No	tification or Out of	Busi	ness Notificat	ion	EPA ID No. FL	0000702985							
9. RCRA Haza	rdous \	Waste Act	ivities at this Fac	cility:	(Mark 'X' i	n all tha	t apply):								
(A) (1)Generator	of Hazaı	rdous Waste			For Items	2 through	7, mark 'X' in all	that apply.							
Yes No	(Do no	t include Univ	ersal Waste or Used Oil	l)	(2) Treater, Storer, or Disposer of Hazardous Waste										
	If YES, Choose only one of the following three categories. a. Large Quantity Generator (LQG):						(at your facility) Note: A hazardous waste permit may be required for this activity.								
Generat greater hazardo	tes in any per mont us waste	calendar me h (kg/mo) (2 ; or Greater	onth 1,000 kilograms 2,200 lbs.) of non-acut than 1 kg (2.2 lbs) least once a year)		 a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) 										
 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) 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. 					 (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 										
					(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. Episodic: f. United Sta	Not more ites Impo	e than one-ti orter of hazar	ne, not on-going) me per year:SQG_ dous waste adioactive) Generator		_		Hazardous Waste								
your facility. I	List them	in the order	they are presented in	the re	gulations (e.g., l	0001, D00	3, F007, K019, P01	al hazardous wastes handled at 2, U112). page if more spaces are needed.							
[/] All D	² All F	· · · · · · · · · · · · · · · · · · ·	³ All K	⁴ All		⁵ All U	6	7							
8	9		10	11		12	13	14							
15	16		17	18		19	20	21							
(A) Non-Handler (1) Busin (B) Facility Close	r of Regu ness no lo	plated Waste onger general	longer handling wast e at This Facility (So tes, transports, treats, etion only if all busine moved or moving to	ections stores, ess act	s 9, 10 and 12-16 disposes of, or ivities at this fac	o should b otherwise cility have	e blank.) handles any regulat ceased.)	ed waste.							
(2) Out	of Busine	ess - Busines	s closed on			(da	ate)								
(C) Property Tax Default					(D) Petition for Bankruptcy Protection										
12-14 — Registr	ation A	Activities	Contact Informa	tion	(only if this sub	nission is	a registration or reg	istration information update):							
Same as Facility RCRA Contact on page 1 or enter: First Name: T.J.				Last Name: M		stland	Title: Regional ES&H Manager								
Contact for:		Phone Num	(770) 891-2	i	Extension:	E-Mail:	TMcCaustla	nd@Stericycle.com							
HW Transporter Used Oil Handler			^{D. Box:} 5158 As	shle	y Drive										
Universal Waste		City or Tow	Ti Covinato	n		State:(C	ountry): Georgia	Zip Code: 30014							

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FL000	0702985							
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. Pharmac	euticals:							
d. Mercury Containing Devices e. Mercury Cont	aining 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 one time)								
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UP	W) accumulated							
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of He	ealth [DOH])							
Florida Universal Pharmaceutical Waste (UPW) Transporter								
C. Florida Annual Mercury Handler Registration:								
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								
Annual For hire Transfer Facility of Universal Waste Mercury Containing Lamps or Devices								
Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler Registration 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 handler	Annual Registration + one– time \$1,000 fee+							
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	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: Pick up and transport Universal waste through transfer station. Load consolidation but no treatment or compacting activities.								
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery 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)]								

Hazardous Waste and Used Oil Transporter Registrati	EPA ID No. FL0000702985							
14. HW Transporter Activities: (Mark 'X' and complete all t	hat 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	-	y 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. I	Both commercial and own waste						
4. Transportation Mode Air Rail Highwa	y Water O	ther - specify						
B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)								
This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume								
		changes						
Note: Hazardous Waste transfer facilities must comply with the								
The Transfer Facility records required under the provision	•	,						
	The site (facility) ac	- · · · · · · · · · · · · · · · · · · ·						
Please enter the EPA ID Number of the HW Transporter who carries the	insurance for this Tra	Insfer Facility: F L 0 0 0 7 0 2 9 8 5						
Please see the top of page 5 for additional items that must be su								
Transfer Facilities [Rule 62-730.171(3), Florida Administrative Co		THE ADOVE TEGISHANDE TO ALABAM SOME						
·								
15. Used Oil and Oil Filter Activities: : (Mark 'X' and com	plete all that apply it	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	☐ Notification of	changes						
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 Filte	er Management (must annually register)						
a. Transporter (off-site) and noncontiguous locations	a. Transpo	orter						
b. Transfer Facility	b. Transfe	•						
(2) Collection Center (From businesses, no more than 55 gal per	1	sor (Annual Report Required)						
shipment)	d. End Us	ser						
(3) Used Oil Processor (A permit is required.)		quired under the provisions of Rule 62-710.510, at (check one):						
(4) Off-Specification Used Oil Burner	l ·	ar (check one): ng (business) address The site (facility) address						
(5) Used Oil Fuel Marketer								
Please see the top of page 5 for additional items that must be submexempt Used Oil Transporters.	l nitted in addition to t	he above registration and fees required for non-						

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No. FL00007(02985
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Advisor of the control of the	tial notification for a transfer facility as		
Certification by a responsible corporate officer Section 403.7211(2), Florida Statut	of the transporter that the proposed locales (F.S.) [Rule 62-730.171(3)(a)1., F.A		
Evidence of the transporter's financial responsil		_	
A brief general description of the transfer facili	ty operations [Rule 62-730.171(3)(a)4.,	F.A.C.]	
_A copy of the facility closure plan [Rule 62-730	0.171(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 Secti			
 ALL registered UO Handlers must submit their own company. 	t an annual report except generators tra	nsporting UO from noncontigue	ous operations withi
UO transporters transporting off-site over	public highways only within their own	company must submit proof of	f insurance.
 UO transporters transporting more than 50 submission as a certified used oil transpor 		• • • • • • • • • • • • • • • • • • • •	and certify this
The used oil annual report is attached	■ Evidence of Liability Insurance pur	suant to 62-710.600(2)(e)., F.A	.C. is attached.
06/30/15)			
17. Certification: I certify under penalty of law that accordance with a system designed to assure that quesubmitted is, to the best of my knowledge and belief false information, including the possibility of fine at I certify as a Used Oil Transporter that I am f	alified personnel properly gather and e f, true, accurate, and complete. I am aw nd imprisonment for knowing violation	valuate the information submitt are that there are significant per s.	ed. The information nalties for submitting
tation and have an annual and new employee trainin bility is demonstrated by the Used Oil Transporter C	g program in place covering the applic Certificate of Liability Insurance, DEP	able used oil rules. Evidence of form 62-730.900(5)(a), F.A.C	financial responsi-
Signature of owner, operator, or an authorized representative	Print Name and	Title Used Oil	Date Signed (mm-dd-yyyy)
19M miss	T.J. Mc Caus	stland	05/29/2015
If the person that filled in this form is not the Facilit	y Contact or Operator, please compl	ete the information below:	
T.J. Mc Caustland (7	70) 891-2531 TMc	Caustland@Stericycle.	com
(Name of person completing this form)	(Phone Number)	(E-mail Address)	