

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

07/29/2015 Jim Rakitsky, Vice President Quality Carriers Inc 102 Pickering Way Ste 105 Exton, PA 19341

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 **Quality Carriers Inc** located at **4041 Park Oaks Blvd Suite 200, Tampa , FL33610-9501**

FLR000057414

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Non-Handler of Hazardous Waste.

Your facility is **currently registered** for the following activities: **HW Transporter** (reg exp on 11/30/2016).

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=FLR000057414. 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: 39021, Email Address: JRAKITSKY@Qualitydistribution.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 (for FDEP Official Use Only)

JUL 2 4 2015

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|---|--|--------------------------------|------------------------|------|-------|------------------------------------|--------------|------------------|---------------------------|---------------------------------------|----------|------------------|--------------|-------------|---------------|
| EPA ID: F L | R 0 0 0 5 7 4 1 4 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, - com- plete as applicable) | Mark 'X' in the correct box: (must choose one if a notification) To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). 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) FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4) | | | | | | | | | e pages 1,2,5) | | | | | |
| 2. Facility or Business Name | QUALITY CARRIERS, INC. dba QUALITY CARRIERS | | | | | | | | | | | | | | |
| 3. Facility Operator (List additional Opera- | Name of Operator | ARRIERS | , INC | ე. c | dba (| QUA | LIT) | Y CARRII | ERS | | w Ope | erator | | / 12 m d | |
| (List additional Operators in the comments section). | Street or P.O. Box 4041 PARK | | 3LV | D. | , SU | ITE | 200 |) | | Phone N 813-5 | 69- | 727 ⁻ | | | |
| , | City or Town: TAMPA | | | | | | | State: FL | | Zip Cod 33610 | | | Country | (if not | USA): |
| | Operator Type: | Private | : [] | Fed | eral | □мі | unicip | pal 🗖 Stat | :е Ц | County | Otł | ner | | | |
| 4. Facility Physical | Physical Street Ac | Physical Street Address: | | | | | | | | | | | | | |
| Location Information (No P.O. Boxes) | City or Town: | City or Town: | | | | | | State: Zip Code: | | | | | | | |
| Same address as #3 above or: | County: | Country: Country (if not USA): | | | | | | | | | | | | | |
| 5. Facility North Ar Classification Sys | | у А. | 4 18 | 3 | 4 2 | 2 3 | 3 0 | (required) |) B. | . 4 | β | 4 6 | 2 2 | 0 | |
| Code(s) (at least 5 | , | C. | <u>4 </u> 8 | 3 | 4 1 | 1 2 | 2 1 | | D. | | | | | | |
| 6. Facility or | Same address as #_ above or: Street or P.O. Box: 102 PICKERING WAY, SUITE 105 City or Town: State: Zip/Postal Code: Country (if not USA): | | | | | | | | | | | | | | |
| Business Mailing Address | City or Town: EXTON | | | | | | Р | tate: PA | Zip/F 19 3 | | le: | | Country (| if not | USA): |
| 7. Facility or Business | First Name: JAMES | | Last Name: RAKITSKY | | | (| | Title: VP, El | VP, ENVIRONMENTAL SERVICI | | | | | | |
| RCRA Contact Person | Phone Number: 813-569-7271 | | | | | Extension: E-Mail: jrakitsky@qu | | | | uality | dist | trib | | | 628-6854 m |
| ☐ Same address as | Street or P.O. Box: 102 PICKERING WAY, SUITE 105 | | | | | | | | | | | | | | |
| #above or: | City or Town: EXTON | | | | | | State: PA | | Zip Code 19341 | Zip Code: Country (if not USA): 19341 | | | ot USA): | | |
| 8. Real Property | Name of Owner: Date became Ow | | | | | | | | Owner | er: 12 /09 /11 | | | | | |
| (FL Land) Owner | | | | | | | | dd yy | | | | | | | |
| of the Facility's | | | | | | | | | | | | | | | |
| Physical Location (List additional | 10105 HIGHLAND MANOR DRIVE 813-621-8984 | | | | | | 1_ | | | | | | | | |
| owners in the comments section.) | City or Town: TAMPA | | | | | State: FL | 1 1 | | | ry (if n | ot USA): | | | | |
| Same address as # above or: | Owner Type: Private Pederal Municipal State County Other | | | | | | | | | | | | | | |

| RCRA Hazardous Waste Status Notification or Out of Business Notification | | | | | | EPA ID | No. FLF | R00005 | 7414 | | | |
|---|---|--|--------------------|---|--|---|--|--------------------|--------------------|---------------------------------------|--|--|
| 9. RCRA Hazardous | Waste Act | ivities at this Fac | cility: | (Mark | 'X' in | all that | t apply): | | | | | |
| (A) (1)Generator of Hazardous Waste | | | | For Items 2 through 7, mark 'X' in all that apply. | | | | | | | | |
| Yes No (Do not include Universal Waste or Used Oil) | | | | | (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. | | | | | | | |
| 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) | | | | | | b. Op | Operating Commercial TSD Operating Non-Commercial TSD 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) | | | | Sp No | Recycler of Hazardous Waste (at your facility) pecify: | | | | | | | |
| 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 | | | | (5) | | rurnace Exemption nally Exempt if you attach such authorization FDEP. | | | | | | |
| In addition, indicate other generator activities that apply. d. Short-Term Generator (one-time, not on-going) e. Episodic: Not more than one-time per year:SQGLQG f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator | | | | (6) ☐ Receives Hazardous Waste from Off-Site (7) ☐ Underground Injection Control | | | | | | | | |
| 10. Waste Codes for your facility. List the | m in the order | ~ | the re | gulations (e | e.g., D | 001, D00 | 3, F007, K | .019, P01 | 2, U112). | | | |
| ¹ D001 ² D00 | | ³ D003 | 4 D00 | | | D008 | This or all a | ⁶ D018 | page ii iiioi | ⁷ D021 | | |
| | | | | | ² D038 | | ¹³ D039 | | ¹⁴ D040 | | | |
| | | | ¹⁸ F0 | | | 9F005 | | ²⁰ U037 | | ²¹ U052 | | |
| 11. Other Status Cha | nges (If no | longer handling wast | te or cl | osed, section | ons 9 a | nd 10 sh | ould be bla | | | · · · · · · · · · · · · · · · · · · · | | |
| (B) Facility Closed (Co | longer genera mplete this se s location and | tes, transports, treats, ction only if <u>all</u> busin I moved or moving to | stores, ess act | disposes o | of, or o | therwise lity have Form 87 | handles an | | | fyou will | | |
| (C) Property Tax D | efault | | | (D) | Petit | ion for B | Bankrupte | y Protect | ion | | | |
| 12-14 — Registration | Activities | Contact Informa | tion (| only if this | s subm | ission is | a registrati | on or reg | istration info | ormation update): | | |
| Same as Facility RCRA Contact on page 1 or enter: Phono Numbers | | | Last Name | | E-Mail: | Title: | | | | | | |
| Phone Number: Contact for: HW Transporter Used Oil Handler Universal Waste Street or P.O. Box: City or Town: | | | | EAWISIOH. | | State:(C | ountry): | | Zip Code: | | | |

| Universal Wa | ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR000 | 057414 | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|
| 12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply): | | | | | | | | | | |
| A. Federal 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. Pharmaceuticals | | | | | | | | | |
| | d. Mercury Containing Devices e. Mercury 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 | Jniversal Pharmaceutical Waste (UPW): one-time registration | | | | | | | | | |
| Pharm | accuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) | | | | | | | | | |
| Pharm | aceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW |) accumulated | | | | | | | | |
| Rever | se Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal | th [DOH]) | | | | | | | | |
| ☐ Florid | a Universal Pharmaceutical Waste (UPW) Transporter | | | | | | | | | |
| C. Florida A | nnual Mercury Handler Registration: | | | | | | | | | |
| 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-h | ire Transporter of Universal Waste Mercury-Containing Lamps or Devices | | | | | | | | | |
| For-h | For hire Thoractor Facility of Universal Wests Mercury Containing Lamps or Devices | | | | | | | | | |
| ☐ Merc | ury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler | Registration Required | | | | | | | | |
| ☐ Merc | ury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler | | | | | | | | | |
| ☐ Merc | ury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler | Annual Registration + | | | | | | | | |
| | ury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler | one– time \$1,000 fee+ More Requirements (contact FDEP) | | | | | | | | |
| | Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) rst time registering \square Renewal | Annual Registration Required | | | | | | | | |
| Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s). | | | | | | | | | | |
| 13. Other St | ate Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transpo | rt [62-740 F.A.C.] | | | | | | | | |
| | : A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Ru | | | | | | | | | |

| Hazardous Waste and Used Oil Transporter Registrati | EPA ID No. FLR000057414 | | | | | | | |
|--|---|---|--|--|--|--|--|--|
| 4. 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 | | y and when this information changes) | | | | | | |
| This facility is a registered transporter of hazard | | | | | | | | |
| This form is: Initial Registration Renewal Notification of changes Cancel Registration | | | | | | | | |
| 1. For own waste only 2. For commercial | • | Both commercial and own waste | | | | | | |
| 4. Transportation Mode Air Rail Highwa | y Water O | ther - specify | | | | | | |
| B. HW Transfer Facility Registration Information (r | nust be completed a | nnually and when this information changes) | | | | | | |
| ☐ This facility is a Hazardous Waste Transfer Fa | cility: (at this locatio | on) Storage Volume | | | | | | |
| This form is: 🔲 Initial Registration 🚨 Renewal | ☐ Notification of c | changes 🔲 Cancel Registration | | | | | | |
| Note: Hazardous Waste transfer facilities must comply with th | e requirements of Ru | le 62-730.171, F.A.C., and Rule 62-730.182, F.A.C. | | | | | | |
| The Transfer Facility records required under the provision Our mailing (business) address | ns of Rule 62-730.17 The site (facility) a | · · | | | | | | |
| Please see the top of page 5 for additional items that must be su Transfer Facilities [Rule 62-730.171(3), Florida Administrative C | | o the above registration for Hazardous Waste | | | | | | |
| 15. Used Oil and Oil Filter Activities: : (Mark 'X' and com | plete all that apply if | f you need to register your used oil activities), | | | | | | |
| Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facing annually register with the Department using this form. All except FI \$100 registration fee. This form is: Initial Registration Renewal | orida used oil (UO) Pr | ocessors and collection centers must pay an annual | | | | | | |
| If applicable, a check or money order, in the amount of \$100 | O, payable to Florida D | 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 shipment) | c. Proces | sor (Annual Report Required) ser | | | | | | |
| (3) Used Oil Processor (A permit is required.) | | quired under the provisions of Rule 62-710.510, | | | | | | |
| (4) Off-Specification Used Oil Burner | I - | at (check one): | | | | | | |
| (5) Used Oil Fuel Marketer | Our mailin | ng (business) address | | | | | | |
| Please see the top of page 5 for additional items that must be subsexempt Used Oil Transporters. | l nitted in addition to t | the above registration and fees required for non- | | | | | | |

| Transfer Facility and Used Oil Transporter requirem | 00057414 | | | | | | | |
|---|--|------------------------------|-------------|-----------------|--|--|--|--|
| (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 403.7211(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 facilit | ty operations [Rule 62-730.171(3)(a)4 | , F.A.C.] | | | | | | |
| _ · · | A one i 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 In addition to the requirements on Page 4 Section ALL registered UO Handlers must submit their own company. UO transporters transporting off-site over UO transporters transporting more than 50 | on 15: an annual report except generators tra public highways only within their own | n company must submit pro | oof of i | insurance. | | | | |
| submission as a certified used oil transpor | ter 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 pur | rsuant to 62-710.600(2)(e). | , F.A.0 | C. is attached. | | | | |
| is the owner and operator of the transportation and has no affiliation with BRE/CON FL, LLC. beyond that of tenant lessee. Federally Regulated Hazardous Waste Codes supplemental to those identified at #10: U16, U188, U190, U20, U221, U223, U239. QC will transport various hazardous wastes. The codes listed are typical but not all inclusive. QC provides nationwide transportation service hauling hazardous wastes and used oils for various customers throughout the continental United States. | | | | | | | | |
| 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 | Print Name and | Title | Used Oil | Date Signed | | | | |
| authorized representative | | | | (mm-dd-yyyy) | | | | |
| Jamest Kahatahay | James A. Rakitsky, Vice President, | Environmental Services | | 07-23-2015 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| If the person that filled in this form is not the Facilit | y Contact or Operator, please comp | lete the information below | l v: | | | | | |
| (Name of person completing this form) | (Phone Number) | (E-mail Address) | | | | | | |