

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

02/28/2013

Jessica Ogle A R Paquette & Company 1400 E International Speedway Blvd Deland, FL 32724-2608

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 **1400 E International Speedway Blvd, Deland, FL 32724-2608** has been registered through **March 1**, **2014** with the following status:

Facility ID # FLD982105884

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 **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.

Sincerely,

Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures

FLORIDA	REGUL DEP Waste M 2600 Blair St	FLORIDA NOT ATED WASTE (anagement Division tone Rd. Tallahassee (850) 245-8772	–HWRS, MS4560 e, FL 32399-2400		Date Received for PDEP Official Use Only) RCRAInfo			
I. 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). 1 2013 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 A.R. PAQUETTE + CO., JAC.								
3. Facility Operator (List additional Operators in the comments section).	Name of Operator: A.R. PAQUET Street or P.O. Box: 1400 E. INTER City or Town: DELAND Operator Type: Privat	NATIONAL	SPEEDWAY		Operator:// mm dd yy e Number: 6 -736 - 1978 Zip Code: 32724			
4. Facility Physical Location Information	City or Town:	#3		State:	Zip Code:			
	County: If available, please attach a map or sketch of the foundaries. VOLUSIA boundaries. Latitude: 2 9 0 5 6 d mm s s ssss d mm d d mm ssss d d							
5. Facility North American Industry Classification System (NAICS) Code(s) A 484230 C.		<u> </u>		B. D.				
6. Facility or Business Mailing Address	Street Address or P.O. Bo City or Town:	* SAME AS	5#3	State:	Zip Code:			
7. Facility or Business Contact Person	First Name: ESSIC Phone Number: <u>380-736-1978</u> Street or P.O. Box:			100010-1	Title: COMPTROLLER Parpaquette.com			
0 0 10	1400 E. INTERN City or Town: Deland	NHL.		FL	Zip Code: 32724			
8. Real Property (Land) Owner of the Facility's Physical Location		of Real Property (Land) Owner: LEN R. PAQUETTE			Date became Owner:/ mm dd yy			
(List additional real property owners in the comments section.)	Street of P.O. Box: 1400 E. INTERNATIONAL SPEEDWAY City or Town: DELAND Owner Type: APrivate Federal Municipal St			<u>IBLVD 38</u> State: <u>FL</u>	Zip Code: 32724			

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 01-04-2009 Page 1 of 4

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9. Type of Regulated Waste Activity (Mark 'X' in all th	at apply):			
A. Hazardous Waste Activities:	For Items 2 through 7, mark 'X' in 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 	 (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 			
greater per month (kg/mo) (2,200 lbs.) of <i>non-acute</i> hazardous waste; or Greater than 1 kg (2.2 lbs) of <i>acute</i> hazardous waste	 b. Operating Non-commercial TSD c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.) 			
 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 <i>non-acute</i> hazardous waste and/or 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste 	 (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 			
 c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of <i>non-acute</i> hazardous waste and 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste 	(5) Person Authorized to Manage Conditionally Exempt Was Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your applicat for such authorization OR the authorization you received from FDEP.			
 In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator 	(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 Registration must be renewed annually. a. For own	of Liability Insurance is required along with this registration.] waste only \mathbf{X} b. For commercial purposes			
c. Hazardous Waste Transporter Insurance Informatic Insurance Company ACE AMERICAN Address <u>436</u> WALNUT ST. PHILADELPHIA Contact <u>ROGER MURPHY</u> Policy Number H 0845 3871-001	on			
d. Transportation Mode 🗌 Air 🗌 Rail 🗌 Highway	Water Other - specify			
e. Hazardous Waste Transfer Facility:	Storage Volume			
The following items are required to be submitted v Florida Administrative Code (F.A.C.)]:	with the initial notification for a transfer facility [Rule 62-730.171(3),			
criteria of Section 403.7211(2), Florida Statutes	ty [Rule 62-730.171(3)(a)3., F.A.C.]			
A brief general description of the transfer facility A copy of the facility closure plan [Rule 62-730.1] A copy of the contingency and emergency plan [R	71(3)(a)5., F.A.C.]			
A map or maps of the transfer facility [Rule 62-73 Notification of changes in above items Annual update notification	0.171(3)(a)7., F.A.C.]			

	EPAID No. FLD982105884								
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):									
$\Box \qquad \text{Large Quantity Handler (LQH)} = 5,000 \text{ kg (11,000 lb) or more}$	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 lam	ps) or more accumulated by for-hire handler								
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lam	ps) accumulated by for-hire handler								
[Note: 4 lamps = 1 kg, $62-737.200(10)$]									
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	eutical waste (UPW) accumulated								
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	dous ("P-listed") pharmaceutical waste accumulated								
Pharmaceuticals SQH = always less than 5,000 kg of UPW and a	always 1 kg or less of acutely hazardous UPW accumulated								
(1) For those Managing Generate/ Accumulate Generate/ Accumulate Transport (see note in instructions) Handle at Transfer Facility	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.								
a. Batteries									
b. Pesticides									
c. Pharmaceuticals									
d. Mercury Containing Devices	220 105								
e. Mercury Containing Lamps	4400 165								
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.]	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, 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 orginally 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 UESSICA M. OGLE 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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D. Other State Regulated Waste Activities:			CW) Handler [Chanit may be required	pter 62-740, F.A.C.] 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.								
10001 1002 1003	1 D004	° D005	6 Doole	' DOO7				
D008 D009 D010	" DOIN	"DOIA	" DO13	14 DOIH				
"DOIS "DOIL "DOIT	¹⁸ F001	"FODZ	20 F003	²¹ F005				
²² F005 ²³ F006 ²⁴ F007	²⁵ F008	26 KO86	²⁷ P059	28 POTO				
11. Other Status Changes (Mark 'X' in all that a	pply):	4011	14084	U129				
 (2) Waste generated by business has been delisted. (3) Other (explain)								
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	Pr	nt Name and T	ſitle	Date Signed (mm-dd-yyyy)				
Jesuea M tele	Jessica M	.OGLE (OMPTROLLER	2-11-13				
	L							
If the person who filled in this form is not the Facilit	-							
<u>UESSICA M. DGLE</u> (Name of person completing this form)	<u>386 - 736 -</u> (Phone Number)	17.10	<u>18551ca Out</u> (E-mail Address)	rpaquette.com				
13. Comments:		 		· ~				

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 01-04-2009 Page 4 of 4