

## FLORIDA DEPARTMENT OF

Environmental Protection

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

CARLOS LOPEZ-CANTERA LT. GOVERNOR

JONATHAN P. STEVERSON SECRETARY

04/23/2015

Steven Craig Technology Conservation Group Inc 705 S Easy St Lecanto, FL 34461-9480

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 **591 S Easy St, Lecanto, FL 34461-9480** has been registered through **March 1, 2016** with the following status:

Facility ID # **FLR000214973** 

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 at any one time)

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** 

## 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 Date Received RECEIVED E(PORTED FRECHTS)

APR 072015

PERMITTING & COMPLIANCE

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EPA ID:					Please	e use the inst	ruction	s document to se	mplete	this form	JORAM
1. Reason for Submittal	Mark 'X' in the correct box:  To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).										
(all submitters must complete pages 1 and 2	(must choose one To provide subsequent notification (to update status and facility identification information).										
and sign page 5. Pages 3 and 4, - com-	10 provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,3)										
plete as applicable)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)										
2. Facility or  Business Name	I echnology Conservation Group, Inc										
3. Facility	Name of Operator:			_4:	· C.	en un le		Date became Operator: 10 /01 / 10			
Operator (List additional Opera-	Technolog	· ·	erva	alion	ı Gi	oup, ir	1C.	New Operator mm dd yy			
tors in the comments section)	705 South Ea							Phone Number: 352-527-2534			
	City or Town: Lecanto  State: FL							Zip Code: Country (if not USA): 34461			
	Operator Type:	Private C	Fede	eral 🗆	Muni	icipal $\square$ S	tate 🗆	County Oth	ier		
4. Facility Physical	Physical Street ∧ddress: □Vessel 591 South Easy Street										
Location Information	City or Town:			State: Zip Code:							
(No P.O. Boxes)	Lecanto						10 . 7.17	FL	344	461	
Same address as #3 above or:	County: Citrus	Country (if not USA):  Citrus									
5. Facility North An Classification Sys		A. <u>5</u>	<u>16 f</u>	2 <u> 9</u>	<u> 2 </u>	0   (require	ed) B	. <u> </u> _		_	
Code(s) (at least 5				_  D.							
6. Facility or	Same address as #3_ above or: Street or P.O. Box:										
Business Mailing Address	. City or Town:				State:	Zip/I	Postal Code: Country (if not USA):			A):	
7. Facility or	First Name: Last Name:					Title:			1.	<u> </u>	
Business	Steve Crai					E-Mail:		Corporate Complia		mpliance Fax:	Director
RCRA Contact Person	Phone Number: Extension: 352-527-2534 325						cgrecycling.co				
	Street or P.O. Box:										
Same address as #3_above or:	City or Town:					State:		Zip Code:		Country (if not USA)	
8. Real Property	Name of Owner:							Date became Owner: 10 /01 /10			
(FL Land) Owner	Technology Conservation Reality							New Owner mm dd yy			
of the Facility's Physical Location	Street or P.O. Box:							Phone Number:			
(List additional owners in the comments section.)	City or Town:					State:		Zip Code: Country (if not USA):			JSA):
Same address as #3_ above or:	Owner Type: Private Pederal Municipal State County Other										

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) (	(A) (1)Generator of Hazardous Waste For Items 2 through 7, mark 'X' in all that apply.											
¥Υ	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)					<ul> <li>a. Operating Commercial TSD</li> <li>b. Operating Non-Commercial TSD</li> <li>c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)</li> </ul>						
٥	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				200	<ul> <li>(3) Recycler of Hazardous Waste (at your facility)         Specify: Commercial Non-Commercial.         Note. A permit is required for storage prior to recycling.     </li> <li>(4) Exempt Boiler and/or Industrial Furnace</li> </ul>						
	(at leas	t once a y	year)			(		nall Quantity			•	
In a	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  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  b. Smelting, Melting, and Refining Furnace Exemption  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											
ū		-		adioactive) Generator	,							
у	our facility. Hazardou	List them is waste t	n in the order transporters l	Regulated Hazare they are presented in ist codes routinely or	the re	egulations (e.g., I ly transported. U	D001, D00 Jse comme	03, F007, K01 ents or an add	19, P01: ditional	2, U112).	re spaces are needed.	
<sup>7</sup> D00	1	<sup>2</sup> D008	; 	<sup>3</sup> D009	<sup>4</sup> D0	35	5	6			7	
8	,	9		10	11		12	1.			14	
15		16		17	18		19	20	0		21	
(A)	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 <u>all</u> 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):												
	me as Facility stact on page 1		First Name:			Last Name:				Title:		
Contact	P		Phone Num	Phone Number:		Extension: E-Mail:						
П ни	W Transporter		Street or P.O. Box:			Salder Sa						
Used Oil Handler Universal Waste			City or Tow	City or Town:			State:(Co	e:(Country):		Zip Code:		

Universal W	aste Notification and Mercury Transporter/Handler Registration EPA ID No.								
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. Pharmace	uticals							
	d. Mercury Containing Devices e. Mercury Contai	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								
☐ Phan	naceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)	ı							
☐ Phari	naceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	/) accumulated							
Reve	rse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	ith [DOH])							
☐ Flori	da Universal Pharmaceutical Waste (UPW) Transporter								
C. Florida A	annual Mercury Handler Registration:								
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									
Fir	st time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH reg	gistration is attached							
For-	nire Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual							
For-	nire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Registration							
☐ Mer	Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler  Required								
Mer Mer	cury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler								
☐ Mer	cury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +							
☐ Mer	cury-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 hazardous waste permit is required for this activity) irst time registering  Renewal	Annual Registration Required							
Briefly Describe your Universal Waste Activities:  We use Drum Top Bulb Crushcr(s).  We use Drum Top Bulb Crushcr(s).  We are an electronics recycler & during our process we remove mercury containing devices, lamps and batteries prior to shredding. We also accept batteries and lamps from our established customers.									
	<u> </u>	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)]							

			· · · · · · · · · · · · · · · · · · ·						
Hazard	lous Waste and Used Oil Transporter Registrati	ons	EPA ID No.						
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)									
renew Transfe changes	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	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) a	ddress						
Please ente	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. Use	d Oil and Oil Filter Activities: : (Mark 'X' and com	plete 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)	(6) Used Oil Filte	er Management (must annually register)						
	☐ a. Transporter (off-site) and noncontiguous locations	a. Transpo							
	☐ b. Transfer Facility	☐ b. Transfe	•						
(2)	Collection Center (From businesses, <u>no more than</u> 55 gal per shipment)	d. End Us	sor (Annual Report Required ) ser						
(3)	Used Oil Processor (A pennit is required.)		quired under the provisions of Rule 62-710.510,						
(4)	Off-Specification Used Oil Burner	-	at (check one):  ng (business) address  The site (facility) address						
(5) Used	d Oil Fuel Marketer	— Our mann	is (ousiness) address						
	see the top of page 5 for additional items that must be subm Used Oil Transporters.	itted in addition to t	he above registration and fees required for non-						

Transfer Facility and Used Oil Transporter requiren	nents 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 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.]								
	-730.171(3)(a)7., F.A.C.]							
(15 cont.) Used Oil Transporters: (Exemptions in								
In addition to the requirements on Page 4 Sect								
<ul> <li>ALL registered UO Handlers must submit their own company.</li> </ul>	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 owr	company must submit pre	oof of	insurance.				
UO transporters transporting more than 5								
submission as a certified used oil transpo				Ţ				
The used oil annual report is attached	Evidence of Liability Insurance pur	suant to 62-710.600(2)(e)	, F.A.	C. is attached.				
16. Comments (attach a page if more space is need								
This is the initial notification for the abo		ready listed within	thie	campus that				
will handle universal & hazardous was	•	icady listed within	uns	campus mac				
Will Hariate affiversal a flazardous was	ic die.							
FLR000127134 - 715 S Easy Street, L	ecanto							
FLR0000214569 - 1181 W Gulf To La								
	, , ,							
	••							
17. Certification: I certify under penalty of law tha								
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 transpor-								
tation 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								
			Used					
Signature of owner, operator, or an	Print Name and	Title	Oil	Date Signed				
authorized representative				(mm-dd-yyyy)				
	Steve Craig Corporate Co	mpliance Director		4/3/15				
				····				
If the person that filled in this form is not the Facilit	v Contact or Operator, please compl	ete the information below	l					
		e.craig@tcgrecyclin		m l				
(Name of person completing this form)	(Phone Number)	(E-mail Address)	.5.55					