

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

01/26/2016

Craig Baumann Jump Start Inc 459 W State Road 436 Altamonte Springs, FL 32714-4103

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 17195 US Highway 441 Suite 101, Mount Dora, FL 32757-6752 has been registered through March 1, 2017 with the following status:

Facility ID # FLR000197236

Small Quantity Handler Facility for Universal Waste Lamps

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2017** 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

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 FDI	EP-Öff	icia	l Ús	e O	nly)		
EVILLE.							

JAN 1 4 2016

EPA ID: F L	EPA ID: F L R 0 0 0 1 9 7 2 3 6 Please use the instructions document to complete this form								
Reason for Submittal (all submitters must complete pages 1 and 2)	Mark 'X' in the correct box: (must choose one To provide subsequent 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).								
and sign page 5. Pages 3 and 4, - com- plete as applicable)	if a notification 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)								
2. Facility or Business Name	Jump Start, Inc., d/b/a Batteries Plus Bulbs								
3. Facility Operator (List additional Opera-	Name of Operator: Jump Start, Inc. Street or P.O. Box:					Date became Operator:/ New Operator mm dd yy Phone Number:			
tors in the comments section).	459 W. State City or Town: Altamonte Spring			State:		407-788-2458 Zip Code: Country (if not USA): 32714			USA):
	Operator Type:	Private DFe	deral Mun		te 🗆	County Ott	ner		
4. Facility Physical Location	17195 US Hwy. 441, Suite 101							Vessel	
Information (No P.O. Boxes)	City or Town: Mount Dora					State: Zip Code: State: 32757			
Same address as #3 above or:	County: Lake			Country (if	not US	SA): 			
5. Facility North Au Classification Sys	tem (NAICS)	A. 4 5	<u> 19 9 </u>	8 (required) В				
Code(s) (at least 5 6. Facility or	r <u> </u>	Same address as #_3 above or: Street or P.O. Box:							
Business Mailing Address	City or Town:			State:	Zip/t	Postal Code:	ostal Code: Country (if not USA):		
7. Facility or Business	First Name: Craig	n	President						
RCRA Contact Person	Phone Number: 262-893-559	E-Mail: Fax: craig.baumann@live.com							
Same address as # 3 above or:	Street or P.O. Box:	State:	State: Z		Zip Code:		Country (if not USA):		
8. Real Property	Name of Owner:				Date became Owner://				
(FL Land) Owner of the Facility's Physical Location	PWL REI, LLC Street or P.O. Box: 403 Madison Ave. N, Suite 230					New Owner mm dd yy Phone Number:			
(List additional owners in the comments section.)	City or Town: Bainbridge Isla	State: WA		Zip Code: Country (if not USA):			oot USA):		
Same address as # above or:									

RCRA Hazardous Waste Status Notification or Out of Business Notification				EPA ID No. FLR000197236						
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):										
(A) (1)Generator	of Hazar	dous Waste	;		For It	ems 2	through	7, mark 'X' in all	that apply.	
□Yes □ No	(Do no	t include Univ	versal Waste or Used Oil	1)	(2)	Treat	ier, Store	r, or Disposer of H	azardous V	Vaste
_	-	of the follow Generator (wing three categories.			(at your facility) Note: A hazardous waste permit may be required for this activity.				
General greater hazardo	tes in any per monti ous waste;	calendar mo h (kg/mo) (2 ; or Greater t	(LQG): onth 1,000 kilograms 2,200 lbs.) of non-acut than 1 kg (2,2 lbs) least once a year)			Ī	□ b. Op□ c. No	perating Commercian perating Non-Common-Operating: Postci	al TSD nercial TSD losure or Co	•
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			200		 (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 					
(at least once a year) c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less				s	(5)	□ P	b. Sm	nall Quantity On-sit nelting, Melting, and otherized to Mana	d Refining F ge Condition	urnace Exemption
(220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste (2.2 lbs) or less					such authorization					
e. Episodic:	d. Short-Term Generator (one-time, not on-going) e. Episodic: Not more than one-time per year: _SQG_LQG f. United States Importer of hazardous waste (6) Receives Hazardous Waste from Off-Site (7) Underground Injection Control						ite			
your facility. I Hazardou	List them is waste tr	in the order	Regulated Hazard they are presented in ist codes routinely or	the required	gulations (e	e.g., D	0001, D00 se comme	3, F007, K019, P01 ents or an additional	2, U112).	re spaces are needed.
<i>1</i>	2		3	4			5	6		7
8	9		10	11			12	13		14
15	16		17	18			19	20		21
· · · · · · · · · · · · · · · · · · ·			longer handling waste						kip 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) Petition for Bankruptcy Protection										
12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):										
Same as Facility I Contact on page 1	RCKA OF enter:	First Name:			Last Name	ast Name: Title:				
Contact for:	$\overline{}$	Phone Numl	ber:		Extension:		E-Mail:	<u> </u>	<u> </u>	
HW Transporter Used Oil Handler	ŧ	Street or P.C). Box:							
Universal Waste		City or Tow	n:				State:(Co	ountry):	Zip Code:	*

Univers	eal Waste Notification and Mercury Transporter/Handler Registration EPA II	No. FLR000	197236						
12. U	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 Contain	ning Lamps						
	Destination Facility for UW Note: For this activity, a facility must treat, disp A permit is required for storage prior		W.						
B. Flo	rida 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") pharmaceuticals	ıtical waste (UPW) accumulated						
	Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida	Department of Heal	th [DOH])						
	Florida Universal Pharmaceutical Waste (UPW) Transporter								
C. Flori	ida Annual Mercury Handler Registration:								
Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first). If you <u>only</u> 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 <u>for-hire</u> Activities									
	First time registering Renewal One-time \$1,000 fee for Mercury for-hire t								
	For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices		_						
0	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 has	andler	Required						
	Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire hand	ller							
	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+						
٥	Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-	hire handler	More Requirements (contact FDEP)						
(2) M	ercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this acti	vity)	Annual Registration Required						
Briefly De	scribe your Universal Waste Activities:	We use Drum T	op 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 Registration	ons	EPA ID No. FLR000197236				
14. HW Transporter Activities: (Mark 'X' and complete all t	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	y and when this information changes)				
This facility is a registered transporter of hazard	lous waste.	i				
This form is: Initial Registration Renewal	☐ Notification of	changes				
1. For own waste only 2. For commercial	purposes 🔲 3. F	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 Fac	cility: (at this location	on) Storage Volume				
This form is: 🔲 Initial Registration 🔲 Renewal	Notification of c	changes				
Note: Hazardous Waste transfer facilities must comply with the	e requirements of Ru	tle 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.				
The Transfer Facility records required under the provisio	ns of Rule 62-730.17					
Please enter the EPA ID Number of the HW Transporter who carries the	insurance for this Tra	nsfer 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				
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					
☐ b. Transfer Facility	b. Transfe	•				
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End U	sor (Annual Report Required)				
(3) Used Oil Processor (A permit is required.)	1 ' '	equired under the provisions of Rule 62-710.510,				
(4) Gff-Specification Used Oil Burner	· _ `	at (check one): ng (business) address The site (facility) address				
(5) Used Oil Fuel Marketer		ing (Dubinios) auditos — The site (Taring) was a				
Please see the top of page 5 for additional items that must be subnexempt Used Oil Transporters.	ditted in addition to t	the above registration and fees required for non-				

Transfer Facility and Used Oil Transporter requirem	nents and required signature page	EPA ID No. FLR C	000	197236		
(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 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 responsi	, , , ,	_				
A brief general description of the transfer facili						
A copy of the facility closure plan [Rule 62-73		-				
_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	1 40 CFR 279.40(a)(1-4))					
In addition to the requirements on Page 4 Sect						
 ALL registered UO Handlers must submit their own company. 	t an annual report except generators tra	nsporting UO from noncon	tiguo	is operations within		
UO transporters transporting off-site over	public highways only within their own	company must submit pro	of of i	nsurance.		
 UO transporters transporting more than 5 submission as a certified used oil transport 				and certify this		
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.		
17. Certification: I certify under penalty of law tha accordance with a system designed to assure that questions submitted is, to the best of my knowledge and belie false information, including the possibility of fine a	nalified personnel properly gather and e f, true, accurate, and complete. I am aw	evaluate the information sulvare that there are significant	omitte	d. The information		
I certify as a Used Oil Transporter that I am tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter of	ng program in place covering the applic	able used oil rules. Eviden	ce of f			
Signature of owner, operator, or an authorized representative	Print Name and	Title	Used Oil	Date Signed (mm-dd-yyyy)		
10/07	Craig A. Baumann	President		01-09-2016		
400	Craig A. Daumann	i, i resident		01-03-2010		
If the person that filled in this form is not the Facilit	y Contact or Operator, please compl	ete the information below	:			
(Name of person completing this form)	(Phone Number)	(E-mail Address)				