

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

02/15/2016

Gil Horne HEPACO LLC 1612 Hudson St Savannah, GA 31415-

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 **2711 Burch Drive, Charlotte, NC 28269** has been registered through **March 1, 2017** with the following status:

Facility ID # NCD986194306

Transporter of Universal Waste Lamps and Devices

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 Pate Received

E(for FDEPOFICIAL Use Only)

FEB 0 9 2016

PERMITTING & COMPLIANCE

EPA ID: N C	D 9 8 6 1	L 9 4 3 0	6 P	lease use	the instru	ctions	document to co	mplete	e-this-form-		
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, - complete as applicable)	FL Registration(s)						cility. (see instruc porter (see page		-must complete pages 1,2,5) Used Oil (see page 4)		
2. Facility or Business Name					ACO,	•					
3. Facility Operator	Name of Operator: HEPACO,	LLC					Date became (Operato	or: 6 /11 / 1984		
(List additional Operators in the comments section).	Street or P.O. Box: P.O. BOX 263	308			Phone Number: 912-629-9						
Section).	City or Town: CHARLOTTE				State: NC		State: Zip Code: 28269	ountry (if not USA)			
	1 21	■Private □Fed	leral 🔲	Municipa	l 🔲 Stat	e 🔲 (County Oth	er			
4. Facility Physical	Physical Street Address 2711 BURCH D								Vessel		
Location Information (No P.O. Boxes)							NC	I -			
Same address as #3 above or:	County: MECKLENB	URG			Country (if i	not USA	JSA):				
Classification System (NAICS)		A. <u>5 6</u>	2 9	2 9 9 8 (required) B.			5 6	1 1 2			
		c. 5 6 2 2 1 9				D.	23	5 9	9 4		
6. Facility or Business		Same address as #3 above or: Street or P.O. Box:									
Mailing Address	City or Town:			State	e:	Ì	ostal Code:	Co	ountry (if not USA):		
7. Facility or Business	First Name: GIL		Last Name				Title: PROJEC	T MA	NAGER		
RCRA Contact Person	Phone Number 912-629-998		Extension	G	-Mail: SHORNE	E@HE	EPACO.COM		Fax: 912-629-2269		
☐ Same address as	Street or P.O. Box:		ON ST	<u>-</u>							
#_3_above or:	· CAMARIAD I				tate: SA		Zip Code: 31415	Country (if not USA):			
8. Real Property (FL Land) Owner of the Facility's	Name of Owner:	ne of Owner:						Date became Owner:/_/ New Owner mm dd yy			
Physical Location (List additional							Phone Number:				
owners in the comments section.)	City or Town:			Sta	ate:		Zip Code:		Country (if not USA):		
Same address as #_3_ above or:	Owner Type:	Private Feder	ral \square M	lunicipal	State	С	County Other	ř			

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No. NCD986194306							
9. RCRA	Hazardou	s Waste Ac	tivities at this Fa	cility: (N	/ark 'X'	in all tha	t apply):	1				
(A) (1)Ge	nerator of Ha	zardous Wast	e		For Item	s 2 through	7, mark	'X' in all	that apply.			
□Yes	No (Do	not include Uni	versal Waste or Used O	il)	(2) Treater, Storer, or Disposer of Hazardous Waste							
	•	nly one of the following three categories. uantity Generator (LQG):				(at your facility) Note: A hazardous waste permit may be required for this activity.						
	Generates in a greater per mo hazardous was	any calendar month (kg/mo) (ste; or Greater	nonth 1,000 kilograms 2,200 lbs.) of non-acu 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.) 							
Б . 5	100kg/mo but	ny calendar m less than 1,00	onth greater than 0 kg/mo (>220 to <2,	200	(3) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling.							
	lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste (at least once a year)				 (4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption 							
	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) 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							
_		_	· activities that apply	y .	OR the authorization you received from FDEP. (6) Receives Hazardous Waste from Off-Site							
 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 g. Mixed Waste (hazardous and radioactive) Generator 				• •								
your fa	acility. List the	em in the order	Regulated Hazar they are presented in list codes routinely or	the regulati	ons (e.g.,	D001, D00	3, F007, I	۲019, P01	.2, U112).			
¹ D001-D0		1-F039	³ K001-K172	⁴ P001-P		⁵ U001-L		6	page ii iiioi	7		
8	9	11000	10	11		12		13		14		
15	16		17	18		19		20		21		
11. Other	r Status Cha	anges (If no	longer handling was	te or closed,	sections !	9 and 10 sh	ould be bl	ank and sl	kip Section	12-16):		
(A) Non-	Handler of Re	gulated Wast	e at This Facility (S	ections 9, 10	and 12-	16 should b	e blank.)					
	1) Business no	longer genera	tes, transports, treats,	stores, disp	oses of, o	r otherwise	handles a	ny regulat	ed waste.			
(B) Facil	ity Closed (Co	omplete this se	ction only if all busin	ess activitie	s at this fa	acility have	ceased.)					
- (1) Closed at th	is location and	I moved or moving to	another - Si	abmit a ne	ew Form 87	00-12FL 1	for the ne	w location if	'you will		
	(2) Out of Busi	ness - Busines	ss closed on			(da	ite)					
(C) Property Tax Default				☐ (D) Petition for Bankruptcy Protection								
12-14 — I	Registration	Activities	Contact Informa	tion (only	if this sul	omission is	a registrat	ion or reg	istration info	ormation update):		
	Facility RCRA n page 1 or enter	First Name	PATRICIA	Last	Last Name: TUBBY Title: LICENSING CO				ISING COORDINATOR			
Contact for:	r-0- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Phone Num	^{tber:} 704-598-97	782 Exten	nsion:	E-Mail:	PTUE	BBY@	DHEP/	ACO.COM		
HW Tra	nsporter l Handler	Street or P.	O. Box: P.O. BC	X 263	28	•						
Universa		City or Tov				State:(C	ountry):	VC	Zip Code:	28221		

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. NCD9	86194306						
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 A permit is required for storage prior to recycling.	UW.						
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	e)						
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])						
C. Florida 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 First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registering Renewal							
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 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 TRANSPORTER 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 Registrat	EPA ID No. NCD986194306							
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 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	e completed annually	and when this information changes)						
This facility is a registered transporter of hazard	dous waste.							
This form is: 🔲 Initial Registration 🗎 Renewal 📮 Notification of changes 🚨 Cancel Registration								
☐ 1. For own waste only ☐ 2. For commercial	purposes 3. E	Both commercial and own waste						
4. Transportation Mode 🚨 Air 🚨 Rail 🖨 Highwa	ay 🗆 Water 🗀 O	ther - specify						
B. HW Transfer Facility Registration Information (n This facility is a Hazardous Waste Transfer Fa This form is: Initial Registration Renewal	cility: (at this location	on) Storage Volume						
Ü								
Note: Hazardous Waste transfer facilities must comply with the	•							
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 the	ne insurance for this Tr	ansfer Facility:						
Please see the top of page 5 for additional items that must be Transfer Facilities [Rule 62-730.171(3), Florida Administrativ		on to the above registration for Hazardous Waste						
15. Used Oil and Oil Filter Activities: : (Mark 'X' and com	plete all that apply if	you need to register your used oil activities),						
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer faci annually register with the Department using this form. All except Fle \$100 registration fee. This form is: Initial Registration Renewal	orida used oil (UO) Pro	ocessors and collection centers must pay an annual						
If applicable, a check or money order, in the amount of \$100	0, payable to Florida D	epartment of Environmental Protection is enclosed.						
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	r Management (must annually register)						
■ a. Transporter (off-site) and noncontiguous locations	a. Transpo	orter						
☐ b. Transfer Facility	□ b. Transfe	-						
(2) Collection Center (From businesses, <u>no more than</u> 55 gal per shipment)	d. End Us	sor (Annual Report Required) ser						
(3) Used Oil Processor (A permit is required.)	(7) The records rec	quired under the provisions of Rule 62-710.510,						
(4) Gff-Specification Used Oil Burner	FAC, are kept	at (check one):						
(5) Used Oil Fuel Marketer	Our mailir	g (business) address						
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. NCD98	3619	94306						
(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 responsil		_								
A brief general description of the transfer facili										
A one general description of the transfer facility closure plan [Rule 62-730]		,1 .1								
_ :: : : : : : : : : : : : : : : : : :	_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 15.										
ALL registered UO Handlers must submit		nsporting UO from noncor	itiguoi	us operations w	/ithin					
their own company.	public highways only within their our	o company must submit pro	ofofi	incurance						
 UO transporters transporting off-site over public highways only within their own company must submit proof of insurance. 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 transpor			-	and contry tims	,					
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.						
16. Comments (attach a page if more space is need HEPACO, INC- FLR00009240336600. TRANSPORTER ID NCD986194306 HEPACO, INC. IS NOW HEPACO, LL	C.									
FEDERAL WASTE CODES EXPLAINA	THORE WE ARE AN EME	NOLINOT SITILL IN	(LOI	ONGL						
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 authorized representative				Date Signe (mm-dd-yy						
flight.	RONALD HOR	TON, JR	<u> </u>	212/11						
7 7 7					-					
If the person that filled in this form is not the Facilit	v Contact or Operator, please compl	lete the information below	 v:							
		BBY@HEPACO.CO								
(Name of person completing this form)	(Phone Number)	(E-mail Address)								