

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

06/16/2016

James Quinn JQ Recycling 548 Douglas Ave Altamonte Springs, FL 32714-2508

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 **548 Douglas Ave**, **Altamonte Springs**, **FL 32714-2508** has been registered through **March 1**, **2017** with the following status:

Facility ID # FLR000219154

Transporter of Universal Waste Lamps and 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



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) JUN 1 4 2016

Date Received

77 ASSISTANCE PROGRAM

EL D000040454			1 170	Places use the instructions document to account this Com-							
EPA ID: FLRO					Please use the instructions document to complete this form						
1. Reason for Submittal	Mark 'X' in 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.	(must choose one To provide subsequent notification (to update status and facility identification information).										
Pages 3 and 4, - com- plete as applicable)	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)										
(copy)							Cocci On (see page 1)				
2. Facility or Business Name	Legal Name:JQ Industries DBA:JQ Recycling						lecycling				
3. Facility	Name of Operator:					Date became C)perat	tor: 06 /01 / 2016			
Operator	Jimmy Qui	nn									
(List additional Opera- tors in the comments section).	Street or P.O. Box: 548 Douglas Ave.						Phone Number: 407-509-3880				
,	City or Town: Altamonte Spring	js .			State: FL		Zip Code: 32714		Country (if not USA): Seminole		
	Operator Type:	Operator Type:									
4. Facility Physical	Physical Street Address:										
Location Information (No P.O. Boxes)	City or Town:					State: Zip Code:					
Same address as #3 above or:		Country (if not USA):									
5. Facility North Au Classification Sys		A. 5 6 2 9	6 0		(required)) B.		L			
Code(s) (at least 5		c				D.					
6. Facility or	Same address as # above or: Street or P.O. Box:										
Business Mailing Address	City or Town:			Sta	ate:	Zip/P	Postal Code:	C	ountry (if not USA):		
7. Facility or	First Name:				Title: President		<u> </u>				
Business	Jimmy Quin						<u> </u>				
RCRA Contact Person	Phone Number: 407-509-3880 Extension			: E-Mail: jimmy@jqrecy					Fax: 800-216-6310		
- ·	Street or P.O. Box:										
Same address as #_3_above or:	City or Town:			State:			Zip Code:		Country (if not USA):		
8. Real Property	Name of Owner:					Date became Owner: 01 /01 / 1971					
(FL Land) Owner of the Facility's	Overland Realty Corp.					New Owner mm dd yy					
Physical Location (List additional							Phone Number: 407-788-1111				
owners in the com- ments section.)	City or Town: State:					Zip Code: Country (if not USA):					
Same address as	Altamonte Springs FL 32714										
# above or:	Owner Type: 🗖 Private 🔲 Federal 🔲 Municipal 🔲 State 🔲 County 🗖 Other										

ſ	RCRA Hazardous Waste Status Notification or Out of Business Notification				EPA ID N	No.			
9.	9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):								
7	(A) (1)Generator of Hazai	dous Waste		For Items 2	through	7, mark '>	(' in all t	hat apply.	
	☐Yes ☐ No (Do no	t include Universal Waste or U	sed Oil)	(2) Treat	er, Store	r, or Dispo	ser of H	azardous W	aste
	_	Choose only one of the following three categories. (at your facility) Note: A hazardous waste permit may be required for this activity.							
a. Large Quantity Generator (LQG): 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) a. Operating Commerc b. Operating Non-Com c. Non-Operating: Post Permit or Order (HS)					mmercial n-Comm g: Postcl	TSD ercial TSD osure or Cor	·		
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. (4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption					
l	(at least offee a j	,011)			_	-	•		urnace 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 (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 authorizatio					if you attach uch authorization			
ł	_	er generator activities that		∞ □ :			-	ceived from	
l	<u></u> .	rator (one-time, not on-goin		, ,	Receives	Hazardous	waste i	from Off-Si	te
l		e than one-time per year: orter of hazardous waste	_5QGLQ	(7)	Undergr	ound Injec	tion Con	trol	
		ardous and radioactive) Ger	nerator		_	-			
1	10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.								
7		3	4		5		6	F-8	7
8	9	10	11		12		13		14
7	5 16	17	18		19		20		21
1	1. Other Status Chai	iges (If no longer handlin	ig waste or c	losed, sections 9	and 10 sh	ould be bla	nk and sl	cip Section 1	2-16):
r		ulated Waste at This Facil			-				
	 (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									
1	12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):								
Same as Facility RCRA First Name:		<u></u>	Last Name:		Title:				
-	Contact on page 1 or enter:	Phone Number:		Extension:	E-Mail:			·	
ָ ֪֖֖֖֖	Contact for: HW Transporter	Street or P.O. Box:		I					
Used Oil Handler Universal Waste City or Town:					State:(Country):		Zip Code:		

Universal W	aste Notification and Mercury Transporter/Handler Registration EPA ID No.							
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):								
A. Federal Notification	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. Pharmace	uticals						
	d. Mercury Containing Devices e. Mercury Contain	ining 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	Universal Pharmaceutical Waste (UPW): one-time registration							
Pharm	acceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time))						
☐ Pharn	naceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	V) accumulated						
☐ Revei	se Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Hea	ith [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-hire Activities First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached								
For-l	aire Transporter of Universal Waste Mercury-Containing Lamps or Devices	·						
☐ For-l	nire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration						
☐ Mero	eury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required						
☐ Mero	cury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
☐ Merc	cury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +						
Merc	eury-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 <u>hazardous waste permit</u> is required for this activity) irst time registering Renewal	Annual Registration Required						
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s). We are an electronic recycling company that picks up computers, laptops, printers and other types of electronics from Schools, Governments, Businesses and try to refurbish and resell them. Material that are deemed scrap will be recycled accordingly.								
	ate Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transper A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to R	= =						

Hazardous Waste and Used Oil Transporter Registration	ons	EPA ID No.					
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 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	1. For own waste only 2. For commercial purposes 3. Both commercial and own waste						
4. Transportation Mode Air Rail							
B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)							
☐ This facility is a Hazardous Waste Transfer Fa	☐ This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume						
This form is: 🚨 Initial Registration 🚨 Renewal 🕻	This form is: Initial Registration Renewal Notification of changes Cancel Registration						
Note: Hazardous Waste transfer facilities must comply with the	e requirements of Ru	ile 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 the	ne insurance for this T	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 com	plete all that apply i	f 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 I	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						
☐ b. Transfer Facility		er Facility					
(2) Collection Center (From businesses, no more than 55 gal per shipment)	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) Gff-Specification Used Oil Burner		at (check one):					
(5) Used Oil Fuel Marketer	Our maili	ng (business) address					
Please see the top of page 5 for additional items that must be subn exempt Used Oil Transporters.	nitted in addition to	the above registration and fees required for non-					

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No.				
(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						
	tes (F.S.) [Rule 62-730.171(3)(a)1., F.A					
Evidence of the transporter's financial responsil						
_A brief general description of the transfer facili		F.A.C.]				
_A copy of the facility closure plan [Rule 62-730						
_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 Secti ALL registered UO Handlers must submit		nsporting LIO from noncor	ntimo	us operations within		
their own company.	an amoun report except generators tru	asporting 00 from honcor	iiiguo	us operations within		
UO transporters transporting off-site over	public highways only within their owr	company must submit pro	of of	insurance.		
 UO transporters transporting more than 50 	-	•	_	and certify this		
submission as a certified used oil transpor	ter in section 17 (except those exempted I	by Rule 62-710.600(1), F.A.C	.):.			
The used oil annual report is attached	Evidence of Liability Insurance pur	suant to 62-710.600(2)(e).	, F.A.	C. is attached.		
17. Certification: I certify under penalty of law tha accordance with a system designed to assure that quesubmitted is, to the best of my knowledge and belie false information, including the possibility of fine at a large tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter (nalified personnel properly gather and e f, true, accurate, and complete. I am aw and imprisonment for knowing violation familiar with the applicable Florida and ag program in place covering the applic	valuate the information surare that there are significants. I Federal laws and rules go able used oil rules. Eviden	bmitte nt pen vernir	d. The information alties for submitting		
Signature of owner, operator, or an	Print Name and		Used	Date Signed		
authorized representative			Oil	(mm-dd-yyyy)		
for for	Jimmy Quinn / F	President		06-14-2016		
7/						
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If the person that filled in this form is not the Facilit	y Contact or Operator, please compl	ete the information below	v:			
-	•	y@jqrecycling.com				
(Name of person completing this form)	(Phone Number)	(E-mail Address)				