



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

05/15/2008

Anna Gillman, Env Spec
St Petersburg College- Health Education Center
14025 58th St N
Clearwater, FL 33760-3768

DEP/EPA ID: **FLD982157562**
LOCATION: **7200 66th St N, Pinellas Park.**

Based on the information supplied by you, we have processed and accepted your request for the following status change under RCRA. The status of the facility identified with the above DEP/EPA identification number has been changed to:

Small Quantity Generator, Universal Waste Handler

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE TRANSPORTERS AND TSDs.

Please notify us in writing if there is any change in your operations which would affect your status. For further assistance, please call the Hazardous Waste Notification Coordinator at (850)245-8760 or (850)245-8772.

Sincerely,

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 33325
Email Address: gillman.anna@spcollege.edu



ST. PETERSBURG COLLEGE

FACILITIES PLANNING & INSTITUTIONAL SERVICES
EpiCenter — Services
(727) 341-3250

April 21, 2008

E.P.A. ID Notification Coordinator
Hazardous Waste Regulation Section MS 4560
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

RE: St. Petersburg College Sites
Notifications of Regulated Waste Activity (Form 8700-12R)

Dear Sir or Madam:

Please find enclosed updated regulated waste activity forms (8700-12FL) for "subsequent notifications" for two our facilities that are currently registered as CESQG's with the FDEP. We are changing the status of both of these facilities to SQG's :

1. St. Petersburg College - Health Education Center (EPA ID #FLD982157562)
2. St. Petersburg College - Seminole Campus (EPA ID #FLR000133892)

Please feel free to contact me at (727) 341-3314 should you have any questions or comments regarding this information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anna Gillman', followed by a horizontal line.

Anna Gillman
Environmental Specialist
Safety & Environmental Services
St. Petersburg College

Cc: file

RECEIVED

APR 23 2008

BY: BSHW



8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8760

RECEIVED

APR 29 2007

EPA ID

FLD982157562

1. Reason for
Submittal

Check correct
box:

☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

☒ To provide **subsequent notification** (to update status and facility identification information).

2. Facility or Business Name

ST. PETERSBURG COLLEGE - HEALTH Education Center

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

Name of Operator:

St. Petersburg College

☐ New Operator

Date became Operator: ____/____/____
mm dd yyyy

Street or P.O. Box:

P.O. Box 13489

Phone Number:

727-341-3314

City or Town:

St. Petersburg

State:

FL

Zip Code:

33733

Operator Type: ☐ Private

☐ Federal

☐ Municipal

☒ State

☐ Other

4. Facility Physical
Location
Information

Physical Street Address:

7200 66th Street North

City or Town:

Pinellas Park

State: FL

Zip Code:

33781

County:

Pinellas

Land Type: ☐ Private

☐ Federal

☐ Municipal

☒ State

☐ Other

Latitude: ____

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

A.

611310

B.

C.

D.

6. Facility Mailing
Address

Street Address or P.O. Box:

P.O. Box 13489

City or Town:

St. Petersburg

State:

FL

Zip Code:

33733

7. Facility Contact
Person

First Name:

ANNA

Last Name:

Gillman

Title: Environmental
Specialist

Phone Number:

727-341-3314

Extension:

-

E-Mail:

gillman.anna@spcollege.edu

Street or P.O. Box:

14025-58th Street North

City or Town:

Clearwater

State:

FL

Zip Code:

33760

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

Name of Real Property Owner:

Board of Trustees St. Petersburg College

☐ New Owner

Date became Owner: ____/____/____
mm dd yyyy

Street or P.O. Box:

P.O. Box 13489

Phone Number:

727-341-3314

City or Town:

St. Petersburg

State:

FL

Zip Code:

33733

Owner Type: ☐ Private

☐ Federal

☐ Municipal

☒ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):**A. Hazardous Waste Activities:**

For Items 2 through 7, check all that apply.

1. Generator of Hazardous Waste

(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
- ☒ 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
- ☐ c. Conditionally Exempt SQG (CESQG):
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. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

2. ☐ **Treater, Storer, or Disposer of Hazardous Waste** (at your facility) Note: A hazardous waste permit may be required for this activity.

3. ☐ **Recycler of Hazardous Waste** (at your facility)
Specify: ☐ Commercial; ☐ Non-Commercial.
Note: A hazardous waste permit may be required for this activity.

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** - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

6. ☐ **Underground Injection Control**

7. ☐ **Transporter of Hazardous Waste** Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. ☐ a. For own waste only; ☐ b. For Commercial Purposes

c. Hazardous Waste Transporter Insurance Information:

Insurance Company _____

Address _____

Contact: _____

Telephone: _____

Policy Number: _____

Expiration date: _____

- d. Transportation Mode: ☐ Air; ☐ Rail; ☐ Highway; ☐ Water; ☐ Other - specify _____

- e. ☐ **Hazardous Waste Transfer Facility:** Storage Volume _____

B. Universal Waste (UW) Activities:

1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

	Generate/ Accumulate	Transport
a. Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Maximum quantity of UW handled/transported at any time

- ☐ a. 5,000 kg or more; Large Quantity Handler (LQH)
- ☐ b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
- ☒ c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. ☐ **Destination Facility for UW**

Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. ☐ **Transporter of UW**

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):**C. Used Oil Activities:**

1. **Used Oil Transporter - Indicate type(s) of activity(ies)**
☐ a. Transporter
☐ b. Transfer Facility
2. **Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)**
☐ a. Processor
☐ b. Re-refiner
3. ☐ **Off-Specification Used Oil Burner**
4. **Used Oil Fuel Marketer - Indicate type(s) of activity(ies)**
☐ a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner
☐ b. Marketer who first claims the used oil meets the specifications
5. ☒ **Used Oil Generator**

D. Other State Regulated Waste Activities:1. ☐ **Used Oil Filter Handler**2. ☐ **PCW Handler**

These activities may require additional submissions.

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, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	D001	2	D002	3	D003	4	D008	5	D009	6	D011	7	P105
8	P098	9	U122	10		11		12		13		14	
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	

11. Other Status Changes (Mark 'X' in the appropriate boxes):**A. Non-Handler of Regulated Waste at this facility**

- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
- ☐ 2. Waste generated by business has been delisted.
- ☐ 3. Other (explain) _____

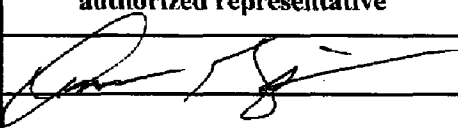
B. Facility Closed

- ☐ 1. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ 2. Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
- Contact _____ Phone _____
- Address _____
- City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection****12. Comments:**

We are changing our status from CESQG to SQG. By August 2008, we will have a new program on-line, an Orthotics and Prosthetics lab, which will be generating some routine hazardous waste. We are notifying of this change in advance.

13. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	Anna Greenaw, Environmental Specialist	3-31-08

14. Additional Comments

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility: