



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

08/15/2016

Ricky Ibarra, District Ops Mgr

Batteries Plus Bulbs

138 S Dale Mabry Hwy

Tampa, FL 33609-2837

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 **Batteries Plus Bulbs** located at **775 Cypress Gardens Blvd, Winter Haven , FL 33880-4700**

FLR000219899

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Handler of Hazardous Waste.**

Your facility is **currently registered** for the following activities: **UW Lamp SQH (reg exp on 03/01/2017).**

Your facility is **currently permitted/active** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

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:

<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=FLR000219899.

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: 121888 , Email Address: ribarra@batteriesplus.net

 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY DEP Waste Management Division—HWSR, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707		Date Received (for EDEP Official Use Only) AUG 02 2016	
EPA ID: FLR000219899		Please use the instructions document to complete this form.	
1. Reason for Submittal <small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>	Mark 'X' in the correct box: <input checked="" type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). <input type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)		
	FL Registration(s) <input checked="" type="checkbox"/> JW Mercury (see page 3) <input type="checkbox"/> HW Transporter (see page 4) <input type="checkbox"/> Used Oil (see page 4)		
2. Facility or Business Name			
3. Facility Operator <small>(List additional Operators in the comments section).</small>			
Name of Operator:		Date became Operator: 3/16/2004	
Street or P.O. Box:		Phone Number:	
138 S. Dale Mabry			
City or Town:	State:	Zip Code:	Country (if not USA):
Tampa	FL	33609	
Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
4. Facility Physical Location Information <small>(No P.O. Boxes)</small>			
Physical Street Address:			<input type="checkbox"/> Vessel
775 D Cypress Gardens Blvd			
City or Town:	State:	Zip Code:	
Winter Haven	FL	33880	
County:		Country (if not USA):	
5. Facility North American Industry Classification System (NAICS) Code(s) <small>(at least 5 digits)</small>			
A. 1562119		B. _____	
C. _____		D. _____	
6. Facility or Business Mailing Address			
<input checked="" type="checkbox"/> Same address as #1 above or: Street or P.O. Box:			
City or Town:		State:	Zip/Postal Code:
Country (if not USA):			
7. Facility or Business RCRA Contact Person			
First Name:		Last Name:	Title:
Ricky		Ibarra	Operations Manager
Phone Number:		Extension:	E-Mail:
904-503-9200			ribarra@batteriesplus.net
Street or P.O. Box:		Fax:	
138 S. Dale Mabry		813-464-7871	
City or Town:		State:	Zip Code:
Tampa		FL	33609
Country (if not USA):			
<input type="checkbox"/> Same address as #___ above or:			
8. Real Property (FL Land) Owner of the Facility's Physical Location <small>(List additional owners in the comments section.)</small>			
Name of Owner:		Date became Owner: ____/____/____	
Ro's Taekwondo		<input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box:		Phone Number:	
775 Cypress Gardens Blvd			
City or Town:	State:	Zip Code:	Country (if not USA):
Winter Haven	FL	33880	
Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No.	
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):						
(A) (1) Generator of Hazardous Waste <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Do not include Universal Waste or Used Oil) If YES, Choose only one of the following three categories. <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> 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. <input type="checkbox"/> d. Short-Term Generator (one-time, not on-going) <input type="checkbox"/> e. Episodic: Not more than one-time per year: __ SQG __ LQG <input type="checkbox"/> f. United States Importer of hazardous waste <input type="checkbox"/> g. Mixed Waste (hazardous and radioactive) Generator			For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity. <input type="checkbox"/> a. Operating Commercial TSD <input type="checkbox"/> b. Operating Non-Commercial TSD <input type="checkbox"/> c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility) Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling. (4) Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> 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. (6) Receives Hazardous Waste from Off-Site (7) Underground Injection Control			
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.						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
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.) <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.						
(B) Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.) <input type="checkbox"/> (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will <input type="checkbox"/> (2) Out of Business - Business closed on _____ (date)						
<input type="checkbox"/> (C) Property Tax Default			<input type="checkbox"/> (D) Petition for Bankruptcy Protection			
12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):						
<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:		First Name:		Last Name:	Title:	
		Phone Number:		Extension:	E-Mail:	
Contact for:		Street or P.O. Box:				
<input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste		City or Town:		State (Country):	Zip Code:	

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No.
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) Accumulates: <input checked="" type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals <input type="checkbox"/> d. Mercury Containing Devices <input checked="" type="checkbox"/> e. Mercury Containing Lamps <input type="checkbox"/> 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		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])		
C. Florida Annual Mercury Handler Registration:		
<p>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).</p> <p>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</p>		
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities <input checked="" type="checkbox"/> First time registering <input type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler		Annual Registration + one-time \$1,000 fee + More Requirements (contact FDEP)
(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities:		<input type="checkbox"/> We use Drum Top Bulb Crusher(s).
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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)]		

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 4 of 5

Transfer Facility and Used Oil Transporter requirements and required signature page		EPA ID No.								
<p>(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.)]:</p> <p><input type="checkbox"/> 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.]</p> <p><input type="checkbox"/> Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]</p> <p><input type="checkbox"/> A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]</p> <p><input type="checkbox"/> A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]</p> <p><input type="checkbox"/> A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]</p> <p><input type="checkbox"/> A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]</p>										
<p>(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))</p> <p>In addition to the requirements on Page 4 Section 15:</p> <ul style="list-style-type: none"> • 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.). <p><input type="checkbox"/> The used oil annual report is attached <input type="checkbox"/> Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.</p>										
<p>16. Comments (attach a page if more space is needed):</p>										
<p>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.</p>										
<p><input type="checkbox"/> 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..</p>										
<p>Signature of owner, operator, or an authorized representative</p>	<p>Print Name and Title</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;">Used Oil</th> <th style="text-align: center; padding: 5px;">Date Signed (mm-dd-yyyy)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;">05-29-2016</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"></td> </tr> </tbody> </table>	Used Oil	Date Signed (mm-dd-yyyy)	<input type="checkbox"/>	05-29-2016	<input type="checkbox"/>		<input type="checkbox"/>	
Used Oil	Date Signed (mm-dd-yyyy)									
<input type="checkbox"/>	05-29-2016									
<input type="checkbox"/>										
<input type="checkbox"/>										
<p>If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:</p>										
<p>_____ (Name of person completing this form)</p>	<p>_____ (Phone Number)</p>	<p>_____ (E-mail Address)</p>								