



## 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

05/25/2010

Tracy DePaola, SE Region Mgr  
Aerc Com Inc  
4317-J Fortune Pl  
W Melbourne, FL 32904-1509

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Aerc Com Inc located at **4317 Fortune Pl Ste J, West Melbourne.**

**FLD984262782**

Your facility notified FDEP requesting the following status/activities:

**Treater/Storer, HW Transporter, HW Transfer Facility, Large Quantity Generator  
Commercial HW Recycler  
, Universal Pharmaceutical Transporter  
Large Quantity Handler of and Destination for Universal Batteries, Universal Lamps,  
Universal Lamp Transporter, Universal Devices, Universal Device Transporter, Universal  
Pharmaceuticals**

**THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL  
OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE,  
OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING  
FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR  
COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS,  
UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.**

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,

for Michael Redig

Michael X. Redig  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 43329 , Email Address: [tdepaola@aercrecycling.com](mailto:tdepaola@aercrecycling.com)

Link: [http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLD984262782](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984262782)



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8760

Date Received  
For EDPP Official Use Only)  
**Received**

**MAY 14 2010**

EPA ID FLD984262782

**BSHW**

**1. Reason for  
Submittal**

- ☐ 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 site identification information).  
☒ As a component of the Hazardous Waste Report. ☐ Is this the final notification (see instructions) for the facility?

**2. Facility or  
Business Name**

AERC.COM, INC.

**FEID No.**

23-3064816

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

**A. Name of Operator:**

AERC.COM, INC.

☐ New Operator

Date Became Operator : 01/01/1900  
mm dd yy

**Street or P.O. Box:**

4317 FORTUNE PLACE SUITE J

**Phone Number:**

(321) 952-1516

**City or Town:** W. MELBOURNE

**State:** FL **Zip Code:** 32904-

**Operator Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

**4. Facility Physical  
Location  
Information**

**Physical Street Address:** 4317 FORTUNE PLACE SUITE J

**City or Town:** W. MELBOURNE

**State:** FL **Zip Code:** 32904-

**County:** BREVARD

If available, please attach a map or sketch of the facility boundaries.

**Latitude:** 0 0 0.0000  
dd mm ss.ssss

**Longitude:** 0 0 0.0000  
dd mm ss.ssss

**Method:**  
**Datum:**

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

**A.** 562211

**B.**

**C.**

**D.**

**6. Facility Mailing  
Address**

**Street or P.O. Box:** 4317 FORTUNE PLACE SUITE J

**City or Town:** W. MELBOURNE

**State:** FL **Zip Code:** 32904-

**7. Facility Contact  
Person**

**First Name:**

TRACY

**Last Name:**

DEPAOLA

**Title:**

SO. REG. DISTRICT MGR.

**Phone Number:** (321) 952-1516 **Extension:**

**Email:** TDEPAOLA@AERCRECYCLING.COM

**Street or P.O. Box:** FORTUNE PLACE SUITE J

**City or Town:** W. MELBOURNE

**State:** FL **Zip Code:** 32904-

**8. Real Property  
Owner of the  
Facility's  
Physical Location**

**Name of Real Property Owner:**

CIA, INC.

☐ New Owner

Date Became Owner : 01/01/1900  
mm dd yy

**Street or P.O. Box:**

4317 FORTUNE PLACE SUITE J

**Phone Number:**

(321) 723-3400

**City or Town:** W. MELBOURNE

**State:** FL **Zip Code:** 32904-

**Owner Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other US

**9. Type of Regulated Waste Activity** Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice.**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 nonacute 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/or 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 -**

Check 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 GERRITY, BAKER, WILLIAMS, INC.Address 3 GOLDMINE ROAD  
FLANDERS

NJ

07836

Contact: Elizabeth CicekTelephone: 9734261500Policy Number: GE001869407Expiration date: 06/01/2009d. Transportation Mode: ☐ Air; ☐ Rail; ☒ Highway; ☐ Water; ☐ Other - specify \_\_\_\_\_**e. ☐ Hazardous Waste Transfer Facility:**Storage Volume 0.00☐ **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**

**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	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	695369.00
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1160.00
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27721.00
e. Mercury Containng Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3620691.00

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]  
[Chapter 62-737, 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) ☐ Used Oil 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 originally 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.

Signature of Authorized Person

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

**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.

D001	D002	D003	D006	D008	D009	D011
U010	U026	U035	U058	U059	U151	

☐ **11. Other Status Changes (Mark 'X' in the appropriate boxes):****A. Non-Handler of Regulated Waste at this facility**

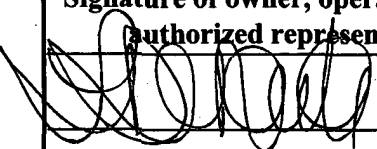
- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
- ☐ 2. Waste generated by business has been delisted.
- ☐ 3. Other (explain) \_\_\_\_\_

**B. Facility Closed**

- ☐ 1. Closed at this location and moved or moving to another - submit a new 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	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	TRACY DEPAOLA FACILITY MANAGER	01/15/2010

Contact:

(321)952-1516

**13. Comments**Land Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐

U.S. ENVIRONMENTAL  
PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME AERC.COM, INC.  
4317 FORTUNE PLACE SUITE J  
W. MELBOURNE, FL 32904EPA ID NO: FLD984262782GM  
FORM

2009 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

Sec. 1	A. Waste Description <b>PHOSPHOR POWDER CONTAINING MERCURY</b>			
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)		
D. Source Code <b>G27</b> Management Method code for Source code G25		E. Form Code <b>W319</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.34</u> spec.grav.	G. Waste minimization code  <u>X</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2009		On-site Management Method code
				Quantity treated, disposed, or recycled on-site in 2009

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <b>PAD987367216</b>	C. Off-site Management Method code shipped to <b>H010</b>	D. Total quantity shipped in 2009 <b>31.50</b>	
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009	

Comments	Other inorganic solids (specify in comments) FROM:Hazardous residual from processing Universal Waste Waste Min: No minimization
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PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME AERC.COM, INC.  
4317 FORTUNE PLACE SUITE J  
W. MELBOURNE, FL 32904GM  
FORM

2009 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENTEPA ID NO: FLD984262782

<b>Sec. 1</b>	A. Waste Description <b>DEBRIS CONTAINING MERCURY</b>			
B. EPA Hazardous Waste Code(s) <u>D009</u>		C. State Hazardous Waste Code(s)		
D. Source Code <u>G61</u> Management Method code for Source code G25		E. Form Code <u>W002</u>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.34</u> lb./gal.	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2009		On-site Management Method code
				Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <u>PAD987367216</u>	C. Off-site Management Method code shipped to <u>H010</u>	D. Total quantity shipped in 2009 <u>1.00</u>	
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009	
<b>Comments</b> Contaminated debris: paper, clothing, rags, wood, empty fiber or plastic containers, glass, piping, othe FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization				

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME AERC.COM, INC.  
4317 FORTUNE PLACE SUITE J  
W. MELBOURNE, FL 32904EPA ID NO: FLD984262782U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2009 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>HID AMPOULES CONTAINING MERCURY</b>			
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)		
D. Source Code <b>G27</b> Management Method code for Source code G25		E. Form Code <b>W320</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2009		On-site Management Method code
				Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped  <b>PAD987367216</b>	C. Off-site Management Method code shipped to  <b>H010</b>	D. Total quantity shipped in 2009  <b>5.25</b>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

<b>Comments</b>	Electrical devices (lamps, thermostats, CRTs, etc) (fluorescents, etc usually Mercury or lead containing FROM: Hazardous residual from processing Universal Waste Waste Min: No minimization)
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U.S. ENVIRONMENTAL  
PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME AERC.COM, INC.  
4317 FORTUNE PLACE SUITE J  
W. MELBOURNE, FL 32904EPA ID NO: FLD984262782GM  
FORM

2009 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>METALLIC MERCURY</b>		
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)	
D. Source Code <b>G61</b> Management Method code for Source code G25	E. Form Code <b>W117</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <b>PAD987367216</b>	C. Off-site Management Method code shipped to <b>H010</b>	D. Total quantity shipped in 2009 <b>0.30</b>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

**Comments** Waste liquid mercury ( metallic ) FROM:Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization

U.S. ENVIRONMENTAL  
PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME AERC.COM, INC.  
4317 FORTUNE PLACE SUITE J  
W. MELBOURNE, FL 32904

2009 Hazardous Waste Report

EPA ID NO: FLD984262782GM  
FORMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>CRUSHED LAMPS</b>		
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)	
D. Source Code <b>G61</b> Management Method code for Source code G25	E. Form Code <b>W319</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.34 lb./gal.</u>	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped  <u>PAD987367216</u>	C. Off-site Management Method code shipped to  <u>H010</u>	D. Total quantity shipped in 2009  <u>2.27</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
<b>Comments</b> CRUSHED FLUORESCENT LAMP WITH MERCURY Other inorganic solids (specify in comments) FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization			

U.S. ENVIRONMENTAL  
PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME AERC.COM, INC.  
4317 FORTUNE PLACE SUITE J  
W. MELBOURNE, FL 32904EPA ID NO: FLD984262782GM  
FORM

2009 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>WATER AND MERCURY</b>		
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)	
D. Source Code <b>G61</b> Management Method code for Source code G25	E. Form Code <b>W113</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.34</u> lb./gal.	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped  <u>PAD987367216</u>	C. Off-site Management Method code shipped to  <u>H010</u>	D. Total quantity shipped in 2009  <u>0.10</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

**Comments** Other aqueous waste or wastewaters (fluid, not sludgy) FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization

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FORM

2009 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>PLANT SCRAPS W/ MERCURY</b>		
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)	
D. Source Code <b>G61</b> Management Method code for Source code G25	E. Form Code <b>W002</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.34</u> lb./gal.	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <b>PAD987367216</b>	C. Off-site Management Method code shipped to <b>H010</b>	D. Total quantity shipped in 2009 <b>0.68</b>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
<b>Comments</b> Contaminated debris: paper, clothing, rags, wood, empty fiber or plastic containers, glass, piping, othe FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization			

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2009 Hazardous Waste Report

EPA ID NO: FLD984262782WASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>SODIUM HYDROXIDE SOLUTION</b>			
B. EPA Hazardous Waste Code(s) <b>D002 D006</b>		C. State Hazardous Waste Code(s)		
D. Source Code <b>G32</b> Management Method code for Source code G25		E. Form Code <b>W309</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.34</u> lb./gal.	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2009		On-site Management Method code
				Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped  <u>FLD981932494</u>	C. Off-site Management Method code shipped to  <u>H141</u>	D. Total quantity shipped in 2009  <u>0.20</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

**Comments** Batteries, battery parts, cores, casings (lead-acid or otherwise) FROM: Cleanup of spill residues Waste Min: No minimization

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2009 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>BATTERY ACID</b>		
B. EPA Hazardous Waste Code(s) <b>D002 D008</b>		C. State Hazardous Waste Code(s)	
D. Source Code <b>G32</b> Management Method code for Source code G25	E. Form Code <b>W309</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.34</u> lb./gal.	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <b>FLD981932494</b>	C. Off-site Management Method code shipped to <b>H141</b>	D. Total quantity shipped in 2009 <b>0.20</b>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

<b>Comments</b>	Batteries, battery parts, cores, casings (lead-acid or otherwise) FROM: Cleanup of spill residues Waste Min: No minimization
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2009 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>MERCURY CONTAINED IN MANUFACTURED ARTICLES</b>		
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)	
D. Source Code <b>G61</b> Management Method code for Source code G25		E. Form Code <b>W117</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.24</u> lb./gal.
		G. Waste minimization code <u>X</u>	

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <b>PAD987367216</b>	C. Off-site Management Method code shipped to <b>H010</b>	D. Total quantity shipped in 2009 <b>13.86</b>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

<b>Comments</b>	Waste liquid mercury ( metallic ) FROM:Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization
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2009 Hazardous Waste Report

EPA ID NO: FLD984262782GM  
FORMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>DENTAL AMALGAM</b>		
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)	
D. Source Code <b>G61</b> Management Method code for Source code G25	E. Form Code <b>W316</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.24 lb./gal.</u>	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <b>PAD987367216</b>	C. Off-site Management Method code shipped to <b>H010</b>	D. Total quantity shipped in 2009 <b>0.38</b>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

**Comments** Metal salts or chemicals not containing cyanides FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization

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2009 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>LAB PACK CHEMICALS</b>		
B. EPA Hazardous Waste Code(s) <b>D001 D002</b>		C. State Hazardous Waste Code(s)	
D. Source Code <b>G11</b> Management Method code for Source code G25	E. Form Code <b>W001</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.34</u> lb./gal.	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
<b>ON-SITE PROCESS SYSTEM 1</b> On-site Management Method code      Quantity treated, disposed, or recycled on-site in 2009		<b>ON-SITE PROCESS SYSTEM 2</b> On-site Management Method code      Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped  <u>FLD981932494</u>	C. Off-site Management Method code shipped to  <u>H141</u>	D. Total quantity shipped in 2009  <u>0.01</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

**Comments**      Lab packs with no acute hazardous waste (from any source) FROM: Discarding off-specification or out-of-date chemicals or products  
 (Unused product - corresponds to U and P listed wastes) Waste Min: No minimization

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2009 Hazardous Waste Report

EPA ID NO: FLD984262782GM  
FORMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>HAZARDOUS WASTE SOLID (EQUIPMENT CLEANING)</b>			
B. EPA Hazardous Waste Code(s) <b>D008 D011 D006</b>		C. State Hazardous Waste Code(s)		
D. Source Code <b>G19</b> Management Method code for Source code G25		E. Form Code <b>W319</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.54</u> lb./gal.	
		G. Waste minimization code  <u>X</u>		

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped  <u>FLD981932494</u>	C. Off-site Management Method code shipped to  <u>H141</u>	D. Total quantity shipped in 2009  <u>0.09</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

**Comments** Other inorganic solids (specify in comments) FROM: Other one-time or intermittent processes (specify in comments) Waste Min: No minimization

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PROTECTION AGENCY

2009 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>ALCOHOL</b>		
B. EPA Hazardous Waste Code(s) <b>D001</b>		C. State Hazardous Waste Code(s)	
D. Source Code <b>G61</b> Management Method code for Source code G25		E. Form Code <b>W203</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>0.45</u> lb./gal.
			G. Waste minimization code <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <b>FLD981932494</b>	C. Off-site Management Method code shipped to <b>H141</b>	D. Total quantity shipped in 2009 <b>0.04</b>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

**Comments** Concentrated non-halogenated (E.G. non-chlorinated) solvent FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization

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2009 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>MERCURY COMPOUNDS</b>			
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)		
D. Source Code <b>G61</b> Management Method code for Source code G25		E. Form Code <b>W316</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.24 lb./gal.</u>	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2009		On-site Management Method code
				Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped  <u>PAD987367216</u>	C. Off-site Management Method code shipped to  <u>H010</u>	D. Total quantity shipped in 2009  <u>0.08</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

**Comments** Metal salts or chemicals not containing cyanides FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization

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2009 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>COD WASTE</b>		
B. EPA Hazardous Waste Code(s) <b>D002 D009 D011</b>		C. State Hazardous Waste Code(s)	
D. Source Code <b>G61</b> Management Method code for Source code G25	E. Form Code <b>W105</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>8.24</u> lb./gal.	G. Waste minimization code  <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2009

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <b>PAD987367216</b>	C. Off-site Management Method code shipped to <b>H010</b>	D. Total quantity shipped in 2009 <b>0.50</b>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009

**Comments** Acidic aqueous wastes less than 5% acid (diluted but Ph <2) FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization

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2009 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1	A. Waste Description <b>MERCURY AND SOIL</b>			
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)		
D. Source Code <b>G61</b> Management Method code for Source code G25		E. Form Code <b>W319</b>	F. Quantity Generated in 2009  UOM <u>2</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code  <u>X</u>

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2009	

Sec. 3	A. Was any of this waste shipped off site in 2009 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <b>PAD987367216</b>	C. Off-site Management Method code shipped to <b>H010</b>	D. Total quantity shipped in 2009 <b>0.05</b>	
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2009	

**Comments** Other inorganic solids (specify in comments) FROM: Hazardous waste received from off-site for storage/bulking and transfer off-site for treatment or disposal. (to match H141 form WR) Waste Min: No minimization

## SITE NAME

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EPA ID NO: **FLD984262782**

U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2009 Hazardous Waste Report

**WR**  
**FORM**

**WASTE RECEIVED  
FROM OFF-SITE**

1	A. Waste Description <b>CRUSHED FLUORESCENT LAMPS</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>GACESQG</b>		E. Quantity received in 2009 <b>600.00</b>		F. UOM <b>1</b>	Density <b>0.00 sg</b>	
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
2	A. Waste Description <b>BROKEN FLUORESCENT LAMPS</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD063690705</b>		E. Quantity received in 2009 <b>110.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>	
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
3	A. Waste Description <b>MERCURY SOLIDS FROM SPILL CLEANUP</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>FLD981932494</b>		E. Quantity received in 2009 <b>100.00</b>		F. UOM <b>1</b>	Density <b>0.00 sg</b>	
G. Waste form code <b>W316</b>		H. System Type/ Management Method Code <b>H141</b>				
4	A. Waste Description <b>MERCURY SOLIDS FROM SPILL CLEANUP</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>FLR000069187</b>		E. Quantity received in 2009 <b>5.00</b>		F. UOM <b>1</b>	Density <b>0.00 sg</b>	
G. Waste form code <b>W316</b>		H. System Type/ Management Method Code <b>H141</b>				

## SITE NAME

AERC.COM, INC.  
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W. MELBOURNE, FL 32904

EPA ID NO: **FLD984262782**

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2009 Hazardous Waste Report

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**WASTE RECEIVED  
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1	A. Waste Description <b>MERCURY IN MANUFACTURED ARTICLES</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>FLR000092478</b>		E. Quantity received in 2009 <b>5.00</b>		F. UOM <b>1</b>	
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H141</b>				
2	A. Waste Description <b>MERCURY SOLUTION IN ACID</b>		B. EPA Hazardous Waste Code <b>D002 D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>FLD010596013</b>		E. Quantity received in 2009 <b>1.00</b>		F. UOM <b>1</b>	
G. Waste form code <b>W119</b>		H. System Type/ Management Method Code <b>H141</b>				
3	A. Waste Description <b>CHEMOTHERAPY UNIVERSAL WASTE</b>		B. EPA Hazardous Waste Code <b>D001 U035 U026 U010 U058 U059</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>FLR000136739</b>		E. Quantity received in 2009 <b>100.00</b>		F. UOM <b>1</b>	
G. Waste form code <b>W219</b>		H. System Type/ Management Method Code <b>H141</b>				
4	A. Waste Description <b>CHEMOTHERAPY WASTE UNIVERSAL</b>		B. EPA Hazardous Waste Code <b>D001 U035 U025 U056 U059 U010</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>FLR000136739</b>		E. Quantity received in 2009 <b>100.00</b>		F. UOM <b>1</b>	
G. Waste form code <b>W219</b>		H. System Type/ Management Method Code <b>H141</b>				

CHEMOTHERAPY WASTE HANDLED AS UNIVERSAL WASTE

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U.S. ENVIRONMENTAL  
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2009 Hazardous Waste Report

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**WASTE RECEIVED  
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1 <b>A. Waste Description</b> CHEMOTHERAPY WASTE UNIVERSAL WASTE		<b>B. EPA Hazardous Waste Code</b> D001 U035 U026 U058 U059 U010		<b>C. State Hazardous Waste Code</b>	
<b>D. Off-site source EPA ID number</b> FLR000136739		<b>E. Quantity received in 2009</b> 60.00		<b>F. UOM</b> 1	<b>Density</b> 0.00 lb/g
<b>G. Waste form code</b> W219		<b>H. System Type/ Management Method Code</b> H141			

CHEMOTHERAPY WASTE HANDLED AS UNIVERSAL WASTE.

2 <b>A. Waste Description</b> CRUSHED FLUORESCENT LAMPS W/MERCURY		<b>B. EPA Hazardous Waste Code</b> D009		<b>C. State Hazardous Waste Code</b>	
<b>D. Off-site source EPA ID number</b> GACESQG		<b>E. Quantity received in 2009</b> 1,500.00		<b>F. UOM</b> 1	<b>Density</b> 0.00 lb/g
<b>G. Waste form code</b> W320		<b>H. System Type/ Management Method Code</b> H010			

3 <b>A. Waste Description</b> MERCURY METALLIC		<b>B. EPA Hazardous Waste Code</b> D009		<b>C. State Hazardous Waste Code</b>	
<b>D. Off-site source EPA ID number</b> GACESQG		<b>E. Quantity received in 2009</b> 1.00		<b>F. UOM</b> 1	<b>Density</b> 0.00 lb/g
<b>G. Waste form code</b> W117		<b>H. System Type/ Management Method Code</b> H141			

4 <b>A. Waste Description</b> CRUSHED LAMPS CONTAINING MERCURY		<b>B. EPA Hazardous Waste Code</b> D009		<b>C. State Hazardous Waste Code</b>	
<b>D. Off-site source EPA ID number</b> GAD075884957		<b>E. Quantity received in 2009</b> 388.00		<b>F. UOM</b> 1	<b>Density</b> 0.00 lb/g
<b>G. Waste form code</b> W320		<b>H. System Type/ Management Method Code</b> H010			

CRUSHED FLUORESCENT LAMPS WITH MERCURY

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2009 Hazardous Waste Report

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1	A. Waste Description <b>CRUSHED FLUORESCENT LAMPS CONTAINING MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>GAD981234214</b>		E. Quantity received in 2009 <b>244.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
2	A. Waste Description <b>CRUSHED FLUORESCENT LAMPS WITH MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>GA0000963769</b>		E. Quantity received in 2009 <b>900.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
3	A. Waste Description <b>CRUSHED FLUORESCENT LAMPS WITH MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>GAD984307801</b>		E. Quantity received in 2009 <b>120.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
4	A. Waste Description <b>MERCURY CONTAINING THERMOMETERS</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>FLD984187856</b>		E. Quantity received in 2009 <b>3.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W117</b>		H. System Type/ Management Method Code <b>H141</b>				

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2009 Hazardous Waste Report

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1	A. Waste Description <b>CRUSHED FLUORESCENT LAMPS CONTAINING MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>GAR000040329</b>		E. Quantity received in 2009 <b>200.00</b>		F. UOM <b>1</b>	Density <b>0.00 sg</b>
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
2	A. Waste Description <b>CRUSHED FLUORESCENT LAMPS CONTAINING MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>TND034587162</b>		E. Quantity received in 2009 <b>40.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
3	A. Waste Description <b>CRUSHED FLUORESCENT LAMPS CONTAINING MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>GAD981234214</b>		E. Quantity received in 2009 <b>1,237.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
4	A. Waste Description <b>MERCURY COMPOUNDS</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>GACESQG</b>		E. Quantity received in 2009 <b>7.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W316</b>		H. System Type/ Management Method Code <b>H141</b>				

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1 A. Waste Description <b>MERCURY METALLIC</b>		B. EPA Hazardous Waste Code <b>D009 U151</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>GACESQG</b>		E. Quantity received in 2009 <b>7.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W117</b>		H. System Type/ Management Method Code <b>H141</b>			

2 A. Waste Description <b>MERCURIC NITRATE</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>GACESQG</b>		E. Quantity received in 2009 <b>2.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W316</b>		H. System Type/ Management Method Code <b>H141</b>			

3 A. Waste Description <b>MERCURY METALLIC</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>GACESQG</b>		E. Quantity received in 2009 <b>2.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W117</b>		H. System Type/ Management Method Code <b>H141</b>			

4 A. Waste Description <b>MERCURY OXIDE</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>GACESQG</b>		E. Quantity received in 2009 <b>7.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W316</b>		H. System Type/ Management Method Code <b>H141</b>			

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U.S. ENVIRONMENTAL  
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2009 Hazardous Waste Report

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1		A. Waste Description <b>MERCURY METALLIC</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>FLCESQG</b>		E. Quantity received in 2009 <b>5.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W117</b>		H. System Type/ Management Method Code <b>H141</b>					
2		A. Waste Description <b>CRUSHED FLUORESCENT LAMPS</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD003276763</b>		E. Quantity received in 2009 <b>150.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>					
3		A. Waste Description <b>MERCURY METALLIC</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD003276763</b>		E. Quantity received in 2009 <b>7.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W117</b>		H. System Type/ Management Method Code <b>H141</b>					
4		A. Waste Description <b>DENTAL AMALGAM</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>FLCESQG</b>		E. Quantity received in 2009 <b>20.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W319</b>		H. System Type/ Management Method Code <b>H141</b>					

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U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2009 Hazardous Waste Report

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1	A. Waste Description <b>CRUSHED FLUORESCENT LAMPS WITH MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>GA0000963769</b>		E. Quantity received in 2009 <b>1,500.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
2	A. Waste Description <b>MERCURY METALLIC</b>		B. EPA Hazardous Waste Code <b>D009 U151</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>GA0000963769</b>		E. Quantity received in 2009 <b>15.00</b>		F. UOM <b>1</b>	Density <b>0.00 sg</b>
G. Waste form code <b>W117</b>		H. System Type/ Management Method Code <b>H141</b>				
3	A. Waste Description <b>DENTAL AMALGAM CONTAINING MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>FLD000823393</b>		E. Quantity received in 2009 <b>2.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W316</b>		H. System Type/ Management Method Code <b>H141</b>				
4	A. Waste Description <b>CRUSHED FLUORESCENT LAMPS CONTAINING MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>GAD981234214</b>		E. Quantity received in 2009 <b>1,186.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				

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PROTECTION AGENCY  
2009 Hazardous Waste Report

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**WASTE RECEIVED  
FROM OFF-SITE**

1 <b>A. Waste Description</b> DENTAL AMALGAM CONTAINING MERCURY		<b>B. EPA Hazardous Waste Code</b> D009		<b>C. State Hazardous Waste Code</b>	
<b>D. Off-site source EPA ID number</b> FLCESQG		<b>E. Quantity received in 2009</b> 22.00		<b>F. UOM</b> 1	<b>Density</b> 0.00 lb/g
<b>G. Waste form code</b> W316		<b>H. System Type/ Management Method Code</b> H141			

2 <b>A. Waste Description</b> CRUSHED FLUORESCENT LAMPS CONTAINING MERCURY		<b>B. EPA Hazardous Waste Code</b> D009		<b>C. State Hazardous Waste Code</b>	
<b>D. Off-site source EPA ID number</b> GAD981234214		<b>E. Quantity received in 2009</b> 1,237.00		<b>F. UOM</b> 1	<b>Density</b> 0.00 lb/g
<b>G. Waste form code</b> W320		<b>H. System Type/ Management Method Code</b> H010			

3 <b>A. Waste Description</b> MERCURY METALLIC		<b>B. EPA Hazardous Waste Code</b> D009		<b>C. State Hazardous Waste Code</b>	
<b>D. Off-site source EPA ID number</b> GAD042101204		<b>E. Quantity received in 2009</b> 95.00		<b>F. UOM</b> 1	<b>Density</b> 0.00 lb/g
<b>G. Waste form code</b> W117		<b>H. System Type/ Management Method Code</b> H141			

4 <b>A. Waste Description</b> CRUSHED FLUORESCENT LAMPS CONTAINING MERCURY		<b>B. EPA Hazardous Waste Code</b> D009		<b>C. State Hazardous Waste Code</b>	
<b>D. Off-site source EPA ID number</b> GACESQG		<b>E. Quantity received in 2009</b> 75.00		<b>F. UOM</b> 1	<b>Density</b> 0.00 lb/g
<b>G. Waste form code</b> W320		<b>H. System Type/ Management Method Code</b> H010			

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U.S. ENVIRONMENTAL  
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1	A. Waste Description <b>CRUSHED FLUORESCENT LAMPS CONTAINING MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>GAD000649145</b>		E. Quantity received in 2009 <b>16.00</b>		F. UOM <b>1</b>	
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
2	A. Waste Description <b>DEBRIS WITH MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>470.00</b>		F. UOM <b>1</b>	
G. Waste form code <b>W319</b>		H. System Type/ Management Method Code <b>H141</b>				
3	A. Waste Description <b>MERCURY METALLIC</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>175.00</b>		F. UOM <b>1</b>	
G. Waste form code <b>W117</b>		H. System Type/ Management Method Code <b>H141</b>				
4	A. Waste Description <b>SOIL AND MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
	D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>833.00</b>		F. UOM <b>1</b>	
G. Waste form code <b>W319</b>		H. System Type/ Management Method Code <b>H141</b>				

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1		A. Waste Description <b>LIGHTING DEVICES CONTAINING MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>48.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>					
2		A. Waste Description <b>DEBRIS WITH MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>16.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W319</b>		H. System Type/ Management Method Code <b>H141</b>					
3		A. Waste Description <b>NICKEL CADMIUM BATTERIES</b>		B. EPA Hazardous Waste Code <b>D002 D006</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>35.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W309</b>		H. System Type/ Management Method Code <b>H141</b>					
4		A. Waste Description <b>LITHIUM BATTERIES</b>		B. EPA Hazardous Waste Code <b>D003</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>84.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W309</b>		H. System Type/ Management Method Code <b>H141</b>					

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**WASTE RECEIVED  
FROM OFF-SITE**

1		A. Waste Description <b>METALLIC MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>300.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W117</b>		H. System Type/ Management Method Code <b>H141</b>					
2		A. Waste Description <b>SOIL WITH MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>1,835.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W319</b>		H. System Type/ Management Method Code <b>H141</b>					
3		A. Waste Description <b>MERCURY DEBRIS</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>26.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W319</b>		H. System Type/ Management Method Code <b>H141</b>					
4		A. Waste Description <b>MERCURY METALLIC</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>105.00</b>		F. UOM <b>1</b>		Density <b>0.00 lb/g</b>	
G. Waste form code <b>W117</b>		H. System Type/ Management Method Code <b>H141</b>					

## SITE NAME

AERC.COM, INC.  
4317 FORTUNE PLACE SUITE J  
W. MELBOURNE, FL 32904

EPA ID NO: **FLD984262782**

U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2009 Hazardous Waste Report

**WR**  
**FORM**

**WASTE RECEIVED  
FROM OFF-SITE**

1	A. Waste Description <b>MERCURY CONTAINED IN MANUFACTURED ARTICLES</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>ALD000622464</b>		E. Quantity received in 2009 <b>522.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>	
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H141</b>				
2	A. Waste Description <b>CRUSHED FLUORESCENT LAMPS</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>GACESQG</b>		E. Quantity received in 2009 <b>75.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>	
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
3	A. Waste Description <b>FLUORESCENT LAMPS CONTAINING MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>PRD090399718</b>		E. Quantity received in 2009 <b>41,021.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>	
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				
4	A. Waste Description <b>LEAD ACID BATTERIES</b>		B. EPA Hazardous Waste Code <b>D002 D008</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>PRD090399718</b>		E. Quantity received in 2009 <b>6,147.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>	
G. Waste form code <b>W309</b>		H. System Type/ Management Method Code <b>H141</b>				

## SITE NAME

AERC.COM, INC.  
4317 FORTUNE PLACE SUITE J  
W. MELBOURNE, FL 32904

EPA ID NO: **FLD984262782**

U.S. ENVIRONMENTAL  
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2009 Hazardous Waste Report

**WR**  
**FORM**

**WASTE RECEIVED  
FROM OFF-SITE**

1	A. Waste Description <b>LITHIUM BATTERIES</b>		B. EPA Hazardous Waste Code <b>D003</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>PRD090399718</b>		E. Quantity received in 2009 <b>61.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>	
G. Waste form code <b>W309</b>		H. System Type/ Management Method Code <b>H141</b>				

2	A. Waste Description <b>BROKEN FLUORESCENT LAMPS CONTAINING MERCURY</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>PRD090399718</b>		E. Quantity received in 2009 <b>2,302.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>	
G. Waste form code <b>W320</b>		H. System Type/ Management Method Code <b>H010</b>				

3	A. Waste Description <b>NICKEL CADMIUM BATTERIES</b>		B. EPA Hazardous Waste Code <b>D002 D006</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>PRD090399718</b>		E. Quantity received in 2009 <b>157.00</b>		F. UOM <b>1</b>	Density <b>0.00 lb/g</b>	
G. Waste form code <b>W309</b>		H. System Type/ Management Method Code <b>H141</b>				

4	A. Waste Description <b>MERCURY COMPOUNDS</b>		B. EPA Hazardous Waste Code <b>D009</b>		C. State Hazardous Waste Code	
D. Off-site source EPA ID number <b>PRD090399718</b>		E. Quantity received in 2009 <b>20.00</b>		F. UOM <b>1</b>	Density <b>0.00 sg</b>	
G. Waste form code <b>W316</b>		H. System Type/ Management Method Code <b>H141</b>				

## SITE NAME

AERC.COM, INC.  
4317 FORTUNE PLACE SUITE J  
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EPA ID NO: **FLD984262782**

U.S. ENVIRONMENTAL  
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**WR  
FORM****WASTE RECEIVED  
FROM OFF-SITE**

<b>A. Waste Description</b> ELECTRONIC SCRAP		<b>B. EPA Hazardous Waste Code</b> D006 D007 D008 D009		<b>C. State Hazardous Waste Code</b>	
<b>D. Off-site source EPA ID number</b> PRD090399718		<b>E. Quantity received in 2009</b> 3,670.00		<b>F. UOM</b> 1	<b>Density</b> 0.00 lb/g
<b>G. Waste form code</b> W320		<b>H. System Type/ Management Method Code</b> H010			



U.S. ENVIRONMENTAL  
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## SITE NAME

AERC.COM, INC.  
FORTUNE PLACE SUITE J  
W. MELBOURNE

FL 32904

**FORM  
OI**

**OFF-SITE  
IDENTIFICATION**

EPA ID NO: **FLD984262782**

Form 1	A. EPA ID No. of off-site installation or transporter <b>FLD981932494</b>	B. Name of off-site installation or transporter <b>EQ FLORIDA, INC.</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		Street <b>7202 EAST 8TH AVENUE</b>  City <b>TAMPA</b> State <b>FL</b> Zip <b>33619-</b>

Form 2	A. EPA ID No. of off-site installation or transporter <b>PAD987367216</b>	B. Name of off-site installation or transporter <b>AERC.COM INC</b>
C. Handler Type		D. Address of off-site installation
<input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		Street <b>2591 MITCHELLE AVENUE</b>  City <b>ALLENTOWN</b> State <b>PA</b> Zip <b>18103-</b>

Form 3	A. EPA ID No. of off-site installation or transporter <b>ALD000622464</b>	B. Name of off-site installation or transporter <b>WASTE MANAGEMENT</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>36964 AL HWY 17</b> <b>PO BOX 55</b> City <b>EMELLE</b> State <b>AL</b> Zip <b>35459-</b>

Form 4	A. EPA ID No. of off-site installation or transporter <b>GAD981234214</b>	B. Name of off-site installation or transporter <b>LITHONIA LIGHTING</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>1001 WEST DYKES STREET</b>  City <b>COCHRON</b> State <b>GA</b> Zip <b>31014-</b>

Form 5	A. EPA ID No. of off-site installation or transporter <b>FLD984239475</b>	B. Name of off-site installation or transporter <b>ORANGE COUNTY PUBLIC SCHOOL</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>6501 MAGIC WAY</b>  City <b>ORLANDO</b> State <b>FL</b> Zip <b>32809-</b>

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## SITE NAME

AERC.COM, INC.  
FORTUNE PLACE SUITE J  
W. MELBOURNE

FL 32904

FORM  
OI

OFF-SITE  
IDENTIFICATION

EPA ID NO: FLD984262782

Form 6	A. EPA ID No. of off-site installation or transporter GAD981269095	B. Name of off-site installation or transporter MCF
C. Handler Type		D. Address of off-site installation
Y Generator		Street 5353 SNAPPINGER WOODS DRIVE
N Transporter		City DECATUR
N TSDR		State GA Zip 30035-

Form 7	A. EPA ID No. of off-site installation or transporter FLD982163875	B. Name of off-site installation or transporter MIAMI DADE WATER AND SEWER
C. Handler Type		D. Address of off-site installation
Y Generator		Street 6800 SW 87TH AVENUE
N Transporter		City MIAMI
N TSDR		State FL Zip 33233-

Form 8	A. EPA ID No. of off-site installation or transporter FLD982171050	B. Name of off-site installation or transporter EASTERN SHIPBUILDING
C. Handler Type		D. Address of off-site installation
Y Generator		Street 2200 NELSON STREET
N Transporter		City PANAMA CITY
N TSDR		State FL Zip 32401-

Form 9	A. EPA ID No. of off-site installation or transporter FL0000962951	B. Name of off-site installation or transporter HOMESTEAD AIR RESERVE BASE BLDG 232
C. Handler Type		D. Address of off-site installation
Y Generator		Street 482 MISSION SUPPORT GROUP
N Transporter		City HOMESTEAD
N TSDR		State FL Zip 33039-

Form 10	A. EPA ID No. of off-site installation or transporter SCD003351814	B. Name of off-site installation or transporter NEVAMAR
C. Handler Type		D. Address of off-site installation
Y Generator		Street 1 NEVAMAR PLACE
N Transporter		City HAMPTON
N TSDR		State SC Zip 29924-

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## SITE NAME

AERC.COM, INC.  
FORTUNE PLACE SUITE J  
W. MELBOURNE

FL 32904

EPA ID NO: **FLD984262782**

**FORM  
OI**

**OFF-SITE  
IDENTIFICATION**

Form 11	A. EPA ID No. of off-site installation or transporter <b>FLD050455278</b>	B. Name of off-site installation or transporter <b>HARRIS CORPORATION</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>1025 WEST NASA BLVD.</b> <b>MS45</b> City <b>MELBOURNE</b> State <b>FL</b> Zip <b>32919-</b>

Form 12	A. EPA ID No. of off-site installation or transporter <b>FLCESQG</b>	B. Name of off-site installation or transporter <b>HONEYWELL</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>3657 MAGUIRE BLVD</b> <b>SUITE 100</b> City <b>ORLANDO</b> State <b>FL</b> Zip <b>32803-</b>

Form 13	A. EPA ID No. of off-site installation or transporter <b>ALCESQG</b>	B. Name of off-site installation or transporter <b>UNIVERISTY OF NORTH ALABAMA</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>615 N PINE STREET</b> <b>BOX 5018</b> City <b>FLORENCE</b> State <b>AL</b> Zip <b>35632-</b>

Form 14	A. EPA ID No. of off-site installation or transporter <b>ARD983268269</b>	B. Name of off-site installation or transporter <b>TYSON FOODS-GREEN FOREST PROCESSING</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>107 TYSON AVENUE</b>  City <b>GREEN FORREST</b> State <b>AR</b> Zip <b>72638-</b>

Form 15	A. EPA ID No. of off-site installation or transporter <b>GA0097392195</b>	B. Name of off-site installation or transporter <b>PANDEL</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>21 RIVER DRIVE</b>  City <b>CARTERSVILLE</b> State <b>GA</b> Zip <b>30120-</b>

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U.S. ENVIRONMENTAL  
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## SITE NAME

AERC.COM, INC.  
FORTUNE PLACE SUITE J  
W. MELBOURNE

FL 32904

EPA ID NO: **FLD984262782**

**FORM  
OI**

**OFF-SITE  
IDENTIFICATION**

Form 16	A. EPA ID No. of off-site installation or transporter <b>NC6570024475</b>	B. Name of off-site installation or transporter <b>US AIR FORCE BASE POPE</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>560 INTERCEPTOR ROAD</b>  City <b>POPE AIR FORCE</b> State <b>NC</b> Zip <b>28308-</b>

Form 17	A. EPA ID No. of off-site installation or transporter <b>ALD003397569</b>	B. Name of off-site installation or transporter <b>ACIPCO</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>2930 NORTH 16TH STREET</b>  City <b>BIRMINGHAM</b> State <b>AL</b> Zip <b>35207-</b>

Form 18	A. EPA ID No. of off-site installation or transporter <b>FLR000011171</b>	B. Name of off-site installation or transporter <b>MIAMI MOTORSPORTS</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>1 SPEEDWAY BLVD</b>  City <b>HOMESTEAD</b> State <b>FL</b> Zip <b>33030-</b>

Form 19	A. EPA ID No. of off-site installation or transporter <b>NCR000012104</b>	B. Name of off-site installation or transporter <b>CARRIER CORPORATION</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>9701 OLD STATEVILLE ROAD</b>  City <b>CHARLOTTE</b> State <b>NC</b> Zip <b>28269-</b>

Form 20	A. EPA ID No. of off-site installation or transporter <b>FLCESQG</b>	B. Name of off-site installation or transporter <b>CARDIOVASCULAR MEDICAL</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		Street <b>500 UNIVERSITY BLVD. STE 20</b> City <b>JUPITER</b> State <b>FL</b> Zip <b>33458-</b>

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U.S. ENVIRONMENTAL  
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## SITE NAME

AERC.COM, INC.  
FORTUNE PLACE SUITE J  
W. MELBOURNE

FL 32904

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OFF-SITE  
IDENTIFICATION

EPA ID NO: FLD984262782

Form 21	A. EPA ID No. of off-site installation or transporter FLCESQG	B. Name of off-site installation or transporter JOHNSON CONTROLS
C. Handler Type		D. Address of off-site installation
Y Generator		Street 3802 SUGAR PALM DRIVE
N Transporter		City TAMPA
N TSDR		State FL Zip 33619-

Form 22	A. EPA ID No. of off-site installation or transporter GAD003480506	B. Name of off-site installation or transporter PACKAGING CORP OF AMERICA
C. Handler Type		D. Address of off-site installation
Y Generator		Street HWY 376 & WHY 31
N Transporter		City CLAYTTVILLE
N TSDR		State GA Zip 31604-

Form 23	A. EPA ID No. of off-site installation or transporter GAD092384874	B. Name of off-site installation or transporter GEORGIA PACIFIC
C. Handler Type		D. Address of off-site installation
Y Generator		Street PO BOX 44
N Transporter		City CEDAR SPRINGS
N TSDR		State GA Zip 31732-

Form 24	A. EPA ID No. of off-site installation or transporter FLD000823369	B. Name of off-site installation or transporter CARGILL JUICE
C. Handler Type		D. Address of off-site installation
Y Generator		Street 100 EAST 6TH STREET
N Transporter		City FROSTPROOF
N TSDR		State FL Zip 33841-

Form 25	A. EPA ID No. of off-site installation or transporter FLD045003316	B. Name of off-site installation or transporter US AGRI CHEMICAL LAB
C. Handler Type		D. Address of off-site installation
Y Generator		Street 3225 ST ROAD 630 WEST
N Transporter		City FORT MEADE
N TSDR		State FL Zip 33841-

00021 00022 00023 00024 00025



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## SITE NAME

AERC.COM, INC.  
FORTUNE PLACE SUITE J  
W. MELBOURNE

FL 32904

EPA ID NO: **FLD984262782**

**FORM  
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**OFF-SITE  
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Form 26	A. EPA ID No. of off-site installation or transporter <b>FLCESQG</b>	B. Name of off-site installation or transporter <b>OCEAN BOY FARMS</b>
C. Handler Type  Y Generator N Transporter N TSDR		D. Address of off-site installation Street <b>20700 COUNTY ROAD 835</b>  City <b>CLEWISTON</b> State <b>FL</b> Zip <b>33440-</b>

Form 27	A. EPA ID No. of off-site installation or transporter <b>ALD983195231</b>	B. Name of off-site installation or transporter <b>CUMMINGS SIGNS</b>
C. Handler Type  Y Generator N Transporter N TSDR		D. Address of off-site installation Street <b>4255 NAPIER FIELD ROAD</b>  City <b>DOTHAN</b> State <b>AL</b> Zip <b>36303-</b>

Form 28	A. EPA ID No. of off-site installation or transporter <b>FLD982168775</b>	B. Name of off-site installation or transporter <b>WHEELABRATOR MCKAY BAY</b>
C. Handler Type  Y Generator N Transporter N TSDR		D. Address of off-site installation Street <b>107 NORTH 34TH STREET</b>  City <b>TAMPA</b> State <b>FL</b> Zip <b>33605-</b>

Form 29	A. EPA ID No. of off-site installation or transporter <b>FLD004103040</b>	B. Name of off-site installation or transporter <b>WEYERHAEUSER PAPER CO</b>
C. Handler Type  Y Generator N Transporter N TSDR		D. Address of off-site installation Street <b>6706 53RD STREET</b> <b>PO BOX 16909</b> City <b>TAMPA</b> State <b>FL</b> Zip <b>33619-</b>

Form 30	A. EPA ID No. of off-site installation or transporter <b>FLD981928724</b>	B. Name of off-site installation or transporter <b>L-3 COMMUNICATIONS AVIONIC</b>
C. Handler Type  Y Generator N Transporter N TSDR		D. Address of off-site installation Street <b>5250 NW 33RD AVENUE</b>  City <b>FORT LAUDERDALE</b> State <b>FL</b> Zip <b>33309-</b>

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**OFF-SITE  
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**SITE NAME**

AERC.COM, INC.  
FORTUNE PLACE SUITE J  
W. MELBOURNE

FL 32904

EPA ID NO: **FLD984262782**

Form 31	A. EPA ID No. of off-site installation or transporter <b>FLD982173635</b>	B. Name of off-site installation or transporter <b>PARKWAY REGIONAL MEDICAL</b>
C. Handler Type  <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <b>160 NW 170TH STREET</b>  City <b>MIAMI</b> State <b>FL</b> Zip <b>33169-</b>

Form 32	A. EPA ID No. of off-site installation or transporter <b>FLR000056226</b>	B. Name of off-site installation or transporter <b>WEST COAST SIGNS</b>
C. Handler Type  <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <b>2318 WHITFIELD IND WAY</b>  City <b>SARASOTA</b> State <b>FL</b> Zip <b>34243-</b>

Form 33	A. EPA ID No. of off-site installation or transporter <b>ALR000022103</b>	B. Name of off-site installation or transporter <b>WAYNE FARMS FEED MILL</b>
C. Handler Type  <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <b>107 MIDDLEBROOK STREET</b>  City <b>ENTERPRISE</b> State <b>FL</b> Zip <b>36331-</b>

Form 34	A. EPA ID No. of off-site installation or transporter <b>FLCESQG</b>	B. Name of off-site installation or transporter <b>OTIS ELEVATORS</b>
C. Handler Type  <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <b>16200 NW 59TH AVE</b>  City <b>MIAMI</b> State <b>FL</b> Zip <b>33014-</b>

Form 35	A. EPA ID No. of off-site installation or transporter <b>FLCESQG</b>	B. Name of off-site installation or transporter <b>OTIS ELEVATORS</b>
C. Handler Type  <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <b>162000 NW 59TH AVE</b>  City <b>MIAMI</b> State <b>FL</b> Zip <b>33014-</b>

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## SITE NAME

AERC.COM, INC.  
FORTUNE PLACE SUITE J  
W. MELBOURNE

FL 32904

EPA ID NO: FLD984262782

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Form 36	A. EPA ID No. of off-site installation or transporter FLCESQG	B. Name of off-site installation or transporter UPS
C. Handler Type  Y Generator N Transporter N TSDR		D. Address of off-site installation Street 4420 IMESON ROAD  City JACKSONVILLE State FL Zip 32219-

Form 37	A. EPA ID No. of off-site installation or transporter GAD980730725	B. Name of off-site installation or transporter KAYDON
C. Handler Type  Y Generator N Transporter N TSDR		D. Address of off-site installation Street 1571 LUKKEN IND DRIVE WEST  City LA GRANGE State GA Zip 30240-

Form 38	A. EPA ID No. of off-site installation or transporter GAD070330576	B. Name of off-site installation or transporter EXIDE TECHNOLOGIES
C. Handler Type  Y Generator N Transporter N TSDR		D. Address of off-site installation Street 3639 JOY ROAD  City COLUMBUS State GA Zip 31906-

Form 39	A. EPA ID No. of off-site installation or transporter FLD984179820	B. Name of off-site installation or transporter PRIDE OF FLORIDA
C. Handler Type  Y Generator N Transporter N TSDR		D. Address of off-site installation Street 19562 SE INSTITUTIONAL DRIVE  City BLOUNTSTOWN State FL Zip 32424-

Form 40	A. EPA ID No. of off-site installation or transporter FLR000113951	B. Name of off-site installation or transporter DOLLAR GENERAL CORP
C. Handler Type  Y Generator N Transporter N TSDR		D. Address of off-site installation Street 17815 PEGGY ROAD  City ALACHUA State FL Zip 32615-



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Form 41	A. EPA ID No. of off-site installation or transporter <b>FLCESQG</b>	B. Name of off-site installation or transporter <b>NATIONAL WEATHER SERVICE</b>
C. Handler Type		D. Address of off-site installation
Y Generator		Street 3300 CAPITAL CIRCLE SW
N Transporter		City TALLAHASSEE
N TSDR		State FL Zip 32310-

Form 42	A. EPA ID No. of off-site installation or transporter <b>FLR000060848</b>	B. Name of off-site installation or transporter <b>SHAW AERRO DEVICES INC</b>
C. Handler Type		D. Address of off-site installation
Y Generator		Street 3580 SHAW BLVD
N Transporter		City NAPLES
N TSDR		State FL Zip 34117-

Form 43	A. EPA ID No. of off-site installation or transporter <b>FLD168426401</b>	B. Name of off-site installation or transporter <b>MERCEDES BENZ</b>
C. Handler Type		D. Address of off-site installation
Y Generator		Street 8873 WESTCRY WAY
N Transporter		City JACKSONVILLE
N TSDR		State FL Zip 32256-

Form 44	A. EPA ID No. of off-site installation or transporter <b>GAD033885633</b>	B. Name of off-site installation or transporter <b>STOFFEL SEALS CORP</b>
C. Handler Type		D. Address of off-site installation
Y Generator		Street 1 STOFFEL ROAD
N Transporter		City TALLAPOOSA
N TSDR		State GA Zip 30176-

Form 45	A. EPA ID No. of off-site installation or transporter <b>GAD059537357</b>	B. Name of off-site installation or transporter <b>PROCTOR &amp; GAMBLE</b>
C. Handler Type		D. Address of off-site installation
Y Generator		Street 512 LIBERTY EXPRESSWAY
N Transporter		City ALBANY
N TSDR		State GA Zip 31705-

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Form 46	A. EPA ID No. of off-site installation or transporter <b>GAD042101204</b>	B. Name of off-site installation or transporter <b>ENGLEHARD</b>	
C. Handler Type		D. Address of off-site installation	
Y Generator		Street <b>1 ENGLEHARD ROAD</b>	
N Transporter		City <b>ATTAPULGUS</b>	
N TSDR		State <b>GA</b> Zip <b>31715-</b>	

Form 47	A. EPA ID No. of off-site installation or transporter <b>FLD984209494</b>	B. Name of off-site installation or transporter <b>AEROSONIC</b>	
C. Handler Type		D. Address of off-site installation	
Y Generator		Street <b>1212 N HERCULES AVENUE</b>	
N Transporter		City <b>CLEARWATER</b>	
N TSDR		State <b>FL</b> Zip <b>33765-</b>	

Form 48	A. EPA ID No. of off-site installation or transporter <b>FLCESQG</b>	B. Name of off-site installation or transporter <b>QUANTACHROME CORP</b>	
C. Handler Type		D. Address of off-site installation	
Y Generator		Street <b>1900 CORPORATE DRIVE</b>	
N Transporter		City <b>BOYNTON BEACH</b>	
N TSDR		State <b>FL</b> Zip <b>33426-</b>	

Form 49	A. EPA ID No. of off-site installation or transporter <b>PRD090399718</b>	B. Name of off-site installation or transporter <b>SAFETY-KLEEN ENVIROSYSTEMS</b>	
C. Handler Type		D. Address of off-site installation	
Y Generator		Street <b>KM 51 HWY #2</b>	
N Transporter		PO BOX 31098	
N TSDR		City <b>MANATI</b>	
		State <b>PR</b> Zip <b>00674-</b>	

Form 50	A. EPA ID No. of off-site installation or transporter <b>NJD054126164</b>	B. Name of off-site installation or transporter <b>FREEHOLD CARTAGE, INC</b>	
C. Handler Type		D. Address of off-site installation	
N Generator		Street	
Y Transporter		City	
N TSDR		State Zip	

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Form 51	A. EPA ID No. of off-site installation or transporter <b>PRD090559360</b>	B. Name of off-site installation or transporter <b>CROWELY LINED SERVICES</b>
C. Handler Type		D. Address of off-site installation
<input type="radio"/> Generator <input checked="" type="radio"/> Transporter <input type="radio"/> TSDR		Street  City State                      Zip    -

Form 52	A. EPA ID No. of off-site installation or transporter <b>FLD984262782</b>	B. Name of off-site installation or transporter <b>AERC.COM, INC.</b>
C. Handler Type		D. Address of off-site installation
<input type="radio"/> Generator <input checked="" type="radio"/> Transporter <input type="radio"/> TSDR		Street <b>4317-J FORTUNE PLACE</b>  City <b>WEST MELBOURNE</b> State <b>FL</b> Zip <b>32904-</b>

Form 53	A. EPA ID No. of off-site installation or transporter <b>GAR000040329</b>	B. Name of off-site installation or transporter <b>ACUITY BRANDS LIGHTING</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="radio"/> Generator <input type="radio"/> Transporter <input type="radio"/> TSDR		Street <b>1400 LESTER ROAD</b>  City <b>CONYERS</b> State <b>GA</b> Zip <b>30012-</b>

Form 54	A. EPA ID No. of off-site installation or transporter <b>ALD003276763</b>	B. Name of off-site installation or transporter <b>LANGDALE MILL</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="radio"/> Generator <input type="radio"/> Transporter <input type="radio"/> TSDR		Street <b>5910 19TH AVENUE</b>  City <b>VALLEY</b> State <b>AL</b> Zip <b>36854-</b>

Form 55	A. EPA ID No. of off-site installation or transporter <b>FLD984187856</b>	B. Name of off-site installation or transporter <b>MOTE MARINE LABORATORIES</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="radio"/> Generator <input type="radio"/> Transporter <input type="radio"/> TSDR		Street <b>1600 THOMPSON PARKWAY</b>  City <b>SARASOTA</b> State <b>FL</b> Zip <b>34243-</b>

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Form 56	A. EPA ID No. of off-site installation or transporter <b>GAD075884957</b>	B. Name of off-site installation or transporter <b>AVERY DENNISON</b>
C. Handler Type  <input checked="" type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <b>513 HIGHWAY 74 SOUTH</b>  City <b>PEACHTREE</b> State <b>GA</b> Zip <b>30269-</b>

Form 57	A. EPA ID No. of off-site installation or transporter <b>GAD984307801</b>	B. Name of off-site installation or transporter <b>SCIENTIFIC GAMES</b>
C. Handler Type  <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <b>1500 BLUEGRASS LAKES PARKWAY</b>  City <b>ALPHARETTA</b> State <b>GA</b> Zip <b>30004-</b>

Form 58	A. EPA ID No. of off-site installation or transporter <b>TND034587162</b>	B. Name of off-site installation or transporter <b>SYNAIR CORPORATION</b>
C. Handler Type  <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <b>2003 AMNICOLA HIGHWAY</b> <b>PO BOX 5667</b> City <b>CHATTANOOGA</b> State <b>TN</b> Zip <b>37406-</b>

Form 59	A. EPA ID No. of off-site installation or transporter <b>ALD063690705</b>	B. Name of off-site installation or transporter <b>UNIVERSITY OF ALABAMA</b>
C. Handler Type  <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <b>221 SOUTH 14TH STREET</b>  City <b>BIRMINGHAM</b> State <b>AL</b> Zip <b>35233-</b>

Form 60	A. EPA ID No. of off-site installation or transporter <b>FLR000069187</b>	B. Name of off-site installation or transporter <b>MIAMI DADE COUNTY</b>
C. Handler Type  <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR		D. Address of off-site installation Street <b>211 WEST FLAGLER STREET</b>  City <b>MIAMIA</b> State <b>FL</b> Zip <b>33130-</b>

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Form 61	A. EPA ID No. of off-site installation or transporter <b>FLR000092478</b>	B. Name of off-site installation or transporter <b>NAVIGATOR OF THE SEAS</b>
C. Handler Type		D. Address of off-site installation
<input checked="" type="checkbox"/> Y Generator <input type="checkbox"/> N Transporter <input type="checkbox"/> N TSDR		Street <b>1015 NORTH AMERICA WAY</b>  City <b>MIAMI</b> State <b>FL</b> Zip <b>33132-</b>

Form 62	A. EPA ID No. of off-site installation or transporter <b>FLR000136739</b>	B. Name of off-site installation or transporter <b>OMNI HEALTHCARE</b>
C. Handler Type		D. Address of off-site installation
<input type="checkbox"/> Y Generator <input type="checkbox"/> N Transporter <input type="checkbox"/> N TSDR		Street <b>1344 APOLLO BVLD.</b> <b>SUITE 303</b> City <b>MELBOURNE</b> State <b>FL</b> Zip <b>32901-</b>

Form 63	A. EPA ID No. of off-site installation or transporter <b>FLD010596013</b>	B. Name of off-site installation or transporter <b>STAUFFER MANAGEMENT</b>
C. Handler Type		D. Address of off-site installation
<input type="checkbox"/> Y Generator <input type="checkbox"/> N Transporter <input type="checkbox"/> N TSDR		Street <b>877 ANCLOTE ROAD</b>  City <b>TARPON SPRINGS</b> State <b>FL</b> Zip <b>34689-</b>

Form 64	A. EPA ID No. of off-site installation or transporter <b>GAD000649145</b>	B. Name of off-site installation or transporter <b>EMORY UNIVERSITY</b>
C. Handler Type		D. Address of off-site installation
<input type="checkbox"/> Y Generator <input type="checkbox"/> N Transporter <input type="checkbox"/> N TSDR		Street <b>615 MICHAEL STREET</b>  City <b>ATLANTA</b> State <b>GA</b> Zip <b>30322-</b>

Form 65	A. EPA ID No. of off-site installation or transporter <b>FLD000823393</b>	B. Name of off-site installation or transporter <b>UNIVERSITY OF FLORIDA</b>
C. Handler Type		D. Address of off-site installation
<input type="checkbox"/> Y Generator <input type="checkbox"/> N Transporter <input type="checkbox"/> N TSDR		Street <b>UNIVERSITY AVENUE</b> <b>SW 13TH STREET</b> City <b>GAINESVILLE</b> State <b>FL</b> Zip <b>32611-</b>

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Form 66	A. EPA ID No. of off-site installation or transporter <b>GA0000963769</b>	B. Name of off-site installation or transporter <b>ALBANY STATE COLLEGE</b>
C. Handler Type  Y Generator N Transporter N TSDR		D. Address of off-site installation Street <b>504 COLLEGE DRIVE</b>  City <b>ALBANY</b> State <b>GA</b> Zip <b>31705-</b>