Florida Department of Environmental Protection

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

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Ryan E. Matthews
Interim Secretary

03/22/2017
Tony Gann, VP
Batteries Plus Bulbs Pensacola
6895 N 9th Ave Ste B
Pensacola, FL 32504-9313

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 Pensacola** located at **6895 N 9th Ave Ste B, Pensacola , FL 32504-7356**

FLR000194506

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 03/01/2018).**

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=FLR000194506.
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: 106090 , Email Address: tony.gann@batteriesplus.net

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 FDEP Official Use Only)
MAR 10 2017

EPA ID: F L R 0 0 1 9 4 5 0 6 _ | Please use the instructions document to complete this form

1. Reason for Submittal (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box: (must choose one if a notification)

- ☐ To provide initial 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)
- ☐ 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

3. Facility Operator (List additional Operators in the comments section).

Name of Operator: BATTERIES PLUS BULBS PENSACOLA
Date became Operator: ____/____/____
Street or P.O. Box: 6895 N. 9TH AVE, STE B
Phone Number: 850.361.4621
City or Town: PENSACOLA | State: FL | Zip Code: 32504 | Country (if not USA):
Operator Type: ☐Private ☐Federal ☐Municipal ☐State ☐County ☐Other_____

4. Facility Physical Location Information (No P.O. Boxes)

☐ Same address as #3 above or:

Physical Street Address: ☐Vessel
City or Town: | State: | Zip Code:
County: | Country (if not USA):

5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)

A. 3 3 5 1 1 0 _ _ _ _ _ _ (required) B. _ _ _ _ _ _
C. _ _ _ _ _ _ D. _ _ _ _ _ _

6. Facility or Business Mailing Address

☐ Same address as #__ 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

☐ Same address as #___above or:

First Name: | Last Name: | Title:
Phone Number: 850.361.4621 | Extension: | E-Mail: | Fax:
Street or P.O. Box:
City or Town: | State: | Zip Code: | Country (if not USA):

8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)

☐ Same address as #___ above or:

Name of Owner: Belvedere Plaza 2003, LLC c/o J. Herzon & Sons Inc
Date became Owner: ____/____/____ ☐ New Owner mm dd yy
Street or P.O. Box: 1720 South Bellair St, Suite 1209
Phone Number: 303.757.7658
City or Town: Denver | State: co | Zip Code: 80222 | Country (if not USA):
Owner Type: ☐Private ☐Federal ☐Municipal ☐State ☐County ☐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

☐ Yes ☐ No (Do not include Universal Waste or Used Oil)

If YES, Choose only one of the following three categories.

☐ **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)

☐ **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)

☐ **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.

☐ 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

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.

☐ a. Operating Commercial TSD
☐ b. Operating Non-Commercial TSD
☐ c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)

(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
☐ 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.)

☐ (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 _____ (date)

☐ **(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 RCRA Contact on page 1 or enter:	First Name:	Last Name:		Title:
	Phone Number:	Extension:	E-Mail:	
Contact for: ☐ HW Transporter ☐ Used Oil Handler ☐ Universal Waste	Street or P.O. Box:			
	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

☐ **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 Containing 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

☐ 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") pharmaceutical waste (UPW) accumulated

☐ **Reverse Distributor** of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [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-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices ☐ For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices ☐ Mercury-Containing Devices (thermostats, etc) **SQH** = less than 100 kg accumulated by for-hire handler ■ Mercury-Containing Lamps **SQH** = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
☐ Mercury-Containing Devices **LQH** = 100 kg (220 lb) or more accumulated at any one time by for-hire handler ☐ 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 hazardous waste permit is required for this activity) ☐ First time registering ☐ Renewal	Annual Registration Required

Briefly Describe your Universal Waste Activities: ☐ 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 Registrations	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 purposes ❑ 3. Both commercial and own waste

4. **Transportation Mode** ❑ Air ❑ Rail ❑ Highway ❑ Water ❑ Other - specify _____

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

❑ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume _____

This form is: ❑ **Initial Registration** ❑ **Renewal** ❑ **Notification of changes** ❑ **Cancel Registration**

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 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 insurance for this Transfer 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** ❑ **Cancel Registration**

❑ 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)

❑ a. Transporter (off-site) and noncontiguous locations

❑ b. Transfer Facility

(2) ❑ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ❑ Used Oil Processor (A permit is required.)

(4) ❑ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ❑ On-Spec ❑ Off-Spec

(6) Used Oil Filter Management (must annually register)

❑ a. Transporter

❑ b. Transfer Facility

❑ c. Processor (Annual Report Required)

❑ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

❑ Our mailing (business) address ❑ The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

Transfer Facility and Used Oil Transporter requirements 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 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 authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
Tony Gann	Tony Gann, Vice President	❑	02/28/2017
		❑	
		❑	

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form) (Phone Number) (E-mail Address)