

## 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 Sean Valliere, VP Lamp Sales Unlimited Inc 4580 Saint Augustine Rd Jacksonville, FL 32207

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 Lamp Sales Unlimited Inc located at 4580 Saint Augustine Rd, Jacksonville, FL 32207-7244

DEP/EPA Identification Number: FLR000033688

Your facility status is the following: Non-Handler of Hazardous Waste, Universal Waste - Lamps, Universal Waste - Devices.

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:

 $\underline{https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page}.$ 

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=FLR000033688.

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

Sincerely,

Tiffancy Noland For

Jeff Gregg Environmental Manager Waste Compliance Assistance Program

ME ID: 33447, Email Address: sean@lampsales.org

RECEIVED
Florida Department of Environmental



## 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, M\$4560 2600 Blair Stone Rd. Tallahässee, FL 32399-2400 (850) 245-8707 Permitting & Compliande 14 AH11:07
Assistance Program

EPA ID: F	LR000033	68	88	The Samuel of	use the instruction tatory fields	ons document to complete this form		
1, Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)								
Mark 'X' in the correct box*:	10 condition of the interest o							
(must choose one	nust choose one To provide updated information for an EPA ID number (to update status and facility identification information).							
if a notification)	☐ To provide the final information	ı for an l	EPA ID n	number (eld	ising). (see instruction	ns—must complete pages 1, 2, 3, 7)		
	☐ To obtain new or updating an E	PA ID n	umber fo	ir conducti	ng Electronic Mani	ifest Broker-activities.		
	☐ Submitting new or revised notif	ication f	for Part A	for permi	tted facilities.			
FL Registration(s)	UW Mercury (see page 4)		O HV	V Transpor	rter (see page 5)	☐ Úsed Oil (see page 6)		
2. Facility or Busin			<del></del> .			provide the second seco		
LAMPS	ALES UNLIMITED	> 11	υ <i>C</i> 					
3. Facility Physical	Location Information; (No P.O. Boxes)							
Physical Street Addi	ress*: 4580 SAINT N	4V6	,UST	INE	ROAD	□Vessel		
City or Town:	SONVILLE				State:	Zip Code: 3ZZO7		
County*: DU								
4. Facility or Busine	4. Facility or Business Mailing Address:							
Same address as	:# above or*:	W-A						
City or Town*:		State*	**	Zip/Pos	tal Code*:	Country (if not USA):		
5. Facility North Ar	merican Industry Classification System	(NAICS	S) Code(s	s)*: (at le	ast 5 digits)			
A. 141213	3 <u> 6 9 0 </u> (required)		В.					
c.  _			D.	<u>  _</u>	<u> </u>			
	ess RCRA Contact Person:  Last Name*:	dress as	#aho					
First Name*: SE	.IE	RE		Title*: <b>V</b> P	,			
Phone Number*: 4	04 528 6968 Extension*:				Fax*: 90°	1 737 0039		
E-Mail*: SEAN @ LAMPSALES, ORG								
Street or P.O. Box (or same address box is checked)*:								
City or Town*:		Sta	ate*;		Zip Code*:	Country (if not USA):		

RGRA Hazardous Waste Status Notification or Out of	Business Noti	EPA ID No	FLR000033688			
7. Real Property (FL Land) Owner of the Facility's Physical		ditional owners in the comment	ts section;)			
Name of Owner*:		Date became Owner	*:06/12/2014			
LAMPSALES Properties LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mm dd yy			
LAMP SALES Properties, LLC Street or P.O. Box (or same address box is checked)* SAME	as #2	Phone Number*:				
City or Town*:	State*:	Zip Code*:	Country (if not USA):			
E-Mail*:						
Owner Type*: Private Federal Municipal	State County	Öther				
Comments:						
8. Facility Operator (List additional Operators in the comments sect	tion). Same addres	s as # Z ahove:or:				
Name of Operator*			tor*:/			
			tor:// tor_mm_ddyy			
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*:						
	State Count	tv 🗖 Other				
Comments:						
9. RCRA Hazardous Waste Activities at this Faci	ility: (Mark '	X' in all that apply):				
(1) Generator of Hazardous Waste						
Yes No (This does not include Universal Waste or Use	rd (Sil)					
If YES, Choose only one of the following three categories.	u car,					
a. Large Quantity Generator (LQG):						
- Generates in any calendar month (includes quant	tities imported by	importer site) 1,000 kilogra	ms or greater per month (kg/mo)			
(2,200 lbs/mo.) of non-acute hazardous waste; or	r					
<ul> <li>Generates in any calendar month, or accumulates</li> <li>Generates in any calendar month, or accumulates</li> </ul>						
material.	sat day mass acco	2 than two kerno (220 to	0) Of active nazardous spin cicarap			
b. Small Quantity Generator (SQG):						
<ul> <li>Generates in any calendar month greater than 100 waste and/or 1 kg (2.2 lbs) or less of acute hazar</li> </ul>						
cleanup material.	GOUS YEASTE MITE, C.	Ho more than 100 ng (	108) or any acute nazione op			
☐ c. Very Small Quantity Generator (VSQG):		<del></del>				
- Generates in any calendar month 100 kg/mo or le	ess (220 lbs.) of no	on-acute hazardous waste an	nd/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)						
c. Mixed Waste (hazardous and radioactive) Generator						
f. United States Importer of hazardous waste						
g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required)						
h. Episodic: Not lasting more than 60 days:SQGLQG (Addendum B'Required)						
i. Electronic Manifest Broker, as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain complete, and						
transmit an electronic manifest under a contractual relationship with a hazardous waste generator.						

9. RCRA Haz	zardous Waste	Activities at the	nis Facility con	inued: (Mark 'X	(' in all that apply)	:
For Items 3 thro	ugh 9, mark 'X' i	in all that apply.				
(2) Treater, S	Storer, or Dispose	er of Hazardous W	aste (at your facilit	y—Choose Only One	) Note: A hazardous	waste permit may be
required	for this activity.					
□ a. C	perating Commer	cial TSD				
<b>□</b> b. 0	perating Non-Cor	nmercial TSD				
□ c. N	on-Operating: Pos	stelosure or Correct	ive Action Permit o	r Order (HŚWA, etc.)		
(3) Recyc	ler of Hazardous	Waste (at your fac	cility)			
Specify		ial 🔲 Non-Com				
Specify	r: Stores prie Note. A p	or to recycling bermit maybe required	Does not store pri for storage prior to re	or to recycling. cycling.		
* *	•	Industrial Furnac				
	•	On-site Burner Exer	•			
		ng, and Refining Fu	•			
		vlanage Very Sma ent activity ONLY i		Generated at Other I	acilities	
				R the authorization you	a received from FDEI	2.
`, '	ves Hazardous W rground Injection	/aste from Off-Site i Control	e			
· · -	•	Mark all that apply				
_	. Importer					
☐ b	. Exporter					
		Spent Lead-Acid	Batteries (SLABs)	under 40 CFR subpa	irt G— Mark all thát	apply
	. Importer					
	. Exporter	Ily Dogulated F	Iazardous Was	toc*. Liet the waste	order of the Federal	hazardous wastes handled at
				ons (e.g., D001, D003		
	transporters must	list codes routinel	or usually transpo	rted. Use comments of		f more spaces are needed.
	2	3	#	5	6	7
	9	10	11	12.	13	14
5	16	17	18	19	20	21
1. Other Stat	us Changes (	lf no longer handlir	ie waste or closed i	tems 9 and 10 should	be left blank and iter	ns 12-16 skipped):
		(CAA) or Facility				
•	Accumulation Arc	• • • • • • •	•			
	,		f all business ustivit	ies at this facility hav	orceased )	
(B) Closure Da		tins section only i	t <u>an</u> nusiness aetren	ies at tus taemis:nev	e ecaseu.)	
(1) Ex	pected closure dat	ė		_(date in mm/dd/yyy	у).	
				(date in mm/		
			(dai			
_				n 40 CFR 262.17(a)(8	3)	
	•	•		ards in 40 CFR 262.11		
	Fay Dafault 🗍		•		unter Protection 🔲	

Unive	Universal Waste Notification and Mercury Transporter/Handler Registration, EPA ID No.*						
12.							
A. I	ederal Notification						
	Federally Defined Large Quantity Handler (LQH) = Genéraje/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						
Ó	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. FI	orida Universal Pharmaceutical Waste (UPW): one-time notification						
0	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 (UPV one time)	V) accumulated (at any					
	Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Bus Regulation [DBPR])	iness and Professional					
	Florida Universal Pharmaceutical Waste (UPW) Transporter	· · · · · · · · · · · · · · · · · · ·					
C. Fl	orida Annual Mercury Handler Registration:						
[Chapte Mercury If you (1)	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						
<u> </u>		gistration is attached					
ø	For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices						
Ø	For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration					
<b>×</b>	Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	Required					
ø	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	Annual Registration +					
0	More Requirements						
(2)	(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)  List Annual Registration Required  Annual Renewal						
3rietly De Pick Tten haze	scribe your Universal Waste Activities:  -up and Store recycle bulbs and morcury containing devices, as are picked up from our location by certified Recycles ardous waste facility.	op Bulb Crusher(s).					
	er State Regulated Waste Activities: Petroleum Contact Water (PCW).   Recovery Transpote: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62]						

Hazardous Waste Trans	sporter and Aca	idemic Laborati	óries 🍐			EPA	ID No	F	LR	2000	00 <i>3</i> 3	68	8
14. HW Transporter Ac	tivities: (Mark 'X	' and complete all t	that apply	if you	need t	o regis	ster ye	ur H	WT	ransp	orter act	ivities	5)
Transporters of and Tra renew their registration. Transporters and transfer faci	Evidence of casualt	ty/liability insurance	è pursuant i	tö 62-7.	30.170	)(2)(à)	is regu	iired a	ed to	regi ri of th	ister and	d ann	ually
Generators who transpor	rt waste only with	in the boundarie	s of their	facilit	ty sho	uld N	OT r	egiste	er in	box	14.A be	low,	
A. HW Transporter Re	egistration Info	rmation (must be	e complete	ed anny	ually	and w	hen th	nis inf	form	ation	changes	5)	
This form is: 🗖 1	nitial Registration	Renewal	Notif	ication	of ch	anges		Cano	cel R	egistr	ation		
1. For own waste	only												
2. For commercia	il purposes												
3. Both commerci	ial and own waste												
4. Transportation M	ode 🗖 Air 🔲 1	Raif 🗖 Highway	/ □ Wat	er 🗖	Other	r - spec	rify		_			<u>,</u>	
B. HW Transfer Facil	ity Registration	Information (n	nust be co	mplete	d ann	ually	and w	hen t	this/i	nforn	nation cl	nange	s)
☐ This facility is a	Hazardous Was	ste Transfer Fac	cility::(aŝ	lišted i	n Iten	n3) S	itorage	: Volu	une -		<del></del>		<del></del>
This form is: 🔲 1	nitial Registration	Renewal [	□ Notifi	cation	of cha	inges		Canc	el Re	gistra	ation		
Note: Hazardous Waste ti	ransfer facilities mu	ast comply with the	requirem	ents of	Rule	62-730	).171,	F.A.C	C., ar	id Rul	lė 62-730	.182,	F.A.C,
The Transfer Facility	y records required ( 1 Our mailing (busin		ns of Rule				С., аі	re kej	pt at	(checl	k one):		
Please enter the EPA ID Number	or of the HW Transp			•	•		icility:						
												T	
Please see 14.C for additional Florida Administrative Code		mitted for registrat	tion of a H	lazardo	ons W	aste Ti	ransfe	r Fac	ility	TRulc	£ 62-730.	<u> </u>   171(3)	)
C. The following items are is submitted with any subse	required to be submit equent submission [1	tted with the initial r Rule 62-730,171(3),	notification Florida Ad	for a t lininistr	ransfe ative (	er facil Code (I	lity and	d any )] :	chan	iged it	ėms múst	fbè	
Certification by a respo					-	ed Toca	tion sa	tisfies	s the	criteri	a of		
		.S.) [Rule 62-730.17		•									
Evidence of the transpo													
A brief general descript _A copy of the facility cl				171(3)(	a)4r	,A.C. <sub>I</sub>							
A copy of the continger		·	-	EA.C.I									
A map or maps of the tr		•		***************************************									
15. Eligible Academic El laboratory hazardous wa	ntities with Lab	oratories—Noti	ification	for of	pting	into	or wi	ithdr	rawi	ng fr	rom ma	ınagi	ng
☐ 1. Opting into or currently							of har	ardo		actes!	in Ishars	tarjes	
		r definitions of type										101.2	•
a. College or Unive		,,	70 <del>-</del>				•			* =1-1-	<b>y</b> .		
b. Teaching Hospi c. Non-profit Institu	tal that is owned b												
2. Withdrawing from 40 C	FR Part 262 Subpa	art K for the manag	gement of	hazard	ous w	astes in	n labo	rator	ies				

U:	sed	Oil and Hazardous Secondary Material EPA ID No. 2000 33 688					
t. 177	¥**25.34	sed Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)					
Tı an	Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers <u>must annually register</u> with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.						
	7	This form is: 🔲 Initial Registration 🔲 Renewal 🔲 Notification of changes 🚨 Cancel Registration					
	0	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)	Us	sed 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					
(ģ)	Us	sed Oil Fuel Marketer					
(7)	U:	sed Oil Filter Management (must annually register)					
		1					
	_	c. Processor (Annual Report Required)					
(8)		d. End User (see instructions for definition)  he records required under the provisions of Rule 62-710 510. EAC, are East at (chack one):					
(0)							
		Our mailing (business) address (as listed in Item 4)  The site (facility) address (as listed in Item 3)					
(9)	Usec	1 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>					
		UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.					
		<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>					
-	_Th	e used oil annual report is attached Evidence of Liability Insurance pursuant to 62-710.6(00(2)(e)., F.A.C./is attached.					
17.	No	tification 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 CRequired)					
(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)					

Required signature page		EPA ID No. FLR 000033688
18. Comments (attach a page if more space is needed):		
19. Certification: I certify under penalty of law that this documer accordance with a system designed to assure that qualified person submitted is, to the best of my knowledge and belief, true, accurate false information, including the possibility of fine and imprisonment.	nel properly gather and ever le, and complete. I am awa	aluate the information submitted. The information
I certify as a Used Oil Transporter that I am familiar with the tation and have an annual and new employee training program in a bility is demonstrated by the Used Oil Transporter Certificate of I.	he applicable Florida and place covering the applica	ble used oil rules. Evidence of financial responsi-
Signature of owner, operator, or an authorized representative:	Date Signed (mm-	dd-yyyy):
Seattall		20/2022
Print Name (First, Middle Initial, Last):	Title:	X
SEAN F. VALLIERE		7
Organization:	Used Oil 🔲	
LAMP SALES UNLIMITED, INC.		
Email: SEAN @ LAMPSALES, ORG		
Signature of owner, operator, or an authorized representative:	Date Signed (mm-	dd-yyyy):
Print Name (First, Middle Initial, Last):	Title:	
Organization:	Uséd Oil 🔲	
Cmail:		
If the person that filled in this form is not the Facility Contact or C	perator, please complet	e the information below:
Name of person completing this form) (Phone Numb	neri i	E-mail Address)