

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

02/26/2016

Kyle Lapic Triumvirate Environmental Florida Inc 3670 SW 47th Avenue Davie, FL 33314-

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 **3670 SW 47th Ave #109, Davie, FL 33314** has been registered through **March 1, 2017** with the following status:

Facility ID # **FLD981018773**

Transporter of Universal Waste Lamps and Devices Transfer Facility for Universal Waste Lamps Transfer Facility for Universal Waste Devices Small Quantity Handler Facility for Universal Waste Lamps and Devices

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices at any one time)

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	R ID	12FL - FLOR REGULATEI DEP Waste Manager 2600 Blair Stone F	D WASTE ement Division- Rd. Tallahassed	E ACTIVITY 1–HWRS, MS456	Y 60	(for E		eived EIVED al Hast Peulyon 6 2016	
		(85	50) 245-8707		I	P	ERMITTING	& COMPLIANCE	
EPA ID: F L	D 9 8 1 0	1 8 7 7	3 Please	se use the instructi	ions document to		THE REPORT AND	E-DRCH-KAIN	
1. Reason for		To provide init				nazardous			
Submittal (all submitters must		the correct box: waste, universal waste, used oil activities, or PCW activities). To provide subsequent partification (to undet status and facility identification information)							
complete pages 1 and 2 and sign page 5.	 (must choose one To provide subsequent notification (to update status and facility identification information). if a notification To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) 								
Pages 3 and 4, - com- plete as applicable)	FL Registration(s)	To provide the linal notification (closing) for the facility. (see instructions—must complete pages 1,2,5)							
2. Facility or	Tri	umvirate							
Business Name 3. Facility	Name of Operator:				`		ator: $\frac{08}{12}$		
Operator	Triumvirate	Environme	ntal (Flo	rida), Inc.					
(List additional Opera- tors in the comments section).	Street or P.O. Box: 3701 SW 47	7th Ave Sui	ite 109		Phone Nun 954-58	33-37			
	City or Town: Davie			State: FL	Zip Code: 33314		Country (if not	USA):	
	Operator Type:	Private Fed	ieral 🗖 Mun	nicipal DState		Other			
4. Facility	Physical Street Addr				<u></u>			Vessel	
Physical Location	3670 SW 47th City or Town:	Ave			State:	Zip	Code:		
Information (No P.O. Boxes)	Davie				FL	-	314		
Same address as #3 above or:	County: Broward			Country (if no	it USA):				
5. Facility North Ar		A. 56	<u> 2 1 1</u>	(required)	В.		_ _		
Classification Sys Code(s) (at least 5	, .	 C.		 	D.	<u> </u>	 		
6. Facility or	Same address as		eet or P.O. Bo	ı x:	<u> </u>		<u></u>		
Business Mailing Address	City or Town:			State: Z	Zip/Postal Code:	(Country (if not	USA):	
7. Facility or	First Name:		Last Name:		Title:	<u> </u>			
Business			Lapic	E-Mail:	EHS & Tra	insporta	·	ance Specialist	
RCRA Contact Person	Phone Number: 954-583-3795Extension: 104E-Mail: klapic@triumvirate.comFax: 954-583-8017					8017			
!	Street or P.O. Box:								
Same address as # <u>3</u> above or:	City or Town:	<u>.</u> _		State:	Zip Code:		Country (if r	not USA):	
8. Real Property	Name of Owner:			•••	Date becam	ne Owner	r: <u>08 /12 /</u>	2011	
(FL Land) Owner of the Facility's		Environme	antal (⊢io	rida), Inc		w Owner	r mm	dd yy	
Physical Location (List additional	Street or P.O. Box:				Phone Numbe	er:			
owners in the com- ments section.)	City or Town:			State:	Zip Code:		Country (if r	iot USA):	
Same address as # <u>4</u> above or:	Owner Type:	Private Feder	ral Munic	cipal State		ther			

	RA Haz	ardous	Waste	Status No	tification or Out of	Busin	ess Notificat	ion	EPA ID	^{No.} FLI	D98101	18773
9. I	RCRA	Hazar	dous V	Vaste Act	ivities at this Fac	cility:	(Mark 'X'	in all tha				
(A)	(1)Gen	erator (of Hazar	dous Waste			For Items	2 through	7, mark '	X' in all	that apply.	
	Yes 🛛) No	(Do not	t include Univ	versal Waste or Used Oil	l)	(2) Trea	iter, Store	r, or Disp	oser of H	azardous W	aste
If			•	of the follov Generator (ving three categories.		(a	t your faci	lity) Note:		lous waste p required for	ermit this activity.
_		Generat	es in any	calendar mo	onth 1,000 kilograms			a. Op	perating Co	ommercial	I TSD	
					,200 lbs.) of non-acut than 1 kg (2.2 lbs)	te			-		ercial TSD	
					least once a year)				on-Operation rmit or Ore			rrective Action
] b. Sı	mall Qı	uantity (Generator (S	SQG):		(3)				e (at your fa	cility)
	(Generat	es in any	calendar mo	onth greater than) kg/mo (>220 to <2,2	າດດ					Non-Con	
	1	lbs.) of 1	non-acute	e hazardous	waste and/or 1 kg	200	_	-	-		rage prior to	
) or less c once a y	of acute haza ear)	rdous waste		(4) 🖵	-			trial Furna e Burner Exe	
	_		-					_				urnace Exemption
				xempt SQG	(CESQG): onth 100 kg/mo or less	10					· ·	
	((220 lbs	.) of non-	-acute hazar	dous waste and 1 kg	is is	(5)		ithorized enerated :			nally Exempt
	((2.2 lbs)) or less o	of acute haza	rdous waste			Choose t	his manage	ement act	ivity ONLY	if you attach
Ir	1 additio	n, indic	ate othe	r generator	activities that apply	/ .					ication for s eived from 1	such authorization FDEP.
	_			-	ne, not on-going)		(6)			•	from Off-Si	
	e. Ep	isodic:	Not more	e than one-ti	me per year:SQG_	_LQG						
	_		•	rter of hazar			(7)	Undergro	ound Injec	tion Con	trol	
	g. Mi	ixed Wa	iste (haza	irdous and ra	adioactive) Generator							
10.				-	Regulated Hazard							wastes handled at
	•											e spaces are needed.
	Ha	azardou	s waste ti	ansporters 1		usually						
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						1	04			⁶ D007 ¹³ F004		⁷ D008 ¹⁴ P001
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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date April 23,2013 Page 2 of 5

Universal Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD98	1018773			
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :					
A. Federal Notification	Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,00</u> of any combination of UW accumulated (at any one time)	0 lb) or more			
	Accumulates: 🗈 a. UW Batteries 🖪 b. Pesticides 🔳 c. Pharmace	uticals			
	🔲 d. Mercury Containing Devices 🛛 🔳 e. Mercury Conta	ining 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.	JW.			
B. Florida U	niversal Pharmaceutical Waste (UPW): one-time registration				
D Pharma	ceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time))			
D Pharma	ceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPV	V) accumulated			
C Revers	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Hea	lth [DOH])			
C. Florida A	nnual Mercury Handler Registration:				
Devices opera form [Chapter of Mercury-Co	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 <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.				
	is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-				
For-hi	e Transporter of Universal Waste Mercury-Containing Lamps or Devices				
For-hi	e Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration			
Mercu	ry-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required			
Mercu	ry-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler				
	ry-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+ More Requirements			
Mercu	ry-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	(contact FDEP)			
	Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) st time registering Q Renewal	Annual Registration Required			
Briefly Describe yo	ur Universal Waste Activities:	fop Bulb Crusher(s).			
	te Regulated Waste Activities: Petroleum Contact Water (PCW) 🖵 Recovery 🖬 Transp				
	A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to R	-			

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date April 23,2013 Page 3 of 5

Hazardous Waste and Used Oil Transporter Registration	ons and a star	EPA ID No. FLD981018773			
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 Was renew their registration. Evidence of casualty/liability insurance Transfer facilities must submit several additional documents as detaile changes. Registered transporters and transfer facilities may only begir Generators of hazardous waste who transport waste only within t	pursuant to 62-730.1 ed on page 5 the first to operations after rece	70(2)(a) is required in addition to this registration. time they register and when the information iving approval from the Department.			
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.				
This form is: 🔲 Initial Registration 🛛 🖬 Renewal					
I. For own waste onlyI. For commercial	purposes 🖬 3. 1	Both commercial and own waste			
4. Transportation Mode 🗖 Air 🗖 Rail 🖬 Highwa	y 🛛 Water 🗋 O	ther - specify			
B. HW Transfer Facility Registration Information (n This facility is a Hazardous Waste Transfer Fac This form is: Initial Registration Renewal	cility: (at this location	on) Storage Volume 300 DRUMS			
Note: Hazardous Waste transfer facilities must comply with the	-				
The Transfer Facility records required under the provis Our mailing (business) address	The site (facility				
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer 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	f you need to register your used oil activitics),			
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer faciling annually register with the Department using this form. All except Flow \$100 registration fee. This form is: I 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), 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. Transp	orter			
b. Transfer Facility	b. Transf	•			
 (2) Collection Center (From businesses, <u>no more than 55 gal per shipment</u>) 	d. End U	ssor (Annual Report Required) (ser			
(3) Used Oil Processor (A permit is required.)	(7) The records re	equired under the provisions of Rule 62-710.510,			
(4) D Off-Specification Used Oil Burner	_	t at (check one):			
(5) Used Oil Fuel Marketer 🖬 On-Spec 🖬 Off-Spec	🔲 Our maili	ng (business) address The site (facility) address			
Please see the top of page 5 for additional items that must be subn exempt Used Oil Transporters.	nitted in addition to t	the above registration and fees required for non-			

Transfer Facility and Used Oil Transporter requirements and required signature page	EPA ID No. FI D981018773
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(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 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 40 CFR 279.40(a)(1-4))

In addition to the requirements on Page 4 Section 15:

- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- 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 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 pursuant to 62-710.600(2)(e)., F.A.C. is attached.

16. Comments (attach a page if more space is needed):

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	Prin	t Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
John X X	JOHN LENNON	, GENERAL MANAGER		05-08-5016
		······································		
If the person that filled in this form is not the Fa	cility Contact or Operator,	please complete the information belo	ow:	
KYLE LAPIC	954-583-3795	KLAPIC@TRIUMVIR	ATE.	СОМ
(Name of person completing this form)	(Phone Number)	(E-mail Address)		

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date April 23,2013 Page 5 of 5



Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Rick Scott Governor

Jennifer Carroll Lt. Governor

Herschel T. Vinyard Jr. Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers that are not engaging in transport activities need not complete this form.

Triumvirate Environmental (F	Florida), Inc. 3670 SW 47t	h Ave Davie, FL
Facility Name	Street Address	City and State
954-583-3795	954-583-8017	klapic@triumvirate.com
Phone	Fax	E-mail

Section 1: For <u>all</u> transporters and transfer facilities (in-state and out-of-state). Complete all sections and check all boxes that apply.

- 1. Estimated number of LAMPS handled during the last calendar year.__68,763

 Types:
 Fluorescent ☑

 HID ☑
- Estimated <u>number</u> of DEVICES handled during the last calendar year. ______
 Types: Thermostats □ Electric Switches/Relays □
 Thermometers □ Manometers □ Other □
- 3. Estimated weight of DEVICES handled during the last calendar year. _____ lb.

4. Estimated <u>number</u> of lamps or devices you shipped to a mercury recycling facility. Check the boxes for lamps (L) or devices (D). Give the receiving facility name, location, and contact information.

68,763	AERC Recycling Solutions	West Melbourne, FL (321) 952-1516	_
Number L D	Facility Name	City/State	Phone
Number LOD	Facility Name	City/State	 Phone
Number LOD	Tacility Name	City/State	_ Phone 16
Print Name of Auth	orized Agent Signature of Author		<u>10</u>

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Section 2: For <u>out-of-state</u> transporters and transfer facilities <u>only</u>

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

NA

Yes _____ No ____

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously _ Submitted in What Year? _____ 2-8-16 Print Name of Authorized Agent Signature of Authorized Agent Date

Complete, sign and return this checklist along with your registration form 8700-12FL to:

HWRS, MS 4560 Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at <u>laurie.tenace@dep.state.fl.us</u>.

Thank you for your cooperation in providing this information.