

## 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

09/11/2015 Jason Muhlenkamp, Facility Manager Lighting Resources LLC 1007 SW 16th Ln Ocala, FL 34471

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 **Lighting Resources LLC** located at **1007 SW 16th Ln, Ocala , FL 34471** 

## FLR000070565

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Large Quantity Generator; and Destination for, Universal Waste Batteries, Universal Waste Lamps, Universal Waste Devices, Large Quantity Handler.

Your facility is currently registered for the following activities: UW Lamp Transporter, UW Device Transporter, UW Lamp LQH, UW Device LQH (reg exp on 03/01/2016); HW Transporter (reg exp on 11/30/2016).

Your facility is currently permitted/active as: Operating Commercial TSD (exp on 07/06/2017); Mercury Recovery/Reclamation Facility (exp on 07/06/2017).

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:

 $\underline{\text{http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm}.$ 

To review the details of your status, visit:

https://fldeploc.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLR000070565. 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: 40403 , Email Address: <a href="mailto:jason.muhlenkamp@lightingresourcesinc.com">jason.muhlenkamp@lightingresourcesinc.com</a>

## 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 Date Received
(for FDEP Official Use Only)

AUG 272015

(asa) 215 ara									
EPA ID: FL	RODOO	7056	5 Please	use the instructi	ions d	locument to co	mplete	this form PKC	
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).         (must choose one if a notification)       Image: To provide subsequent notification (to update status and facility identification information).         Image: To provide subsequent notification (to update status and facility identification information).         Image: To provide subsequent notification (closing) for the facility. (see instructions—must complete pages 1,2,5)								
(all submitters must complete pages 1 and 2 and sign page 5.									
Pages 3 and 4, - complete as applicable)	FL Registration(s) UW Mercury (see page 3) W HW Transporter (see page 4) Used Oil (see page 4)								
2. Facility or Business Name	Lighting Resources LLC								
3. Facility Operator	Lighting Resources LLC					Date became Operator: <u>/v / 30 / 201</u> 7			
(List additional Operators in the comments section).	Street or P.O. Box:	) 11th 1 am				Phone Number: 352-509-3001			
section).	City or Town: Ocala State: FL					Zip Code: Country (if not USA):			
	Operator Type:								
4. Facility Physical	Physical Street Address: Uvessel								
Location Information (No P.O. Boxes)	City or Town: Oca/a					State: Zip Code: 3447/			
Same address as #3 above or:	Country (if not USA)								
5. Facility North Au Classification Sys	•	A.   <u>5 6</u>	<u> Z     </u>	(required)	B.	15 6	2	1   1   2	
Code(s) (at least 5		c.  _ _	<u> _ _ _</u>	_	D.	<u> _ _</u>		_	
6. Facility or Business	Same address as #_ above or: Street or P.O. Box: 1007 Sw 16th Lane								
Mailing Address	City or Town:	ala		State: Z	•	stal Code: 4471	C	ountry (if not USA):	
7. Facility or Business	First Name: Jaso		Last Name:	entamp		Title: Facili	ity	Manager	
RCRA Contact Person	Phone Number: E-Mail: S52-509-3001 Extension: E-Mail:				enKa	Fax: 352-509-3012			
Same address as #above or:	Street or P.O. Box: 1007 5w 16th Lane								
	City or Town: Ocala			State: FL		Zip Code: Country (if n		Country (if not USA):	
8. Real Property (FL Land) Owner	Name of Owner:  Lighting Resources LLC  Street or P.O. Box: 1919 Williams St.				]	Date became Owner: <u>O</u> <b>8</b> / <u>O</u> 1 / <u>Z</u> <b>0</b> 0)  New Owner mm dd yy			
of the Facility's Physical Location				1350 P		Phone Number: 805-624-3050			
(List additional owners in the com- ments section.)	City or Town:	ri Valley	,w()	State:	1	Zip Code: 9306		Country (if not 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. FLR 000 070 565						
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):										
(A) (1)Generator (	of Hazardous Wast	2	For	tems 2 throug	h 7, mark 'X' in all	that apply.				
🛮 Yes 🚨 No	Yes No (Do not include Universal Waste or Used Oil)				(2) Treater, Storer, or Disposer of Hazardous Waste					
	•	wing three categories.		(at your fac	ility) Note: A hazaro may be	dous waste permit required for this activity.				
Generate greater p hazardo		onth 1,000 kilograms 2,200 lbs.) of non-acu than 1 kg (2.2 lbs)		□ b. O □ c. N	perating Commercia	al TSD nercial TSD losure or Corrective Action				
Generate 100kg/n	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)			(3) Recycler of Hazardous Waste (at your facility)  Specify: Commercial Non-Commercial.  Note: A permit is required for storage prior to recycling.						
(2.2 lbs)				(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.						
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. 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						
your facility. L	ist them in the order	they are presented in	the regulations	(e.g., D001, D0	03, F007, K019, P01	al hazardous wastes handled at 12, U112). I page if more spaces are needed.				
1 D009	<sup>2</sup> Dook	3 D008	4 U151	5	6	7				
_	9	10	11	12	13	14				
15	16	17	18	19	20	21				
11. Other Status	11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):									
(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)  (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.  (B) Facility Closed (Complete this section only if all business activities at this facility have ceased.)  (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will  (2) Out of Business - Business closed on										
☐ (C) Property Tax Default			□ (D	(D) Petition for Bankruptcy Protection						
12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):										
Same as Facility R Contact on page 1 o	r enter:	Jason	Last Nam	Muhlen	Kanf	Title: Facility Manager				
Contact for:	Phone Num	ber: 35 2-509-300	Extension		n.muhlen Kaunde	a lighting resources inc. com				
HW Transporter Used Oil Handler	Street or P.	O. Box: /007	SW 16th			<del></del>				
Universal Waste	City or Tow		· -		Country):	Zip Code: 34471				

Universa	Waste Notification and Mercury Transporter/Handler Registration EPAID No. FLR 06	0 070 565						
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. Pharmaceu	ıticals						
	d. Mercury Containing Devices 🛛 e. Mercury Contain	ning Lamps						
	Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a U  A permit is required for storage prior to recycling.	W.						
B. Flori	da Universal Pharmaceutical Waste (UPW): one-time registration							
☐ PI	narmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)							
D PI	narmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	) accumulated						
□ R	everse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	th [DOH])						
C. Flori	da 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 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								
<b>X</b> F	or-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices							
☐ F	For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices  Annual Registration							
<u> </u>								
<b></b>	Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
M K	Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler one– time							
M N	Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)						
	eury 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:  We use Drum Top Bulb Crusher(s)								
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	ons	EPA ID No. FLR 000 070 565					
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 completed annually 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 Mail Water Other - 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							
This form is: 🔲 Initial Registration 🔲 Renewal 🔲 Notification of changes 🚨 Cancel Registration							
Note: Hazardous Waste transfer facilities must comply with the	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 provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):  Our mailing (business) address  The site (facility) address							
Please enter the EPA ID Number of the HW Transporter who carries th	e insurance for this Tr	ransfer Facility:					
Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:							
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, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.							
This form is: 🔲 Initial Registration 🚨 Renewal 🚨 Notification 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 Filte	Management (must annually register)					
$\square$ a. Transporter (off-site) and noncontiguous locations	a. Transpo						
☐ b. Transfer Facility	☐ b. Transfe	•					
(2) Collection Center (From businesses, <u>no more than 55 gal per shipment)</u>	d. End Us	sor (Annual Report Required)					
(3) Used Oil Processor (A permit is required.)		quired under the provisions of Rule 62-710.510,					
(4) Gff-Specification Used Oil Burner		at (check one):					
(5) Used Oil Fuel Marketer	Our mailir	ng (business) address					
Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.							

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No. FLR	)00 t	70 565		
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Adr	itial notification for a transfer facility a					
Certification by a responsible corporate officer Section 403.7211(2), Florida Statut	of the transporter that the proposed locates (F.S.) [Rule 62-730.171(3)(a)1., F.A		f			
Evidence of the transporter's financial responsib		_				
A brief general description of the transfer facility	ty 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						
ALL registered UO Handlers must submit	an annual report except generators tra	ansporting UO from noncor	ntiguou	is operations within		
their own company.		- company must submit ne	~~fofi			
UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.  HO transporters transporting more than 500 calleng/year must submit proof of insurance appreally, and must sign and cartify this.						
• 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 pur	rsuant to 62-710.600(2)(e).	., F.A.C	C. is attached.		
17. Certification: I certify under penalty of law that accordance with a system designed to assure that qu submitted is, to the best of my knowledge and belief false information, including the possibility of fine ar	alified personnel properly gather and e f, true, accurate, and complete. I am aw	evaluate the information su ware that there are significa	bmitted	d. The information		
☐ I certify as a Used Oil Transporter that I am f 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	cable used oil rules. Eviden	nce of fi A.C			
Signature of owner, operator, or an	Print Name and	Title	Used Oil	Date Signed		
authorized representative			<b> </b>	(mm-dd-yyyy)		
Joson Mullinhand	Jason Muhlenkamp	Facility Manager		8/26/15		
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If the person that filled in this form is not the Facility	y Contact or Operator, please comp	lete the information below	v:			
(Name of person completing this form)	(Phone Number)	(E-mail Address)				