



# 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

03/03/2009

Stuart Stapleton  
EQ Florida Inc  
7202 E 8 Ave  
Tampa, FL 33619-

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **2002 N Orient Rd, Tampa, FL 33619-3356** has been registered through **March 1, 2010** with the following status:

Facility ID # **FLD981932494**  
**Transporter of Universal Waste Lamps and Devices**  
**Small Quantity Handler Facility for Universal Waste Lamps and Devices**  
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2010** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
Hazardous Waste Management Section

Enclosures



# THE ENVIRONMENTAL QUALITY COMPANY

EQ FLORIDA, INC. • 7202 E. 8<sup>TH</sup> AVENUE • TAMPA, FLORIDA 33619 • TEL 800-624-5302 • FAX 813-628-0842

REGISTERED MAIL NO. 7007 1490 0002 1566 3068  
RETURN RECEIPT REQUESTED

RECEIVED

JAN 21 2009

BY: BHW

January 13, 2009

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

Re: Annual Registration

Dear Ms. Sullivan:

Please find attached a completed Universal Waste Lamp and Device Transporter and Transfer Facility Registration Form along with a completed 8700-12FL Florida Notification of Regulated Waste Activity. This renewal is for the registration period from January 1, 2009 through December 31, 2009.

If you have questions or comments concerning this mater, please call me at 813-319-3423.

Sincerely,

Stuart Stapleton  
EHS Manager

	Initials _____
	Date _____



**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

Date Received  
 (for FDEP Official Use Only)

EPA ID: **FLD981932494** RCRA Info

**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** EQ Florida, Inc.

**3. Facility Operator** (List additional Operators in the comments section).  
 Name of Operator: EQ Florida, Inc.  New Operator  
 Date became Operator: 02 / 04 / 2004  
 Street or P.O. Box: 7202 East 8th Avenue Phone Number: 813-319-3423  
 City or Town: Tampa State: FL Zip Code: 33619  
 Operator Type:  Private  Federal  Municipal  State  Other

**4. Facility Physical Location Information**  
 Physical Street Address: 2002 North Orient Road  
 City or Town: Tampa State: FL Zip Code: 33619  
 County: Hillsborough Land Type:  Private  Federal  Municipal  
 State  Other  
 Latitude: 27 57 42.2"N Longitude: 81 22 26.7"W Method:  
 d d m m s s . ssss d d m m s s . ssss Datum:

**5. Facility North American Industry Classification System (NAICS) Code(s)**  
 A. 56211 B.  
 C. D.

**6. Facility Mailing Address**  
 Street Address or P.O. Box: 7202 East 8th Avenue  
 City or Town: Tampa State: FL Zip Code: 33619

**7. Facility Contact Person**  
 First Name: Stuart Last Name: Stapleton Title: EHS Manager  
 Phone Number: 813-319-3423 Extension: E-Mail: stuart.stapleton@eqonline.com  
 Street or P.O. Box: 7202 East 8th Avenue  
 City or Town: Tampa State: F Zip Code: 33619

**8. Real Property Owner of the Facility's Physical Location** (List additional real property owners in the comments section.)  
 Name of Real Property Owner: EQ Holding Company  New Owner  
 Date became Owner: 04 / 04 / 2004  
 Street or P.O. Box: 7202 East 8th Avenue Phone Number: 813-319-3423  
 City or Town: Tampa State: FL Zip Code: 33619  
 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 American International Specialty Lines Insurance Company  
Address 300 S. Riverside, Suite 2100, Chicago, IL

Contact: Joshua Bowen Telephone: \_\_\_\_\_  
Policy Number: EG2600963 Expiration date: 08-01-2009

- d. Transportation Mode:  Air;  Rail;  Highway;  Water;  Other - specify \_\_\_\_\_

- e.  **Hazardous Waste Transfer Facility:** Storage Volume 20,000 gallons and 100 cubic yards

**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)**

	<u>Generate/ Accumulate</u>	<u>Transport</u>
a. Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input checked="" 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 checked="" 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:**

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

- 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.

<sup>1</sup> D001	<sup>2</sup> D002	<sup>3</sup> D003	<sup>4</sup> D004	<sup>5</sup> D005	<sup>6</sup> D006	<sup>7</sup> D007
<sup>8</sup> D008	<sup>9</sup> D009	<sup>10</sup> D010	<sup>11</sup> D011	<sup>12</sup> D012	<sup>13</sup> D013	<sup>14</sup> D014
<sup>15</sup> D015	<sup>16</sup> D016	<sup>17</sup> D017	<sup>18</sup> D018	<sup>19</sup> D019	<sup>20</sup> D020	<sup>21</sup> D021
<sup>22</sup> D022	<sup>23</sup> D023	<sup>24</sup> D024	<sup>25</sup> D025	<sup>26</sup> D026	<sup>27</sup> D027	<sup>28</sup> D028

**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**

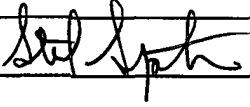
1. Closed at this location and **moved or moving** to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
2. Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached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

- C. Property Tax Default**       **D. Petition for Bankruptcy Protection**

**12. Comments:**

SEE ATTACHEMENT 1 FOR ADDITIONAL EPA WASTE CODES

**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)
	Stuart Stapleton, EHS Manager	01-13-2009

**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:

SEE ATTACHMENT 1 FOR ADDITIONAL EPA WASTE CODES



RECEIVED

JAN 21 2009



Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

BY: BSHW

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

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

EQ Florida, Inc    7202 E. 8th Ave    Tampa, FL 33619  
Facility Name                      Street Address                      City and State

813-319-3423                      813-626-7451                      Stuart.Stapleton@EQonline.com  
Phone                                      Fax                                      E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).  
Complete all sections and check all boxes that apply.

1. Estimated number of LAMPS handled during the last calendar year.

50,000  
Types:                      Fluorescent                       HID

2. Estimated number of DEVICES handled during the last calendar year. 3,000

Types: Thermostats                       Electric Switches/Relays   
Thermometers                       Manometers                       Other

3. Estimated weight of DEVICES handled during the last calendar year. 1,000 lb.  
(NOT ballasts)

4. Where do the lamps (L) and devices (D) go for recycling? Check the appropriate box and provide the quantity recycled.

50,000/3,000    AERC                      Melbourne, FL                      800-808-4689  
Number    L  D     Facility Name                      City/State                      Phone

Number    L  D     Facility Name                      City/State                      Phone

Number    L  D     Facility Name                      City/State                      Phone  
Stuart Stapleton                      [Signature]                      1/13/09  
Print Name of Authorized Agent                      Signature of Authorized Agent                      Date



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

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

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? \_\_\_\_\_

Stuart Stapleton [Signature] 1/13/09  
Print Name of Authorized Agent Signature of Authorized Agent Date

**Complete, sign and return this checklist along with your registration form to:**

Laurie Tenace, MS 4555  
Hazardous Waste Management Section  
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 Laurie Tenace at (850) 488-0300 or via e-mail at [laurie.tenace@dep.state.fl.us](mailto:laurie.tenace@dep.state.fl.us).

**Thank you for your cooperation in providing this information.**

TransChkl.doc