DEPARTMENT OF ENVIRONMENTAL PROTECTION
FLORIDA

Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

03/29/2010

Denise Krous
Veolia ES Technical Solutions LLC
1 Eden Ln
Flanders, NJ 07836-8950

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 **1 Eden Lane, Flanders, NJ 7836** has been registered through **March 1, 2011** with the following status:

Facility ID # **NJD080631369**
Transporter of Universal Waste Lamps and Devices

The registration form for the year **2011** 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 and reverse distribution programs for 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 me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management 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) 245-8772

RECEIVED
MAR [illegible]
BY: BSHW

Date Received (for FDEP Official Use Only)

EPA ID N J D 0 8 0 6 3 1 3 6 9

MTS

RCRAInfo

1. Reason for Submittal

Mark 'X' in correct box:

Initials ____
Date ____

☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

☒ 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 Veolia ES Technical Solutions, L.L.C.

FEID No. 3 6 4 2 8 7 9 9 8

3. Facility Operator (List additional Operators in the comments section).

Name of Operator: Veolia ES Technical Solutions, L.L.C.		☐ **New Operator** **Date became Operator:** ___/___/___ (mm dd yy)	
Street or P.O. Box: 1 Eden Lane		**Phone Number:** 973/691-7321	
City or Town: Flanders	**State:** NJ	**Zip Code:** 07836	

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other________

4. Facility Physical Location Information

Physical Street Address: 1 Eden Lane		
City or Town: Flanders	**State:** NJ	**Zip Code:** 07836
County: Choose__	**If available, please attach a map or sketch of the facility boundaries.**	

Latitude: 4 0 | 8 8 | 0 4 . 25 (dd mm ss.ssss) **Longitude:** 7 4 | 6 9 | 7 6 . 75 (dd mm ss.ssss) **Method:** **Datum:**

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

A. 562211	B.
C.	D.

6. Facility or Business Mailing Address

Street Address or P.O. Box: 1 Eden Lane		
City or Town: Flanders	**State:** NJ	**Zip Code:** 07836

7. Facility or Business Contact Person

First Name: Denise	**Last Name:** Krous		**Title:** Permits Admin
Phone Number: 973/691-7321	**Extension:**	**E-Mail:** Denise.Krous@Veoliaes.com	
Street or P.O. Box: 1 Eden Lane			
City or Town: Flanders		**State:** NJ	**Zip Code:** 07836

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

Name of Real Property (Land) Owner: Veolia ES Technical Solutions,L.L.C.		☒ **New Owner** **Date became Owner:** ___/___/___ (mm dd yy)
Street or P.O. Box: 700 Butterfield Rd., Suite 201		**Phone Number:** 630/218-1647
City or Town: Lombard	**State:** IL	**Zip Code:** 60148

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other________

EPA ID No. NJD080631369

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):

A. Hazardous Waste Activities:

(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 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

☐ 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

☐ 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. United States Importer of hazardous waste

☐ e. 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 Consent Order (HSWA, etc.)

(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

(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) ☐ **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 of Liability Insurance is required along with this registration.]
Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes

c. **Hazardous Waste Transporter Insurance Information**

Insurance Company Insurance Company of the State of PA

Address c/o Marsh USA, Inc 1000 Main Street, Suite 300, Houston, TX 77002

Contact Melissa Hardie Telephone 212/948-0564

Policy Number CA 4576281 Expiration date 7/1/2010

d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify ____________

e. ☐ **Hazardous Waste Transfer Facility**: Storage Volume ____________

☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [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.]

☐ **Notification of changes in above items**

☐ **Annual update notification**

EPA ID No. NJD080631369

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) **("accumulated" means at any one time):**

☐ 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 lamps) or more accumulated by for-hire handler
☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
[Note: 4 lamps = 1 kg, 62-737.200(10)]

☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	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	☐	☒	☐	40,000 lbs
b. Pesticides	☐	☒	☐	10,000 lbs
c. Pharmaceuticals	☐	☒	☐	25,000 lbs
d. Mercury Containing Devices	☐	☒	☐	10,000 lbs
e. Mercury Containing Lamps	☐	☒	☐	40,000 lbs

(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.

Denise Krous
Signature of Authorized Person

Denise Krous, Permits Administrator
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

EPA ID No. NJD080631369

D. Other State Regulated Waste Activities: ☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]
Note: A water facility permit may be required 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.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):

A. Non-Handler of Regulated Waste at This Facility

☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
☐ (2) Waste generated by business has been delisted.
☐ (3) Other (explain) ____________________

B. Facility Closed

☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.

☐ (2) Out of Business - Business closed on ____________ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact ____________ Phone ____________
Address ____________
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	Print Name and Title	Date Signed (mm-dd-yyyy)
	Denise Krous, Permits Administrator	3/1/2010

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

____________ (Name of person completing this form)
____________ (Phone Number)
____________ (E-mail Address)

13. Comments: