



Florida Department of Environmental Protection

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

Rick Scott
Governor

Herschel T. Vinyard Jr.
Secretary

01/13/2014
Keeth Kipp, President
Mwaste Inc
801 Anchor Rode Dr Ste 200
Naples, FL 34103-2742

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 **Mwaste Inc** located at **801 Anchor Rode Dr Ste 200, Naples , FL34103-2742**

FLR000121236

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Handler of Hazardous Waste.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp SQH, UW Device SQH (reg exp on 03/01/2015).**

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=FLR000121236.

For further assistance, please contact me at (850) 245-8749 or email at

Glen.Perrigan@dep.state.fl.us .

Sincerely,

Robin K. Pandley
For

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 35240 , Email Address: keethkipp@mwaste.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8707

Date Received
(for FDEP Official Use Only)

Received
JAN 02 2014

EPA ID: F L R 0 0 0 1 2 1 2 3 6

Please use the instructions document to complete this form

1. Reason for Submittal

(all submitters must
complete pages 1 and 2
and sign page 5.
Pages 3 and 4, - com-
plete as applicable)

Mark 'X' in
the correct box:
(must choose one
if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
☒ To provide subsequent notification (to update status and facility identification information).
☐ To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

FL Registration(s)

- ☒ UW Mercury (see page 3) ☐ HW Transporter (see page 4) ☐ Used Oil (see page 4)

2. Facility or Business Name

MWaste, Inc.

3. Facility Operator

(List additional Opera-
tors in the comments
section).

Name of Operator:

MWaste, Inc.

Date became Operator: 07 / 06 / 09

Street or P.O. Box:

801 Anchor Rode Dr. #200

Phone Number:

239-434-1888

City or Town:

Naples

State:

FL

Zip Code:

34103

Country (if not USA):

Operator Type:

- ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

4. Facility Physical Location Information (No P.O. Boxes)

Physical Street Address:

801 Anchor Rode Dr #200

☐ Vessel

City or Town:

Naples

State:

FL

Zip Code:

34103

County:

Collier

Country (if not USA):

5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)

A. 5 6 2 1 1 9 (required)

B.

C.

D.

6. Facility or Business Mailing Address

☒ Same address as #3 above or: Street or P.O. Box:

City or Town:

State:

Zip/Postal Code:

Country (if not USA):

7. Facility or Business RCRA Contact Person

First Name:

Keeth

Last Name:

Kipp

Title:

President

Phone Number:

239-434-1888

Extension:

E-Mail:

Fax:

Street or P.O. Box:

City or Town:

State:

Zip Code:

Country (if not USA):

8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the com- ments section.)

Name of Owner:

Bernard Turner

Date became Owner: 01 / 02 / 80

☐ New Owner mm dd yy

Street or P.O. Box:

210 Mooring Line Dr

Phone Number:

239-261-2712

City or Town:

Naples

State:

FL

Zip Code:

34103

Country (if not USA):

Owner Type:

- ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**(A) (1) Generator of Hazardous Waste**

☐ Yes ☐ No (Do not include Universal Waste or Used Oil)

If YES, 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 (at least once a year)
- ☐ **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 (at least once a year)
- ☐ **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. Short-Term Generator (one-time, not on-going)
- ☐ e. Episodic: Not more than one-time per year: __SQG__ LQG
- ☐ f. United States Importer of hazardous waste
- ☐ g. 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 Order (HSWA, etc.)
- (3) ☐ Recycler of Hazardous Waste (at your facility)**
Specify: ☐ Commercial ☐ Non-Commercial.
Note: 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) ☐ Receives Hazardous Waste from Off-Site**
- (7) ☐ Underground Injection Control**

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, K019, P012, U112).
Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):**(A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)

- ☐ (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

(B) Facility Closed (Complete this section only if all business activities at this facility have ceased.)

- ☐ (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will
- ☐ (2) Out of Business - Business closed on _____ (date)

☐ **(C) Property Tax Default**☐ **(D) Petition for Bankruptcy Protection****12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input checked="" type="checkbox"/> Universal Waste	First Name:		Last Name:		Title:
	Phone Number:		Extension:	E-Mail:	
	Street or P.O. Box:				
	City or Town:		State:(Country):		Zip Code:

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No.
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) <div style="display: flex; justify-content: space-between;"> Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps </div> <input type="checkbox"/> 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.	
B. Florida Universal Pharmaceutical Waste (UPW): one-time registration		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input checked="" type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])		
C. Florida Annual Mercury Handler Registration:		
<p>For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).</p> <p>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</p>		
<p>(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> First time registering <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached </div>		
	<input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input checked="" type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
	<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration one-time \$1,000 fee More Requirements (contact FDEP)
<p>(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal </div>		Annual Registration Required
<p>Briefly Describe your Universal Waste Activities:</p> <div style="text-align: center; font-size: 2em; margin: 10px 0;">TRANSPORTER</div> <div style="text-align: right;"> <input type="checkbox"/> We use Drum Top Bulb Crusher(s). </div>		
<p>13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> Transport [62-740 F.A.C.]</p> <p style="font-size: 0.8em;">Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]</p>		

EPA ID No.

14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department.

Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.

A. HW Transporter Registration Information (must be completed annually and when this information changes)

This facility is a registered transporter of hazardous waste.

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

☐ 1. For own waste only ☐ 2. For commercial purposes ☐ 3. Both commercial and own waste

4. **Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify _____

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

☐ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume _____

This form is: ☐ **Initial Registration** ☐ **Renewal** ☐ **Notification of changes** ☐ **Cancel Registration**

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6) , F.A.C., are kept at (check one):

☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

[illegible]

Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),

Transporters (exemptions in 40 CFR 279.40(a)(1-4) , transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

(1) Used Oil Transporter - mark activities: (occurring in Florida)

- ☐ a. Transporter (off-site) and noncontiguous locations
- ☐ b. Transfer Facility

- (2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

- (3) ☐ Used Oil Processor (A permit is required.)

- (4) ☐ Off-Specification Used Oil Burner

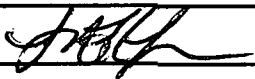
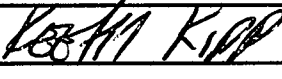
- (5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

(6) Used Oil Filter Management (must annually register)

- ☐ a. Transporter
☐ b. Transfer Facility
☐ c. Processor (Annual Report Required)
☐ d. End User

- (7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):
- ☐ Our mailing (business) address ☐ The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

Transfer Facility and Used Oil Transporter requirements and required signature page	EPA ID No.								
<p>(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)] :</p> <p>___ 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.]</p> <p>___ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]</p> <p>___ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]</p> <p>___ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]</p> <p>___ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]</p> <p>___ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]</p>									
<p>(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))</p> <p>In addition to the requirements on Page 4 Section 15:</p> <ul style="list-style-type: none"> ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company. UO transporters transporting off-site over public highways only within their own company must submit proof of insurance. UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):. <p>___ The used oil annual report is attached ___ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.</p>									
<p>16. Comments (attach a page if more space is needed):</p>									
<p>17. 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.</p>									
<p><input type="checkbox"/> I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..</p>									
Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)						
		<input type="checkbox"/>	12-27-13						
		<input type="checkbox"/>							
		<input type="checkbox"/>							
<p>If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Adrienne Lindgren</td> <td style="width: 33%; border-bottom: 1px solid black;">239-434-1888</td> <td style="width: 33%; border-bottom: 1px solid black;">adrienne@mwaste.com</td> </tr> <tr> <td style="font-size: small;">(Name of person completing this form)</td> <td style="font-size: small;">(Phone Number)</td> <td style="font-size: small;">(E-mail Address)</td> </tr> </table>				Adrienne Lindgren	239-434-1888	adrienne@mwaste.com	(Name of person completing this form)	(Phone Number)	(E-mail Address)
Adrienne Lindgren	239-434-1888	adrienne@mwaste.com							
(Name of person completing this form)	(Phone Number)	(E-mail Address)							



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

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.

mwaste inc 801 Anchor Road Dr. Nokes FL
Facility Name Street Address City and State
239.434.1888 239.434.7896 KBB@mwaste.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. 5000
Types: Fluorescent ☒ HID ☒

2. Estimated number of DEVICES handled during the last calendar year. 300
Types: Thermostats ☐ Electric Switches/Relays ☒
Thermometers ☐ Manometers ☐ Other ☐

3. Estimated weight of DEVICES handled during the last calendar year. 600 lb.

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

5500 Lighting Resources Ocala FL 352-509.3001
Number ☒ L ☒ D Facility Name City/State Phone

Number ☐ L ☐ D Facility Name City/State Phone

Number ☐ L ☐ D Facility Name City/State Phone
Keth Kipp [Signature] 12-30-13
Print Name of Authorized Agent Signature of Authorized Agent Date

"More Protection, Less Process"

www.dep.state.fl.us

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? _____

Print Name of Authorized Agent

Signature of Authorized Agent

Date

Complete, sign and return this checklist along with your registration form 8700-12FL to:

HWRS, MS 4560
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) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.