



## 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

02/12/2013

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

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **St Petersburg College- Health Education Center** located at **7200 66th St N, Pinellas Park , FL33781-4005**

**FLD982157562**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Small Quantity Generator; Small Quantity Handler, Universal Waste Batteries, Universal Waste Lamps, Universal Waste Devices.**

Your facility is **currently registered** for the following activities: **None.**

Your facility is **currently permitted/active** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

**To review the details of your status**, visit:

[http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLD982157562](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD982157562).

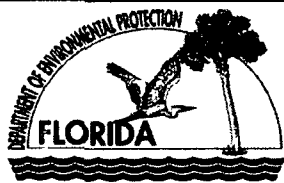
For further assistance, please e-mail a Notification Coordinator at [EPOST\\_HWreg@dep.state.fl.us](mailto:EPOST_HWreg@dep.state.fl.us) or call us at (850)245-8707.

Sincerely,

  
FOR

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 33325 , Email Address: [gillman.anna@spcollege.edu](mailto:gillman.anna@spcollege.edu)

**8700-12FL - FLORIDA NOTIFICATION OF  
REGULATED WASTE ACTIVITY**DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8772Date Received \_\_\_\_\_  
(for FDEP Official Use Only)

EPA ID

F L D 9 8 2 1 5 7 5 6 2

MIS

RCRA Info

**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**

St. Petersburg College-Health Education Center

FEID No.

5 9 1 2 1 1 4 8 9

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

Name of Operator:

St. Petersburg College Board of Trustees

☐ New OperatorDate became Operator: 02 / 04 / 1992  
mm dd yy

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

If available, please attach a map or sketch of the facility  
boundaries.Latitude: 2 7 5 0 1 6 . 8324 Longitude: 8 2 4 3 4 6 . 8984 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.

611310

B.

C.

D.

**6. Facility or  
Business Mailing  
Address**

Street Address or P.O. Box:

P.O. Box 13489

City or Town:

St. Petersburg

State:

FL

Zip Code:

33733

**7. Facility or  
Business Contact  
Person**

First Name:

Anna

Last Name:

Gillman

Title: Env. Srcs. Coord.

Phone Number:

727-341-3314

Extension:

E-Mail:

gillman.anna@spcollege.edu

Street or P.O. Box:

P.O. Box 13489

City or Town:

St. Petersburg

State:

FL

Zip Code:

33733

**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:

St. Petersburg College Board of Trustees

☐ New OwnerDate became Owner: 12 / 31 / 1974  
mm dd yy

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 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 \_\_\_\_\_

Address \_\_\_\_\_

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

Policy Number \_\_\_\_\_ Expiration date \_\_\_\_\_

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	less than 100 lbs. on site at a time
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	less than 5 lbs. on site at a time
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	less than 200 lbs. est. on site at a time

**(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

**(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.

**(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


\_\_\_\_\_  
Print Name of Authorized Person

**(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

Received

FEB 11 2013

EPA ID No. <b>BSHW</b> FLD982157562						
<b>D. Other State Regulated Waste Activities:</b> <input type="checkbox"/> <b>Petroleum Contact Water (PCW) Handler</b> [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.						
<b>10. Waste Codes for Federally Regulated Hazardous Wastes:</b> 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 D009	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
<b>11. Other Status Changes (Mark 'X' in all that apply):</b>						
<b>A. Non-Handler of Regulated Waste at This Facility</b> <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste <input type="checkbox"/> (2) Waste generated by business has been delisted. <input type="checkbox"/> (3) Other (explain) _____						
<b>B. Facility Closed</b> <input type="checkbox"/> (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. <input type="checkbox"/> (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 _____						
<input type="checkbox"/> <b>C. Property Tax Default</b>			<input type="checkbox"/> <b>D. Petition for Bankruptcy Protection</b>			
<b>12. Certification:</b> 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.						
<b>Signature of owner, operator, or an authorized representative</b> 		<b>Print Name and Title</b> Anna Gillman, Env. Services Coordinator			<b>Date Signed (mm-dd-yyyy)</b> 01-10-2013	
<b>If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:</b>						
(Name of person completing this form) _____		(Phone Number) _____		(E-mail Address) _____		
<b>13. Comments:</b>    						

# Caruth Health Education Center

## Caruth Health Education Center

7200 66th St. N

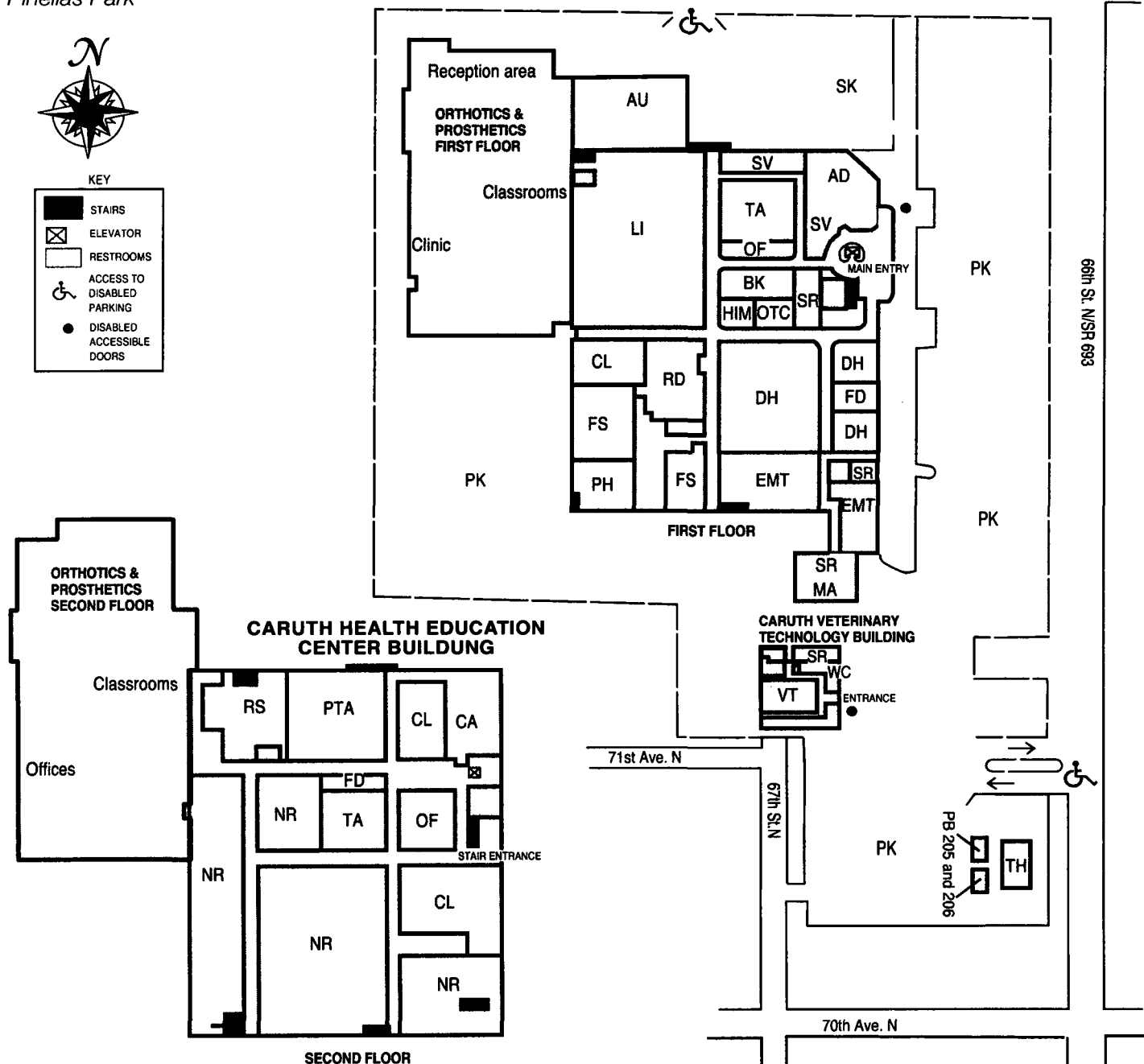
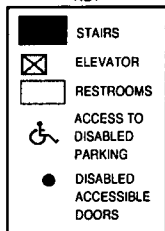
Pinellas Park

Park Blvd./74th Ave. N/SR 694

66th St. N/SR 693



### KEY



### Caruth Health Education Center Room Codes

AD - Administration

AU - Auditorium

BK - Bookstore

CA - Cafeteria

CL - Classrooms

DH - Dental Hygiene

EMT - Emergency Medical Technology

FD - Faculty development

FS - Funeral Services

HIM - Health Information Management

LI - Library

MA - Maintenance

NR - Nursing

OF - Offices

OTC - OSSD testing center

PB - Portables 205 and 206

PH - Physical Plant/Receiving

PK - Student parking

PTA - Physical Therapist assistant

RS - Respiratory Therapy

SK - Staff parking

SR - Storage

SV - Student Services

TA - Teaching Auditorium

TH - Thrift Store

VT - Veterinary Technology

WC - Wellness Center