

# FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, FL 32399-2400 Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Shawn Hamilton Secretary

09/22/2022 Jeff McManus, Vice President Frontier Lighting Inc 6204 28th St Bradenton, FL 34203

The Florida Department of Environmental Protection has reviewed your submittal for a hazardous waste DEP/EPA Identification Number or status/information change.

Based on the information received, you have been issued the following number or reports for **Frontier Lighting Inc** located at **6204 28th St E, Bradenton, FL 34203-5361** 

DEP/EPA Identification Number: FLR000174904

Your facility status is the following: Non-Handler of Hazardous Waste.

Florida Administrative Code 62-730 requires all persons who generate, transport, recycle, store, or dispose of hazardous waste to notify the department of their hazardous waste activities. You are required to renotify on form 8700-12FL when there are changes in your operations which would affect your status, activity or contact information. Additional hazardous waste information including the 8700-12FL form can be found at:

https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page.

Please note that pending program registrations, certifications, or permits will be sent to you separately. **To review the details of your status**, visit:

https://fldeploc.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLR000174904.

For further assistance, please contact me at (850) 245-8707 or email me at <a href="mailto:left.Gregg@dep.state.fl.us">left.Gregg@dep.state.fl.us</a>.

Sincerely,

Jeff Gregg

Environmental Manager

Waste Compliance Assistance Program

ME ID: 100054, Email Address: <a href="mailto:teresah@frontierlighting.com">teresah@frontierlighting.com</a>



### 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

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1. Reason for Submi	ittal: (all submitters mu	st complete pages 1	l and 2 a	nd sign pa	gc 7. Page	es 3 through 6 - comp	lete as a	applicable)
Mark 'X' in the correct box*:	Mark 'X' in To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).							
(must choose one	To provide update	ed information fo	r an EP	'A ID nur	nber (to u	pdate status and faci	lity iden	tification information).
if a notification)	To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)							
	To obtain new or	updating an EP/	lD nu	mber for	conducti	ng Electronic Mani	ifest Br	oker activities.
	Submitting new of	or revised notifica	ation fo	r Part A f	or permi	tted facilities.		
FL Registration(s)	UW Mercury	(see page 4)		☐ HW	Transpor	rter (see page 5)	[	Used Oil (see page 6)
2. Facility or Business	Name:*							
Tec	ortier Light	ting						
3. Facility Physical Loc	cation Information: (N	No P.O. Boxes)						
Physical Street Address		<del></del> 5 <del>1</del>						Vessel
City or Town:						State:	Zip C	
County*:	dention			watev (if n	*(AZII to		3	1403
M	Bradentin #2 34203  County*: Manates Country (if not USA)*:							
4. Facility or Business	Mailing Address:	sam	, e					
Same address as # above or*:								
City or Town*:			State*:		Zip/Pos	stal Code*:	Co	ountry (if not USA):
					<u></u>			· · ·
5. Facility North Amer		ication System (I	NAICS	) Code(s)	*: (at le	east 5 digits)		
A. 1412131	A.   4   3   6     (required)   B.							
CD								
6. Facility or Business RCRA Contact Person: Same address as #above or:								
First Name*:		Last Name*: MC M	anı	ıs		Title*:	Pre	eident
Phone Number*:	147.7674	Extension*:	_			Fax*: 727-		7-7971
E-Mail*: teresaha frontier lighting. ('DM								
Street or P.O. Box (or same address-box is checked)*:								
City or Town*:			Sta	te*:		Zip Code*:		Country (if not USA):

RGPA HE ARTUS WAS SAIDS SOUTH SUCH OF OUR OF	refree Nollie ite	EPA ID No.*	7R000174904		
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)					
Name of Owner*:	Date became Owner*:	2123187			
Jeff McManus		New Owner m			
Street or P.O. Box (or same address box is checked)*:		Phone Number*:			
City or Town*:	State*:	Zip Code*:	Country (if not USA):		
E-Mail*: - RESAND - ROTTICE (	auting. C	911			
Owner Type*: Private Federal Municipal S					
Comments:					
8. Facility Operator (List additional Operators in the comments section	n). Same address as #_	above or:			
Name of Operator*:		Date became Operator*:			
Frontier Lighting		New Operator	mm dd yy		
Street or P.O. Box (or same address box is checked)		Phone Number*:			
City or Town*:	State*:	Zip Code*:	Country (if not USA):		
E-Mail*:					
Operator Type*: Private Federal Municipal	State County	Other	_		
Comments:					
9. RCRA Hazardous Waste Activities at this Facil	ity: (Mark 'X' in	all that apply):			
(1) Generator of Hazardous Waste					
Yes No (This does not include Universal Waste or Used	l Oil)				
If YES, Choose only one of the following three categories.					
a. Large Quantity Generator (LQG):					
- Generates in any calendar month (includes quant	_	rter site) 1,000 kilograms	or greater per month (kg/mo)		
(2,200 lbs/mo.) of non-acute hazardous waste; or - Generates in any calendar month, or accumulates		n 1 kg/mo (2.2 lbs/mo) of a	acute hazardous waste; or		
- Generates in any calendar month, or accumulates	•				
material.  b. Small Quantity Generator (SQG):					
- Generates in any calendar month greater than 100	)kg/mo but less than 1,	000 kg/mo (>220 to <2,20	0 lbs.) of non-acute hazardous		
waste and/or 1 kg (2.2 lbs) or less of acute hazard	dous waste and/or no n	nore than 100 kg (220 lbs)	of any acute hazardous spill		
cleanup material.  c. Very Small Quantity Generator (VSQG):					
- Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 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. Mixed Waste (hazardous and radioactive) Generator  f. United States Importer of hazardous waste					
g. LQG notifying of VSQG Hazardous Waste Under Con	trol of the Same Perso	n pursuant to 40 CFR 262	.17(f). (Addendum A Required)		
h. Episodic: Not lasting more than 60 days: SQG LQ		-	•		
i. Electronic Manifest Broker, as defined in 40 CFR 260.	•		em to obtain, complete, and		
transmit an electronic manifest under a contractual relationship with a hazardous waste generator.					

RG&A[	Feedare	Weed Selle Koji	ikian areule	i Erejireze (	bijkdo:	EPA ID	12000174904
9. RC	RA Hazaı	dous Waste Act	ivities at this F	acility cont	inued: (Mark 'X	' in all that apply):	
	_	h 9, mark 'X' in all					
(2)	•	rer, or Disposer of I this activity.	łazardous Waste	(at your facility	y—Choose Only One	) Note: A hazardous w	aste permit may be
	a. Ope	rating Commercial T	SD				
	b. Ope	erating Non-Commerc	cial TSD				
	C. Non	-Operating: Postclos	ure or Corrective A	ction Permit o	r Order (HSWA, etc.)	ı	
(3)	=	r of Hazardous Was	```				
	Specify: Specify:	Commercial Stores prior to 1	Non-Commerc		or to recycling.		
	_ ` ′	Note: A permit	maybe required for s	torage prior to re	cycling.		
(4)		t Boiler and/or Indu Small Quantity On-sit		NT.			
		Smelting, Melting, an	-				
(5)	Choose	e this management ac	tivity ONLY if you	attach	Generated at Other	Facilities u received from FDEP	
(6)		es Hazardous Waste		iulorization Or	Cinc addionization yo	a received from PDE	•
(7)		round Injection Co					
(8)		ized Trader— Mark	all that apply				
	_	mporter Exporter					
(9)	$\overline{}$	•	nt Lead-Acid Batte	eries (SLABs)	under 40 CFR subp	art G Mark all that	apply
		mporter					
10 33		Exporter	Dogwlodd Haw		docks Vistal		
		•	_			codes of the Federal r 3, F007, K019, P012, U	nazardous wastes handled at J112).
							f 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, items 9 and 10 should be left blank and items 12-16 skipped):							
		ımulation Area (CA	<del> </del>			<del></del>	
Е	Central Accumulation Area (CAA)						
Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.)							
(B) Closure Dates:							
(1) Expected closure date (date in mm/dd/yyyy)							
(2) Requesting new closure date(date in mm/dd/yyyy)							
L	(3) Date of closure:(date in mm/dd/yyyy)						
a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)  b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)							
m		Not in compliance v	vicii ine ciosure per			ruptcy Protection	1
(4)	Troberth 1	Vualli []		(1	, i caranti ini nank	h> rroundin [	£

Universal Waste Neiligethen are Mersury temperatur/Handler Registration EPA ID No.* Tik	1000 1749			
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):	1			
A. Federal Notification				
Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5.000 kg (11,000 lb) or more of of UW accumulated (at any one time)	any combination			
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 notification				
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 one time)	W) accumulated (at any			
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Bu Regulation [DBPR])  Florida Universal Pharmaceutical Waste (UPW) Transporter	siness and Professional			
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.,F.A.C. (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 Mercury Transporter/Handler for-hire				
Activities  1st Annual Registration Annual 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	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	Annel legicalist			
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (Control (DDFT))			
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)  1st Annual Registration Annual Renewal	Annual Registration Required			
	Top Bulb Crusher(s).			
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [1]	port [62-740 F.A.C.] 62-740.300(5)] F.A.C.			

Herricous Waste Thansporter and Assistante Laboratorias EPA ID No.* F200 01749 D4
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 as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.
Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.
A. HW Transporter Registration Information (must be completed annually and when this information changes)
This form is: I 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: (as listed in Item 3) 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 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:
C. 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 facility 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 facility'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. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:
a. College or University
b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

Used Oil and Bevendous Secondary Westerfell EPAID No.* YZ EQOO 1 74904
16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)
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. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.
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.  UO Collection Centers must check 16.(2) of this form (not as a registration).
(1) Used Oil Transporter - mark 'X' in all that apply: (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) Used Oil Re-refiner (A permit is required.)
(5) Off-Specification Used Oil Burner Utility Boiler Industrial Boiler Industrial Furnace
(6) Used Oil Fuel Marketer On-Spec Off-Spec
(7) Used Oil Filter Management (must annually register)
a. Transporter
b. Transfer Facility  c. Processor (Annual Report Required)
d. End User (see instructions for definition)
(8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):  Our mailing (business) address (as listed in Item 4)
The site (facility) address (as listed in Item 3)
(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))
<ul> <li>ALL registered UO transporters must submit an annual report except generators transporting UO from noncontiguous operations within their own company.</li> </ul>
<ul> <li>UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.</li> </ul>
<ul> <li>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 19 (except those exempted by Rule 62-710.600(1), F.A.C.).</li> </ul>
The used oil annual report is attached Evidence of Liability Insurance pursuant to 62-710.600(2)(e)., F.A.C. is attached.
17. Notification of Hazardous Secondary Material (HSM) Activity
(1) Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required)
(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate.  (Addendum C Required)

દ્વામાના ઘોડાલામાં માં માત્ર કરે છે.	EPA ID No.* F7 R000 1 74904
8. Comments (attach a page if more space is needed):	•
	·
Certification. I certify under negative of law that this document	t and all attachments were prepared under my direction or supervision in
accordance with a system designed to assure that qualified personn	nel properly gather and evaluate the information submitted. The information e, and complete. I am aware that there are significant penalties for submitting
false information, including the possibility of fine and imprisonment	nt for known violations.
	ne applicable Florida and Federal laws and rules governing used oil transpor- place covering the applicable used oil rules. Evidence of financial responsi- iability Insurance, DEP form 62-730.900(5)(a), F.A.C
gnature of owne <del>r, ency</del> ator, or an authorized representative:	Date Signed (mm-dd-yyyy):
SA ISK	17/2022
int Name Airst, Middle Initial, Last):	Title: (
Gaen A Back	President
rganization:	Used Oil
Gary A Bach reantier Lighting	
mail:	- 1. 0 1
gnature of owner, operator, or an authorized representative:	Date Signed (mm-dd yyyy):
rint Name (First, Middle Initial, Last):	Title:
rganization:	Used Oil
Sanisarion:	
mail:	
Shows on the Charles of the Court of the Charles of	Description places complete the information field.
f the person that filled in this form is not the Facility Contact or C	8451 Lersah Cortier Girls
ame of person completing this form) (Phone Numb	



## Florida Department of Environmental Protection

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

The Department requires that all universal waste lamp and device transporters

Rick Scott Governor

Carlos Lopez-Cantera Lt. Governor

Ryan E. Matthews Interim Secretary

### UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

Information Checklist. This information will be used to evaluate complex subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not until you complete and return the checklist. Handlers that are not engaging it	liance with be issued
activities need not complete this form.	
Frontier Lighting Gard 28th St Bradonton FZ 3 Facility Name Street Address City and	<u>42</u> 3
Facility Name Street Address City and	State
941-342-8801 941-827-2101 teresah often	ticel glutu
Phone Fax E-mail	V
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 <u>number of LAMPS</u> handled during the last calendar year. Types: Fluorescent HID	000
Estimated <u>number</u> of DEVICES handled during the last calendar year  Types: Thermostats	
Estimated weight of DEVICES handled during the last calendar year.	lb.
Estimated <u>number</u> of lamps or devices you shipped to a mercury recycling Check the boxes for lamps (L) or devices (D). Give the receiving facility name and contact information.	•
Lighting Receives Coda 12  Number LDD Facility Name City/State	<del></del>
Number LDD Facility Name City/State	Phone
Number L D Facility Name City/State	Phone
Number L□D□ Facility Name City/State	Phone

**Print Name of Authorized Agent** 

**Signature of Authorized Agent** 

**Date** 

### Section 2: For out-of-state transporters and transfer facilities only

1.	Is any environmenta	l agency in your st	ate aware of you	r activities as a	transporter or
tra	nsfer facility for univ	ersal waste lamps	and devices in Fl	orida?	
	•	•			

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?		
Caes Back Print Name of Authorized Agent	TABA	2/1/2022	
Print Name of Authorized Agent	Signature of Authorized Agent	pate/	

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 Glen Perrigan at (850) 245-8749 or via e-mail at Glen.Perrigan@dep.state.fl.us.

Thank you for your cooperation in providing this information.