

## 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 **17195 US Highway 441 Suite 101, Mount Dora, FL 32757-6752** 

DEP/EPA Identification Number: FLR000197236

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=FLR000197236.

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,

Tiffaney Noland For

Jeff Gregg Environmental Manager Waste Compliance Assistance Program

ME ID: 107563, Email Address: <a href="mailto:craig.baumann@live.com">craig.baumann@live.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 Date Received (for FDEP Official Use Only)

FEB 18

EPA ID:	F	L	R	0	0	0	1	9 7	2	3	6		1 4	use the instruction latory fields	ons ac	cument 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*:  To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).																
(must choose one To provide updated information for an EPA ID number (to update status and facility identification information).								ntification information).								
if a notification)  To provide the final information for an EPA ID number (closing). (see instruction)							ns—m	ust complete pages 1, 2, 3, 7)								
To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.												roker activities.				
Submitting new or revised notification for Part A for permitted facilities.																
FL Registrat	ion(s)	)	2	U	W Me	ercur	√ (see	e page 4)		[		HW	V Transpor	ter (see page 5)		Used Oil (see page 6)
2. Facility or	Busir	ness N	ame	:*												
						•	Jum	p Start,	Inc.	, d/l	b/a	Ва	atteries	Plus Bulbs		
3. Facility Phy	sical	Loca	tion	Info	rmati	on: (1	No P.C	D. Boxes)								
Physical Street	Addı	ress*:						47404					14 0 11-	404		Vessel
17195 US Hwy. 441, Suite 101  City or Town: State: Zip Code:																
•	Mount Dora FL 32757															
County*:							Country (if not USA)*:  USA									
4. Facility or Business Mailing Address:																
Same addr	ess as	s #	abov	e or*	:				····							
								45			ate	e R	Road 43			
City or Town		Alta	mo	nte	Spri	ngs			Sta	te*:	e*: Zip/Postal Code*: Country (if not USA):  FL 32714		ountry (if not USA):			
5. Facility Nor							icatio	n System	(NA	ICS)	Coc	de(s	s)*: (at le	east 5 digits)		
5. Facility North American Industry Classification System (NAICS) Code(s)*: (at least 5 digits)  A.   5   3   9   9   8   (required)  B.																
C.							D.									
6. Facility or Business RCRA Contact Person: Same address as # 4 above or:																
First Name*: Last Name*: Bau					mar	nann Title*:			sident							
Phone Number*:					Dau		Fax*: 407-788-3633									
E-Mail*: craig.baumann@live.com																
Street or P.O. Box (or same address box is checked)*:																
City or Town*:						State	e*:		I	Zip Code*: Country (if not USA):						

RCRA Hazardous Waste Status Notificati	EPA ID No.*	FLR000197236						
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)								
Name of Owner*:	Date b	Date became Owner*://						
FPWL 5 Lake Lou		New Owner mm dd yy						
Street or P.O. Box (or same address box is checked	Phone	Phone Number*:						
City or Town*: Winter Park	Zip Co	Zip Code*: 32790 Country (if not USA):						
E-Mail*: sandi@acrefl.com								
Owner Type*: X Private Federal N	Municipal State County	Other						
Comments:								
8. Facility Operator (List additional Operators in the	e comments section). Same address as #	a_abov	e or:	***************************************				
Name of Operator*:		Date b	ecame Operator*	1 1				
Jump Start,	, Inc.		New Operator	mm dd yy				
Street or P.O. Box (or same address box is checke	d)*:	Phone	Number*:	262-893-5593				
City or Town*:	State*:	Zip Co	ode*:	Country (if not USA):				
E-Mail*:	I craig.baumann@li	ve.com	/e.com					
Operator Type*: X Private Federal	Municipal State County			· · · · · · · · · · · · · · · · · · ·				
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):  (1) Generator of Hazardous Waste  Yes No (This does 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 (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo)								
- Generates in any calendar month, material.	, or accumulates at any time, more that, or accumulates at any time, more that	-						
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 (V								
- 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 Noti	ification or Out	of Business N	Notification	EPA ID N	o.* LR000197236		
9. R	CRA Hazai	rdous Waste Act	ivities at this l	Facility cont	inued: (Mark')	X' in all that apply):	E11000101 = 0		
For I	For Items 3 through 9, mark 'X' in all that apply.								
(2)	(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)		r of Hazardous Was			, , , , , , , , , , , , , , , , , , , ,	,			
	Specify:	Commercial	Non-Commerc	cial					
	Specify:	Stores prior to note: A permit	recycling Do maybe required for s	nes not store priestorage prior to re	or to recycling.				
(4)		t Boiler and/or Indu							
		Small Quantity On-sit Smelting, Melting, an	=						
(5)		Smelling, Melling, an Authorized to Mana		•	Generated at Other	· Facilities			
(*)	Choose	e this management ac	tivity ONLY if yo	ou attach		ou received from FDEP.			
(6)		es Hazardous Waste		Uthorization or	X tile autilorization 3.	ou received from PDE.			
(7)	$\overline{}$	ground Injection Co							
(8)	——————————————————————————————————————	nized Trader— Mark	all that apply						
		Importer Exporter							
(9)	$\neg$	-	nt Lead-Acid Bat	teries (SLABs)	under 40 CFR subj	part G— Mark all that ap	oply		
	a. I	Importer				•			
10 1		Exporter	Openlated Hag	doug Was	-4aa* List the word	dan af the Fodorol he	d		
			_			ie codes of the Federal ha 03, F007, K019, P012, U1	zardous wastes handled at 12).		
Haz			codes routinely or	_	-	or an additional page if r			
1	l	2	3	4	5	6	7		
8		9	10	11	12	13	14		
Ŭ	!								
15		16	17	18	19	20	21		
11. (	Other Statu	s Changes (If no	longer handling v	vaste or closed,	items 9 and 10 shou	ald be left blank and items	12-16 skipped):		
(A)	Central Acci	umulation Area (CA	A) or Facility Ck	sed:					
	Central Accumulation Area (CAA)								
(B)	•	Closed (Complete this	s section only if all	l business activi	ities at this facility ha	ave ceased.)			
(B)	(B) Closure Dates:								
	(1) Expected closure date								
	(date in mm/dd/yyyy)  (3) Date of closure:								
	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)								
(C	C) Property Ta	_				kruptcy Protection			

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.*	FLR000197236						
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 notification							
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one t	ime)						
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (0 one time)	UPW) accumulated (at any						
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Regulation [DBPR])	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 Transporter/Handler for-hire  Activities  Ist 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						
Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	Registration 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	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 handler	More Requirements (contact FDEP)						
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)  Annual Registration Required							
Briefly Describe your Universal Waste Activities:  We use Drum Top Bulb Crusher(s).							
13 Other State Pegulated Weste Activities							
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Train Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rul	<b>nsport</b> [62-740 F.A.C.] le [62-740.300(5)] F.A.C.						

Hazardous Waste Transporter and Academic Laboratories	EPA ID No.*	FLR000197236							
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need	l 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	y and when this i	information changes)							
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 Oth	her - specify								
B. HW Transfer Facility Registration Information (must be completed ar	nnually and whe	n this information changes)							
☐ This facility is a Hazardous Waste Transfer Facility: (as listed in It	tem 3) Storage V	olume							
This form is: Initial Registration Renewal Notification of c	changes Ca	ncel 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		kept at (check one):							
Our mailing (business) address The site (facility) a									
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Tr	ransfer Facility:	<del></del>							
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 <b>tran</b> submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrativ	nsfer facility and a ve Code (F.A.C.)]	any 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.]	osed location satis	fies the criteria of							
_Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3.	3., F.A.C.]								
_A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4.	I., 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 haza	rdous wastes in laboratories							
See the item-by-item instructions for definitions of types of eligible acader									
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	-								

Used Oil and Hazardous Secondary Material	EPA ID No.*	FLR000197236						
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 <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: I Initial Registration Renewal Notification of c	changes 🔲 Cano	el 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>ð</b>						
b. Transfer Facility								
(2) Collection Center (From businesses, <u>no more than</u> 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))		<u> </u>						
<ul> <li>ALL registered UO transporters must submit an annual report except generator within their own company.</li> </ul>	s transporting UO fro	m noncontiguous operations						
<ul> <li>UO transporters transporting off-site over public highways only within their over</li> </ul>								
<ul> <li>UO transporters transporting more than 500 gallons/year must submit proof of submission as a certified used oil transporter in section 19 (except those exemp</li> </ul>								
The used oil annual report is attached Evidence of Liability Insurance pursu	ant 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 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.	* FLR000197236					
18. Comments (attach a page if more space is needed):							
19. Certification: I certify under penalty of law that this document an accordance with a system designed to assure that qualified personnel psubmitted is, to the best of my knowledge and belief, true, accurate, at false information, including the possibility of fine and imprisonment for the process.	properly gather and evaluate the info and complete. I am aware that there are	rmation submitted. The information					
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:	Date Signed (mm-dd-yyyy):						
MIL	02-11-	2022					
Print Name (First, Middle Initial, Last):	Title:						
Craig A. Baumann	Pres	sident					
Organization:	Used Oil						
Jump Start, Inc.							
Email:							
craig.bauman							
Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-yyyy):						
Print Name (First, Middle Initial, Last):	Title:						
Organization:	Used Oil						
Email:	<u> </u>	***************************************					
If the person that filled in this form is not the Facility Contact or Ope	rator, please complete the informa	tion below:					
(Name of person completing this form) (Phone Number)	(F-mail Addres	cc)					