



# Florida Department of Environmental Protection

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

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Herschel T. Vinyard Jr.  
Secretary

01/23/2013

Donnie Lester  
Tri - State Motor Transit Co  
PO Box 113  
Joplin, MO 64802-0113

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 **8141 EAST 7TH STREET, JOPLIN, MO 64801** has been registered through **March 1, 2014** with the following status:

Facility ID # **MOD095038998**  
**Transporter of Universal Waste Lamps and Devices**

The registration form for the year **2014** 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 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 by sending an updated form 8700-12FL(Florida Notification of Regulated Waste Activity) to the address on the form which can be found at <http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm>. 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,

A handwritten signature in cursive script that reads "Laurie Tenace".

Laurie Tenace  
Environmental Specialist  
Waste Reduction Section

Enclosures



**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

Date Received  
(for FDEP Official Use Only)

EPA ID **M O D 0 9 5 0 3 8 9 9 8**

MTS

RCRAInfo

**1. Reason for Submittal**

Mark 'X' in 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).
- Is this the **final notification** (see instructions) for the facility?

**2. Facility or Business Name**

Bed Rock Inc DBA Tri-State Motor Transit Co.

FEID No.

**4 3 1 5 7 5 6 6 9**

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

Name of Operator:

Tri-State Motor Transit Co.

New Operator

Date became Operator: 02 / 05 / 02  
mm dd yy

Street or P.O. Box:

P O Box 113

Phone Number:

417-624-3131

City or Town:

Joplin

State:

MO

Zip Code:

64802

Operator Type:  Private

Federal

Municipal

State

Other

**4. Facility Physical Location Information**

Physical Street Address:

8141 East 7th Street

City or Town:

Joplin

State:

MO

Zip Code:

64801

County:

Jasper

If available, please attach a map or sketch of the facility boundaries.

Latitude: 3 7 | 0 5 | 0 2 . 3 Longitude: 0 9 | 4 2 | 4 6 . 7 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.

484230

B.

C.

D.

**6. Facility or Business Mailing Address**

Street Address or P.O. Box:

Same as above

City or Town:

State:

Zip Code:

**7. Facility or Business Contact Person**

First Name:

Donnie

Last Name:

Lester

Title: Director of Safety

Phone Number:

417-624-3131

Extension:

2658

E-Mail:

donnie.lester@tsmtco.com

Street or P.O. Box:

P O Box 113

City or Town:

Joplin

State:

MO

Zip Code:

64802

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

Name of Real Property (Land) Owner:

Tri-State Properties LLC

New Owner

Date became Owner: 02 / 05 / 02  
mm dd yy

Street or P.O. Box:

Same as above

Phone Number:

City or Town:

State:

Zip Code:

Owner Type:  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 Zurich American Insurance Co

Address 1400 American Ln  
Schaumburg IL 60196

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Policy Number TRK5436745-08 Expiration date 11/01/2013

d. **Transportation Mode**  Air  Rail  Highway  Water  Other - specify \_\_\_\_\_e.  **Hazardous Waste Transfer Facility:** Storage Volume \_\_\_\_\_ **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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40,000#
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40,000#
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40,000#
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40,000#
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40,000#

**(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.]

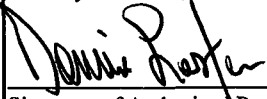
**(4) Reverse Distributor of UW**  Pharmaceuticals  Lamps  Devices

**(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  
**Donnie Lester**  
 \_\_\_\_\_  
 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





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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

Received

JAN 14 2013

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.

Bed Rock Inc DBA Tri-State Motor Transit Co.			MCD095038998		
<small>(Facility Name)</small>			<small>(EPA id)</small>		
8141 E 7th Street	Joplin	MO	64801		
<small>(Street Address)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zip)</small>		
417-624-3131	417-621-2061	donnie.lester@tsmtco.com or karen.blevins@tsmtco.com			
<small>(Phone)</small>	<small>(Fax)</small>	<small>(E-mail)</small>			

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. 0  
Types:      Fluorescent                       HID
2. Estimated number of DEVICES handled during the last calendar year. 0  
Types: Thermostats       Electric Switches/Relays   
Thermometers       Manometers       Other  0
3. Estimated weight of DEVICES handled during the last calendar year. 0 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
None	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____

Donnie Lester		01/11/2013
<small>Print Name of Authorized Agent</small>	<small>Signature of Authorized Agent</small>	<small>Date</small>



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Received  
JAN 14 2013

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Secretary

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

BSHW

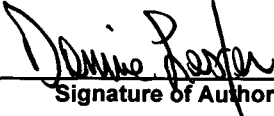
1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

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? \_\_\_\_\_

Donnie Lester		01/11/2013
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](mailto:laurie.tenace@dep.state.fl.us).

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

TransChkl.doc