

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

BOB MARTINEZ CENTER 2600 BLAIRSTONE ROAD TALLAHASSEE, FLORIDA 32399-2400 RICK SCOTT GOVERNOR

CARLOS LOPEZ-CANTERA LT. GOVERNOR

HERSCHEL T. VINYARD JR. SECRETARY

03/03/2014 Craig Baumann, President Jump Start Inc 459 W State Road 436 Altamonte Springs, FL 32714-4103

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 **Jump Start Inc** located at **17195 US Highway 441 Suite 101, Mount Dora , FL32757-6752**

FLR000197236

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

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Lamp 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:

 $\underline{\text{http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm.}$

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000197236. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us .

Sincerely,

Glen Perrigan

Environmental Manager

Robin K. Pandley

Hazardous Waste Regulation Section

ME ID: 107563, Email Address: craig.baumann@live.com

FLORIDA

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

FEB 0 4 2014

Date Received
(for FDEP Official VISO Only)

ENVIRONMENTAL PROTECTION

PERMITTING & COMPLIANCE Please use the instructions document to complete SSISTANCE PROGRAM 0 1 9 R 0 Mark 'X' in To provide initial notification (to obtain an EPA ID Number for hazardous 1. Reason for the correct box: waste, universal waste, used oil activities, or PCW activities). Submittal (all submitters must To provide subsequent notification (to update status and facility identification information). (must choose one complete pages 1 and 2 if a notification) and sign page 5. To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) Pages 3 and 4, - com-FL Registration(s) plete as applicable) ☐ HW Transporter (see page 4) W Wercury (see page 3) ☐ Used Oil (see page 4) 2. Facility or Jump Start, Inc. **Business Name** Name of Operator: Date became Operator: 3. Facility Batteries Plus Bulbs Operator New Operator dd mm уу List additional Opera-Street or P.O. Box: Phone Number: tors in the comments 17195 U.S. Hwy. 441, Suite 101 352-483-1122 section). City or Town: State: Zip Code: Country (if not USA): Mount Dora FL 32757 Private Pederal Municipal State County Other Operator Type: Physical Street Address: 4. Facility ☐ Vessel **Physical** Location City or Town: State: Zip Code: Information (No P.O. Boxes) Country (if not USA): County: Same address as #3 above or: 5. Facility North American Industry 19 | 9 | 8 | (required) B. **Classification System (NAICS)** Code(s) (at least 5 digits) D. Same address as #3_ above or: Street or P.O. Box: 6. Facility or **Business** Country (if not USA): City or Town: State: Zip/Postal Code: **Mailing Address** Last Name: Title: First Name: 7. Facility or Craig President Baumann **Business** Phone Number: 262-893-5593 **RCRA** Extension: E-Mail: Fax: craig.baumann@live.com **Contact Person** Street or P.O. Box: 459 W. State Road 436 ☐ Same address as State: Zip Code: Country (if not USA): City or Town: #__above or: Altamonte FL 32714 Name of Owner: 8. Real Property Date became Owner: (FL Land) Owner PWL REI, LLC New Owner mm dd уу of the Facility's Street or P.O. Box: Phone Number: **Physical Location** 403 Madison Ave N, Suite 230 (List additional owners in the com-ments section.) City or Town: State: Zip Code: Country (if not USA): WA 98110 Same address as Municipal State County Other Owner Type: Federal above or:

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No.							
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):												
(A) (1)Generator of Hazardous Waste						For Items	For Items 2 through 7, mark 'X' in all that apply.					
ים l	Yes 🗖 No	(Do no	t include Univ	versal Waste or Used Oil	i)	(2) Trea	ter, Store	r, or Dispo	ser of H	azardous W	Vaste	
If	If YES, Choose only one of the following three categories.				(at your facility) Note: A hazardous waste permit							
	Genera greater hazardo	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)				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.)				·		
	General 100kg/i lbs.) of (2.2 lbs	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)			200	 (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 						
	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					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.						
In:			=	activities that apply.	•	<i>«</i> » П			-			
d. Short-Term Generator (one-time, not on-going) e. Episodic: Not more than one-time per year:SQGLQG f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator (6) Receives Hazardous Waste from Off-Site (7) Underground Injection Control							te					
	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 Statu	s Chan	iges (If no	longer handling waste	e or clo	osed, sections 9	and 10 sh	ould be bla	nk and sl	tip Section 1	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												
	☐ (C) Property Tax Default ☐ (D) Petition for Bankruptcy Protection											
12-1	4 — Registi	ration A		Contact Informa			nission is	a registrati	on or reg		ormation update):	
	Contact on page 1 or enter:		First Name:			Last Name:		E Maile		Title:		
Conto			Phone Number:			Extension: E-M		Mail:				
<u> </u>	Contact for: HW Transporter		Street or P.O. Box:				•					
Used Oil Handler Universal Waste			City or Town:			State:(:(Country):		Zip Code:		

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR000197236									
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):									
A. Federal Notification Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)									
	Accumulates: 🗖 a. UW Batteries 🗖 b. Pesticides 🗖 c. Pharmaceu	ticals							
	d. Mercury Containing Devices 🔲 e. Mercury Contain	ning Lamps							
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									
Pharma	Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)								
☐ Pharma	Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated								
☐ Revers	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Healt	th [DOH])							
☐ Florida	Universal Pharmaceutical Waste (UPW) Transporter								
C. Florida An	C. Florida Annual Mercury Handler Registration:								
If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below. (1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities □ First time registering □ Renewal □ One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached									
For-hi	re Transporter of Universal Waste Mercury-Containing Lamps or Devices								
	re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration							
☐ Mercu	ry-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required							
Mercu	ry-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler								
☐ Mercu	ry-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +							
	ry-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	one time \$1,000 fee+ More Requirements (contact FDEP)							
	Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) st time registering Renewal	Annual Registration Required							
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s).									
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport [62-740 F.A.C.] 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)]									

Hazardous Waste and Used Oil Transporter Registratio	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 Faci	lity: (at this location	on) Storage Volume				
This form is: 🔲 Initial Registration 🚨 Renewal 🚨	Notification of c	changes				
Note: Hazardous Waste transfer facilities must comply with the	requirements of Ru	le 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 i	nsurance for this Tra	nsfer Facility:				
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,						
if apprecase, a check of money order, in the amount of \$100,	payable to Florida D	repartment of Environmental Florection is enclosed.				
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	er Management (must annually register)				
a. Transporter (off-site) and noncontiguous locations	a. Transpo	orter				
D b. Transfer Facility	□ b. Transfe	·				
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End U	sor (Annual Report Required) ser				
(3) Used Oil Processor (A permit is required.)	• •	quired under the provisions of Rule 62-710.510,				
(4) Gff-Specification Used Oil Burner	FAC, are kept at (check one): Our mailing (business) address The site (facility					
(5) Used Oil Fuel Marketer	U Out mann	ng (business) address				
Please see the top of page 5 for additional items that must be submi exempt Used Oil Transporters.	tted in addition to t	the above registration and fees required for non-				

Transfer Facility and Used Oil Transporter requirement	ents and required signature page	EPA ID No.						
(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.)]:								
-	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 responsib		_						
A brief general description of the transfer facilit								
A copy of the facility closure plan [Rule 62-730		,						
	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-								
(15 cont.) Used Oil Transporters: (Exemptions in In addition to the requirements on Page 4 Section								
ALL registered UO Handlers must submit		proporting IIO from noncon	tiano:	us operations within				
their own company.	an annual report everely Peresiana	disposing OO nom noncom	ligue	us operanons				
UO transporters transporting off-site over	public highways only within their ow	n company must submit pro-	of of	insurance.				
UO transporters transporting more than 50		• •						
submission as a certified used oil transport	•	- ·	_					
•	Evidence of Liability Insurance pur			C. is attached.				
16. Comments (attach a page if more space is neede	·							
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 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. 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 responsi-								
bility is demonstrated by the Used Oil Transporter C Signature of owner, operator, or an		form 62-730.900(5)(a), F.A	L.C Used	Date Signed				
authorized representative			Oil	(mm-dd-yyyy)				
hlm	Craig Baumann			01-31-2014				
7101								
If the person that filled in this form is not the Facility	Contact or Operator, please comp	ate the information below						
		.baumann@live.cor						
(Name of person completing this form)	(Phone Number)	(E-mail Address)						