

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 Craig Baumann, President Jump Start Inc dba Batteries Plus Bulbs 459 W State Road 436 Altamonte Springs, FL 32714-4103

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 Jump Start Inc dba Batteries Plus Bulbs located at 10809 W Colonial Dr, Ocoee, FL 34761-2939

DEP/EPA Identification Number: FLR000197244

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:

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

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=FLR000197244.

For further assistance, please contact me at (850) 245-8707 or email me at left.Gregg@dep.state.fl.us.

Sincerely,

Tiffansy Noland For

Jeff Gregg Environmental Manager Waste Compliance Assistance Program

ME ID: 107564, Email Address: craig.baumann@live.com



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)

FEB 18 M11:54

Please use the instructions document to complete this form EPA ID: \mathbf{L} R 0 0 0 1 9 2 4 mandatory fields 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 To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities). the correct box*: To provide updated information for an EPA ID number (to update status and facility identification information). (must choose one 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 EPA ID number for conducting Electronic Manifest Broker activities. Submitting new or revised notification for Part A for permitted facilities. FL Registration(s) W Mercury (see page 4) Used Oil (see page 6) HW Transporter (see page 5) 2. Facility or Business Name: Jump Start, Inc., d/b/a Batteries Plus Bulbs 3. Facility Physical Location Information: (No P.O. Boxes) Physical Street Address*: Vessel 10809 W. Colonial Dr. Zip Code: City or Town: State: 34761 Ocoee FL County*: Country (if not USA)*: **USA** Orange 4. Facility or Business Mailing Address: Same address as # above or*: 459 W. State Road 436 Zip/Postal Code*: City or Town*: State*: Country (if not USA): 32714 Altamonte Springs FL 5. Facility North American Industry Classification System (NAICS) Code(s)*: (at least 5 digits) A. 4 5 3 9 9 8 (required) B. C. 6. Facility or Business RCRA Contact Person: Same address as # 4 above or: Last Name*: Title*: First Name*: President Baumann Craig Fax*: Phone Number*: Extension*: 262-893-5593 407-788-3633 E-Mail*: craig.baumann@live.com Street or P.O. Box (or same address box is checked)*: City or Town*: State*: Zip Code*: Country (if not USA):

RCRA Hazardous Waste Status Notification or Out of Business Notification			EPA ID No.*	FLR000197244	
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)					
Name of Owner*:		Date 1	oecame Owner*: _		
ABC Liquors, Inc.			New Owner m	m dd yy	
Street or P.O. Box (or same address box is checked)*: 8989 So	out Orange Avenue	Phone	Phone Number*:		
City or Town*: Orlando	State*: FL	Zip Co	Zip Code*: 32824 Country (if not USA):		
E-Mail*:					
Owner Type*: X Private Federal Municipal	State County O	ther			
Comments:				 -	
8. Facility Operator (List additional Operators in the comments section	ion). Same address as #_	4 abo	ve or:		
Name of Operator*:		Date 1	became Operator*:	://	
Jump Start, Inc.			New Operator mm dd yy		
Street or P.O. Box (or same address box is checked)*:		Phone	e Number*:	262-893-5593	
City or Town*;	State*:	Zip C	ode*:	Country (if not USA):	
E-Mail*: Cra	aig.baumann@live	e.com	1		
Operator Type*: X Private Federal Municipal	State County	Other_			
Comments: 9. RCRA Hazardous Waste Activities at this Faci	Older (Mont IV) in	all the	4		
	ш у: (магк х ш	ан спа	it apply):		
(1) Generator of Hazardous Waste Yes No (This does not include Universal Waste or Use	~4 Oil)				
If YES, Choose only one of the following three categories.	u on,				
a. Large Quantity Generator (LQG):					
- Generates in any calendar month (includes quant	tities imported by impor	rter site	e) 1,000 kilograms	or greater per month (kg/mo)	
(2,200 lbs/mo.) of non-acute hazardous waste; or	r				
 Generates in any calendar month, or accumulates Generates in any calendar month, or accumulates 		-			
material.					
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 and/or no more 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 Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required)					
h. Episodic: Not lasting more than 60 days: SQG LQG (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.					

RCR/	A Hazardous	Waste Status Not	ification or Out	of Business N	Notification	EPA ID	
9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all the			X' in all that apply)				
For I (2 (3 (4 (5 (7 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8	PRA ID No.* FLR000197244 9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply): For Items 3 through 9, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste (at your facility—Choose Only One) 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: Stores prior to recycling Does not store prior to recycling. Note: A permit maybe required for storage prior to recycling. Note: A permit maybe 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 Smelting, Melting, and Refining Furnace Exemption 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 (8) Recognized Trader—Mark all that apply a. Importer b. Exporter (9) Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G—Mark all that apply						
	b. Exporter 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).						
							U112). if more spaces are needed.
1	<u>, , , , , , , , , , , , , , , , , , , </u>	2	3	4	5	6	7
8		9	10	11	12	13	14
15		16	17	18	19	20	21
11. (Other Statu	s Changes (If no	longer handling w	aste or closed,	items 9 and 10 shou	eld be left blank and ite	ms 12-16 skipped):
(B)	Central A Facility C Closure Date (1) Expe (2) Requ (3) Date a. b.	uesting new closure of closure: In compliance with t	AA) s section only if <u>all</u> late he closure perform	business active	(date in mm/dd/y (date in mr ate in mm/dd/yyyy) in 40 CFR 262.17(a)	yyy) n/dd/yyyy))(8)	
(C	C) Property Ta	x Default		ŧΓ) Petition for Bank	kruptcy Protection [

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.*	FLR000197244				
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 m of UW accumulated (at any one time)	nore of any combination				
Accumulates: a. UW Batteries b. Pesticides c. Pharmaceuticals					
d. Mercury Containing Devices e. Mercury Containing Lar 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.	nps				
B. Florida Universal Pharmaceutical Waste (UPW): one-time notification					
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any or	ne time)				
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical wast one time)	te (UPW) accumulated (at any				
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department Regulation [DBPR])	nt of Business and Professional				
Florida Universal Pharmaceutical Waste (UPW) Transporter					
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 Transpor	ter/Handler <u>for-hire</u>				
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	Annual				
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	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 hand	ler Annual Registration + one_time_\$1,000_fee+				
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handl	More Requirements (contact FDEP)				
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity Ist Annual Registration Annual Renewal	Annual Registration Required				
Briefly Describe your Universal Waste Activities:	e Drum Top Bulb Crusher(s).				
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to	Fransport [62-740 F.A.C.] Rule [62-740.300(5)] F.A.C.				

Hazardous Waste Transporter and Academic Laboratories	EPA ID No.*	FLR000197244		
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need	l to register your H	W 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 sh	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	y and when this in	formation changes)		
This form is: Initial Registration Renewal Notification of c	changes Can	cel 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 an	nnually and when	this information changes)		
This facility is a Hazardous Waste Transfer Facility: (as listed in It	tem 3) Storage Vol	ume		
This form is: Initial Registration Renewal Notification of c	changes Can	cel Registration		
Note: Hazardous Waste transfer facilities must comply with the requirements of Ru	ıle 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				
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Tr	ransfer Facility:			
Please see 14.C for additional items to be submitted for registration of a Hazardous Florida Administrative Code (F.A.C.)]:	Waste Transfer Fa	cility [Rule 62-730.171(3),		
C. The following items are required to be submitted with the initial notification for a transubmitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative		y changed items must be		
Certification by a responsible corporate officer of the transporter facility that the prop Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]	sosed location satisfie	es the criteria of		
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 man	nagement of hazard	lous wastes in laboratories		
See the item-by-item instructions for definitions of types of eligible acade				
a. College or University b. Teaching Hospital that is owned by or has a formal written affiliation ag	reement with a col	llege of University		
c. Non-profit Institute that is owned by or has a formal written affiliation ag		= .		
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous	is wastes in laborate	ories		

Used Oil and Hazardous Secondary Material	EPA ID No.*	FLR000197244	
16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that ap			
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.			
This form is: Initial Registration Renewal Notification of c	hanges 🔲 Canc	el Registration	
If applicable, a check or money order, in the amount of \$100, payable to Florida Dep UO Collection Centers must check 16.(2) of this form (not as a registration).	partment of Environm	ental Protection is enclosed.	
(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 Our mailing (business) address (as listed in Item 4)	one):		
The site (facility) address (as listed in Item 3)		•	
(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))			
 ALL registered UO transporters must submit an annual report except generators within their own company. 	s transporting UO tron	n noncontiguous operations	
UO transporters transporting off-site over public highways only within their ow			
 UO transporters transporting more than 500 gallons/year must submit proof of i submission as a certified used oil transporter in section 19 (except those exempt 			
The used oil annual report is attached Evidence of Liability Insurance pursua	ant to 62-710.600(2)(c	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 wunder 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required		ardous secondary material	
(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process comparable to or unable to be compared to a legitimate product or intermediate but (Addendum C Required)			

Required signature page		EPA ID No.*	FLR000197244
18. Comments (attach a page if more space is needed):			
			ļ
		<u> </u>	
19. Certification: I certify under penalty of law that this document an accordance with a system designed to assure that qualified personnel p submitted is, to the best of my knowledge and belief, true, accurate, an false information, including the possibility of fine and imprisonment for	properly gather and e nd complete. I am aw	valuate the information vare that there are sign	on submitted. The information
I certify as a Used Oil Transporter that I am familiar with the aptation and have an annual and new employee training program in place bility is demonstrated by the Used Oil Transporter Certificate of Liabi	e covering the applic	able used oil rules. Ev	vidence of financial responsi-
Signature of owner, operator, or an authorized representative:	Date Signed (mm		- 1
MIL		-11-20	22
Print Name (First, Middle Initial, Last):	Title:	Procido	
Craig A. Baumann		Presider	nt
Organization:	Used Oil		
Jump Start, Inc.			
Email:		-	
craig.bauman Signature of owner, operator, or an authorized representative:	n@live.com Date Signed (mm	dd man).	
Signature of owner, operator, or an authorized representative.	Date Signed (min	-uu-yyyy).	ļ
Print Name (First, Middle Initial, Last):	Title:	VIII	
Organization:	Used Oil		
Email:	<u>. </u>		· · · · · · · · · · · · · · · · · · ·
If the person that filled in this form is not the Facility Contact or Open	rator, please compl	ete the information i	below:
(Name of person completing this form) (Phone Number)		(E-mail Address)	