



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**
BOB MARTINEZ CENTER
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANERA
LT. GOVERNOR

JONATHAN P. STEVERSON
SECRETARY

03/13/2015

David DeSha
Clean Harbors Florida LLC
170 Bartow Municipal Airport
Bartow, FL 33830-

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 **170 Bartow Municipal Arprt, Bartow, FL 33830-9572** has been registered through **March 1, 2016** with the following status:

Facility ID # **FLD980729610**
Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices

The registration form for the year **2016** 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 Florida Notification of Regulated Waste Activity [form 62-730.900(1)(b)] changes, please notify the Department using that form. 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



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: _____
 RECEIVED (for DEP Official Use Only)
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
MAR 02 2015
 PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

EPA ID:

F	L	D	9	8	0	7	2	9	6	1	0
---	---	---	---	---	---	---	---	---	---	---	---

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, - complete 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

CLEAN HARBORS FLORIDA

3. Facility Operator

(List additional Operators in the comments section.)

Name of Operator: **JOHN BOSEK** Date became Operator: 09 / 06 / 2002
 New Operator mm dd yy

Street or P.O. Box: **170 BARTOW MUNICIPAL AIRPORT** Phone Number: **863-533-6111**

City or Town: **BARTOW** State: **FL** Zip Code: **33830-9572** Country (if not USA): _____

Operator Type: Private Federal Municipal State County Other _____

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

Same address as #3 above or:

Physical Street Address: _____ Vessel

City or Town: _____ State: _____ Zip Code: _____

County: **POLK** Country (if not USA): _____

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

A. 562211 (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

Same address as #3 above or:

First Name: **DAVID** Last Name: **DESHA** Title: **MANAGER EHS**

Phone Number: **423-842-8308** Extension: _____ E-Mail: **David.Desha@safety-kleen.com** Fax: _____

Street or P.O. Box: _____

City or Town: **BARTOW** State: _____ Zip Code: _____ Country (if not USA): _____

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

Same address as #___ above or:

Name of Owner: **CITY OF BARTOW** Date became Owner: 01 / 01 / 1980
 New Owner mm dd yy

Street or P.O. Box: **P.O. BOX 650** Phone Number: **863-533-1195**

City or Town: **BARTOW** State: **FL** Zip Code: **33831** 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

For Items 2 through 7, mark 'X' in all that apply.

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

(2) Treater, Storer, or Disposer of Hazardous Waste

If YES, Choose only one of the following three categories.

(at your facility) Note: A hazardous waste permit may be required for this activity.

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)

a. Operating Commercial TSD
 b. Operating Non-Commercial TSD
 c. Non-Operating: Postclosure or Corrective Action Permit or 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 non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste (at least once a year)

(3) Recycler of Hazardous Waste (at your facility)
Specify: Commercial Non-Commercial.
Note: A permit is required for storage prior to recycling.

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

(4) Exempt Boiler and/or Industrial Furnace
 a. Small Quantity On-site Burner Exemption
 b. Smelting, Melting, and Refining Furnace Exemption

In addition, indicate other generator activities that apply.

(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.

- 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

- (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 D001	² D002	³ D003	⁴ D004	⁵ D005	⁶ D006	⁷ D007
⁸ D008	⁹ D009	¹⁰ D010	¹¹ D011	¹² D013	¹³ D014	¹⁴ D015
¹⁵ D016	¹⁶ D017	¹⁷ D018	¹⁸ D019	¹⁹ D020	²⁰ D021	²¹ D020

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 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 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 checked="" 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) Accumulates: <input checked="" type="checkbox"/> a. UW Batteries <input checked="" type="checkbox"/> b. Pesticides <input checked="" type="checkbox"/> c. Pharmaceuticals <input checked="" type="checkbox"/> d. Mercury Containing Devices <input checked="" type="checkbox"/> e. Mercury Containing Lamps <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 type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH]) <input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter		
C. Florida Annual Mercury Handler Registration:		
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). If you <u>only</u> 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 <u>for-hire</u> Activities <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		
	<input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input checked="" 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 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)
	(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal	Annual Registration Required
Briefly Describe your Universal Waste Activities: _____ <input type="checkbox"/> We use Drum Top Bulb Crusher(s).		
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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 Registrations

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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

(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 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.]

(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

In addition to the requirements on Page 4 Section 15:

- 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.):

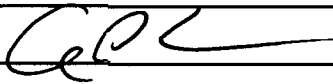
The used oil annual report is attached Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

16. Comments (attach a page if more space is needed):

Section 10 continued: D023 D024 D025 D026 D027 D028 D029 D030 D031 D032 D033 D034 D035 D036 D037 D038 D039 D040 D041 D042 D043 F001 F002 F003 F004 F005 F006 F007 F008 F019 F027 F032 F034 F035 F037 F038 K022 K049 K050 K051 K169 K170 K171 P001 P008 P012 P015 P022 P024 P028 P029 P030 P034 P037 P039 P042 P044 P050 P066 P070 P075 P077 P081 P087 P098 P099 P105 P106 P108 P119 P120 P121 P123 P188 P194 P199 P204 U001 U002 U003 U004 U006 U007 U008 U009 U010 U012 U019 U020 U022 U026 U028 U029 U030 U031 U035 U036 U037 U039 U041 U043 U044 U045 U048 U050 U051 U052 U055 U056 U057 U058 U059 U061 U066 U067 U068 U069 U070 U071 U072 U076 U077 U078 U079 U080 U081 U082 U084 U088 U089 U092 U102 U103 U105 U107 U108 U112 U113 U114 U115 U117 U118 U121 U122 U123 U125 U127 U128 U129 U131 U132 U133 U134 U135 U138 U140 U144 U146 U147 U150 U151 U154 U155 U159 U160 U161 U162 U164 U165 U166 U169 U170 U185 U187 U188 U190 U196 U197 U200 U201 U205 U206 U207 U208 U209 U210 U211 U213 U218 U219 U220 U223 U226 U227 U228 U236 U237 U239 U240 U244 U247 U248 U249 U271 U278 U279 U328 U353 U359 U404 U411

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.

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..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	Anthony Cellucci / SVP Trans Compliance	<input type="checkbox"/>	2-23-15
		<input type="checkbox"/>	
		<input type="checkbox"/>	

If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:

Rita Powers 781-792-5704 rpowers@cleanharbors.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.

Clean Harbors Florida, LLC 170 Bartow Municipal Airport Bartow, FL

Facility Name	Street Address	City and State
863-533-6111	863-519-6363	riffel.bruce@cleanharbors.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.

- Estimated number of LAMPS handled during the last calendar year. 47617
Types: Fluorescent HID
- Estimated number of DEVICES handled during the last calendar year. 1628
Types: Thermostats Electric Switches/Relays
Thermometers Manometers Other
- Estimated weight of DEVICES handled during the last calendar year. 1758 lb.
- 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.

<u>1628</u>	<u>CLEAN HARBORS FLORIDA, LLC</u>	<u>BARTOW, FL</u>	<u>(863) 533-6111</u>
Number	L <input type="checkbox"/> D <input checked="" type="checkbox"/>	Facility Name	City/State Phone

LAMPS PROVIDED ON ATTACHED CONTINUATION SHEET

Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
--------	---	---------------	------------	-------

Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
<u>Anthony P. Colucci</u>		<u>[Signature]</u>		<u>2/23/15</u>
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? 2003

Anthony P. Cellucci

Print Name of Authorized Agent

APC

Signature of Authorized Agent

2/23/15

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.



Clean Harbors Environmental Services, Inc.
PO Box 9149
42 Longwater Drive
Norwell, MA 02061-9149
781-792-5000
www.cleanharbors.com

February 27, 2015

Ms. Janet Ashwood
Department of Environmental Protection
Hazardous Waste Management Section
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Dear Ms. Ashwood,

Please accept the following Universal Waste Transporter Facility renewal from Clean Harbors Environmental Services, Inc., Bartow FL location. I have included the information check list as well.

Please note, payment has been submitted under separate cover.

Should you have any questions please contact me at (781) 792-5764.

Sincerely,

A handwritten signature in cursive script that reads "Rita Powers".

Rita Powers
Transportation Compliance Manager

Handwritten initials "ESSA" in a large, bold, sans-serif font, slanted slightly to the right.