



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

01/27/2010

John Clesen
Stericycle Specialty Waste Solutions Inc
28161 N Keith Dr
Lake Forest, IL 60045-4528

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 **314 W Landstreet Rd # B, Orlando, FL 32824-7803** has been registered through **March 1, 2011** with the following status:

Facility ID # **FLR000006353**
Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste 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 **2011** 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).

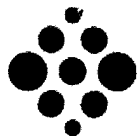
This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter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

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



January 12, 2010

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

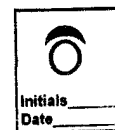
RE: Form "8700-12FL – Florida Notification of Regulated Waste Activity" - Subsequent Notification (FLR 000006353)

To Whom It May Concern:

Attached is a completed form "8700-12FL – Florida Notification of Regulated Waste Activity," indicating subsequent notification for a change in operator status of the 10-day hazardous waste transfer facility (Facility), formerly known as Environmental Enterprises of Florida (EEFI), located at 314-B West Landstreet Road, Orlando, Florida. Pursuant to a recent merger, the new Facility operator will be Stericycle Specialty Waste Solutions, Inc. (SSWSI), a subsidiary of Stericycle, Inc. of Lake Forest, Illinois. This letter highlights updated Facility status and other changes as indicated in pertinent sections on the attached form 8700-12FL.

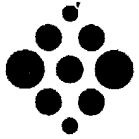
Items 2 and 3. New Business Name: Stericycle Specialty Waste Solutions, Inc. (SSWSI)
FEID No.: 260811463
Date became Operator: May 31, 2009
Operator Type: Public

Item 7. Business Contact Person: Mr. John Clesen, V.P.
Phone Number: (800) 643-0240, ext. 1114
E-Mail: jclesen@stericycle.com



Item 8. Real Property (Land) Owner: CORRECTION from EEFI's previous 8700-12 FL submittals:
Dr. Robert Baker
424 Riverside Drive
Battle Creek, MI 49015
(296) 964-7113
Date became Owner: March 13, 1986

Stericycle Specialty Waste Solutions, Inc.



Stericycle[®]

Specialty Waste Solutions

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Item 9.A.(7). NOTE: Stericycle Specialty Waste Solutions, Inc is a registered transporter of hazardous waste in Florida. The Transporter EPA ID is MNS000110924. See **Attachment A**: “State of Florida Hazardous Waste Transporter Status Form,” “State of Florida Hazardous Waste Transporter Certificate of Liability Insurance,” and “State of Florida Hazardous Waste Transporter Liability Endorsement.”

Item 9.A.7.e. Evidence of the transporter’s financial responsibility...

See **Attachment A**: “State of Florida Hazardous Waste Transporter Status Form,” “State of Florida Hazardous Waste Transporter Certificate of Liability Insurance,” and “State of Florida Hazardous Waste Transporter Liability Endorsement.”

Item 9.B. Universal Waste (UW) Activities...

Mercury-containing devices/lamps SQH: “Mercury Forms”

See **Attachment B**: “Universal Waste Lamp and Device Transporter and Transfer Facility Information Checklist.” Per Mr. Jack Price, Florida Department of Environmental Protection, Stericycle Specialty Waste Solutions, Inc. has been entered in as the new facility name, with EEFI statistics under **Section 1** for the previous calendar year.

Item 9.C.(7). Used Oil Transporters, Transfer Facilities...must pay an annual \$100.00 registration fee...

A check is enclosed

Item 9.C.(8). Specific Certification to be signed by all Used Oil Transporters

Certification signed by Mr. John Clesen, V.P.
See **Attachment C**: “Certificate of Liability Insurance Used Oil Transporters.”

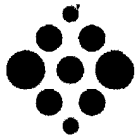
Item 12. Certification:

Mr. John Clesen, V.P.

Person completing this form:

Mr. Stephen A. Gross, (612) 285-9865, sgross@stericycle.com

Stericycle Specialty Waste Solutions, Inc.



Stericycle*

Specialty Waste Solutions

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January 12, 2010

Please note that Stericycle Specialty Waste Solutions, Inc. is reviewing applicable Facility documents and updating them as necessary. Per my October 29, 2009 discussion with Mr. Tony Trip, Florida Department of Environmental Protection - Hazardous Waste Management Division, applicable updated Facility documents will be submitted with another copy of form 8700-12 FL upon completion of review of the applicable documents.

If you have any questions, or if I can be of further service, please call me at (612) 285-9865.

Sincerely,

Stephen A. Gross
Compliance and Regulatory Affairs

Encls. **Form 8700-12FL**

Attachment A: "State of Florida Hazardous Waste Transporter Status Form," "State of Florida Hazardous Waste Transporter Certificate of Liability Insurance," and "State of Florida Hazardous Waste Transporter Liability Endorsement"

Attachment B: "Universal Waste Lamp and Device Transporter and Transfer Facility Information Checklist"

Attachment C: "Certificate of Liability Insurance Used Oil Transporters" (two)

Check in the amount of \$100.00, made payable to the Florida Department of Environmental Protection

Stericycle Specialty Waste Solutions, Inc.

2850 100th Court NE · Blaine, Minnesota 55449 · Phone (612) 285-9865 · Fax (612) 285-9000 · www.stericycle.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

RECEIVED

Date Received
DEP Official Use Only

EPA ID FLR0000006353

1. Reason for Submittal
Mark 'X' in correct box:
[] To provide initial notification
[X] To provide subsequent notification
[] Is this the final notification

2. Facility or Business Name Stericycle Specialty Waste Solutions, Inc.
FEID No. 260811463

3. Facility Operator
Name of Operator: Stericycle Specialty Waste Solutions, Inc.
Date became Operator: 05 / 31 / 2009
Street or P.O. Box: 314-B West Landstreet Road
Phone Number: 800-762-9162
City or Town: Orlando State: FL Zip Code: 32824
Operator Type: [] Private [] Federal [] Municipal [] State [X] Other Public

4. Facility Physical Location Information
Physical Street Address: 314-B West Landstreet Road
City or Town: Orlando State: FL Zip Code: 32824
County: Orange
If available, please attach a map or sketch of the facility boundaries.
Latitude: 28 43 57.93 Longitude: 81 38 31.52 Method: Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)
A. 562112 B.
C. D.

6. Facility or Business Mailing Address
Street Address or P.O. Box: 314-B West Landstreet Road
City or Town: Orlando State: FL Zip Code: 32824

7. Facility or Business Contact Person
First Name: John Last Name: Clesen Title: V.P.
Phone Number: (800) 643-0240 Extension: 1114 E-Mail: jclesen@stericycle.com
Street or P.O. Box: 28161 N. Keith Drive
City or Town: Lake Forest State: IL Zip Code: 60045

8. Real Property (Land) Owner of the Facility's Physical Location
Name of Real Property (Land) Owner: Dr. Robert Baker
Date became Owner: 03 / 13 / 86
Street or P.O. Box: 424 Riverside Drive Phone Number: (269) 964-7113
City or Town: Battle Creek State: MI Zip Code: 49015
Owner Type: [X] Private [] Federal [] Municipal [] State [] Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(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 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

For Items 2 through 7, mark 'X' in all that apply.**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) 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 Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: Commercial; Non-Commercial.

A permit is 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

(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - 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) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(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 _____ See Cover Letter and Attachment A

Address _____

Contact _____ Telephone _____

Policy Number _____ Expiration date _____

d. Transportation Mode Air Rail Highway Water Other - specify _____**e. Hazardous Waste Transfer Facility:** Storage Volume 300, 55-gallon drums in **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- Evidence of the transporter'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.]
- Notification of changes in above items**
- Annual update notification**

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
[Note: 4 lamps = 1 kg, 62-737.200(10)]
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,000 lbs.
b. Pesticides	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60 lbs.
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,000 lbs.
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25 lbs.
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,000 lbs.

(3) Mercury Recovery and/or Reclamation Facility Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW Pharmaceuticals Lamps Devices

(5) 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.

C. Used Oil Activities:

(1) Used Oil Transporter - indicate type(s) of activity(ies):

- a. Transporter
- b. Transfer Facility
- (2) Collection Center
- (3) Used Oil Processor (A permit is required for this activity.)
- (4) Off-Specification Used Oil Burner
- (5) Used Oil Fuel Marketer
- (6) Used Oil Filter
 - a. Transporter
 - b. Transfer Facility
 - c. Processor
 - d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

John Clesen, V. P.

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.
 A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):
 Our mailing (business) address
 The site (facility) address

D. Other State Regulated Waste Activities: **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]
 Note: A water facility permit may be required for this activity.

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	AIID	2	AIF	3	AIP	4	AIU	5		6		7	
8		9		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 all that apply):

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 Form 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. 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. 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. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	John Clesen, V.P.	7/12/09

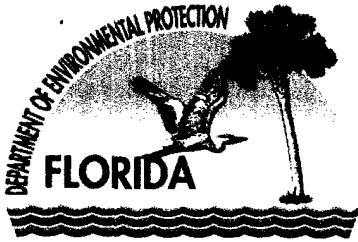
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

Stephen A. Gross (612) 285-9865 sgross@stericycle.com
 (Name of person completing this form) (Phone Number) (E-mail Address)

13. Comments:

See attached cover letter and Attachment 1. Completion of this form was discussed with Ms. Theresa A. Sullivan and Mr. Tony Trip, both with the Florida DEP - Hazardous Waste Management Division. Associated documents are being updated and will be submitted with subsequent 8700-12FL per Mr. Trip.

Attachment B



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

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.

Stericycle Specialty Waste Solutions, Inc.		<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 12.5%;">F</td><td style="width: 12.5%;">L</td><td style="width: 12.5%;">R</td><td style="width: 12.5%;">0</td><td style="width: 12.5%;">0</td><td style="width: 12.5%;">0</td><td style="width: 12.5%;">0</td><td style="width: 12.5%;">6</td><td style="width: 12.5%;">3</td><td style="width: 12.5%;">5</td><td style="width: 12.5%;">3</td> </tr> </table>		F	L	R	0	0	0	0	6	3	5	3
F	L	R	0	0	0	0	6	3	5	3				
<i>(Facility Name)</i>		<i>(EPA id)</i>												
314-B Landstreet Road	Orlando	FL	32824											
<i>(Street Address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(Zip)</i>											
(407) 855-0141	(407) 855-0354	hazmatfl@att.net												
<i>(Phone)</i>	<i>(Fax)</i>	<i>(E-mail)</i>												

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. 2751
 Types: Fluorescent HID
2. Estimated number of DEVICES handled during the last calendar year. 132
 Types: Thermostats Electric Switches/Relays
 Thermometers Manometers Other
3. Estimated weight of DEVICES handled during the last calendar year. 200 lb.

4. Estimated number of lamps or devices you shipped to each lamp recycling facility. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

Number	L	D	Facility Name	City	State	Phone
OHD980568992	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Envirite of Ohio, Inc.	Canton	OH	(330) 456-6238
OHD083377010	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Environmental Enterprises, Inc.	Cincinnati	OH	(513) 541-1823
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

John Clesen		12/22/2009
Print Name of Authorized Agent	Signature of Authorized Agent	Date



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

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? 2008

Print Name of Authorized Agent

Signature of Authorized Agent

Date

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

EPA ID Notification Coordinator
Hazardous Waste Regulation Section MS 4560
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) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.

TransChk1.doc