



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

06/22/2010

Alan Chandler
AAG Environmental Inc
PO Box 959
Newberry, FL 32669-0959

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **25370 NW 8th Ln, Newberry, FL 32669-2538** has been registered through **March 1, 2011** with the following status:

Facility ID # **FLR000167635**
Transporter of Universal Waste Lamps and Devices

The registration form for the year **2011** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

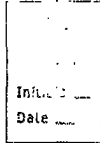
This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



AAG ENVIRONMENTAL

Post Office Box 959 Newberry, FL 32669-1199
800-472-9251 352-472-7295 Fax 352-472-6097

We'll Take It From Here...

May 17, 2010

Aprilia Graves
Hazardous Waste Regulation Section
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

re: FLR000141259

Dear Ms. Graves,

Enclosed please find two applications. We have recently purchased our own building and expect to move by the end of the month. Of the two applications, the first is intended to close out the ID number for our current location (25145 NW 8 Place, Suite 10), while the second is intended to secure us a new facility ID number for our new location (25370 NW 8 Lane), both in Newberry, Alachua County, FL. I hope that I have provided you with all pertinent information, but if I did miss anything, please either call us or email me at alan.chandler@aagenvironmental.com. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'AB Chandler', with a long horizontal line extending to the right.

Alan B. Chandler
President

enclosures

Are your services commercially available? _____

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:

Transporter Name: AAG ENVIRONMENTAL, INC
Transporter EPA ID: _____
Location Address: 25370 NW 8 LANE
NEW BERRY, FL 32669
Contact: Alan Chandler Telephone: 352-471-7295
Mailing Address: P.O. Box 959
NEW BERRY, FL 32669

II. Insurance Information:

Insurance Company: Hudson Insurance Co.
Address: 17 STATE STREET 30TH Floor
NEW YORK, NY 10027
Contact: SIM SKILPS Telephone: 352-244-5331
Policy Number: ECC10100457801
Expiration date: 12/15/10

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D003 D004 D018 D035 F003 F005

Comments: _____

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Alan B. Chandler President
Print/Type Name Title
[Signature] 5/12/10
Signature Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through _____ Date

Signature of Florida Department of Environmental Protection Representative Date Signed



8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
Received (Official Use Only)

MAY 24 2010

BSHW
RCRAInfo

EPA ID

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

MTS

1. Reason for
Submittal

Mark 'X' in
correct box:

- ☒ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☐ To provide subsequent notification (to update status and facility identification information).
- ☐ Is this the final notification (see instructions) for the facility?

2. Facility or
Business Name

AAG Environmental, Inc.

FEID No.

0	6	1	5	1	1	7	0	2
---	---	---	---	---	---	---	---	---

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

Name of Operator:

AAG Environmental, Inc.

☒ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

P.O. Box 959

Phone Number:

352-472-7295

City or Town:

Newberry

State:

FL

Zip Code:

32669

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical
Location
Information

Physical Street Address:

25370 NW 8 Lane

City or Town:

Newberry

State:

FL

Zip Code:

32669

County:

Alachua

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

Latitude: 2 | 9 | 3 | 9 | 2 | 2 | 38N
d d m m s s . ssss

Longitude: 8 | 2 | 3 | 6 | 3 | 9 | 12W
d d m m s s . ssss

Method:

GPS

Datum:

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

A.

562910

B.

541620

C.

562112

D.

6. Facility or
Business Mailing
Address

Street Address or P.O. Box:

P.O. Box 959

City or Town:

Newberry

State:

FL

Zip Code:

32669

7. Facility or
Business Contact
Person

First Name:

Alan

Last Name:

Chandler

Title:

President

Phone Number:

352-472-7295

Extension:

E-Mail: alan.chandler@aagenvironmental.com

Street or P.O. Box:

P.O. Box 959

City or Town:

Newberry

State:

FL

Zip Code:

32669

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

Name of Real Property (Land) Owner:

A M Properties of Newberry, LLC

☒ New Owner

Date became Owner: 04 / 16 / 10
mm dd yy

Street or P.O. Box:

P.O. Box 1199

Phone Number:

352-215-2162

City or Town:

Newberry

State:

FL

Zip Code:

32669

Owner Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

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

A. Hazardous Waste Activities: **For Items 2 through 7, mark 'X' in all that apply.**

(1) Generator of Hazardous Waste
(Choose only one of the following three categories.)

☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste

☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

☐ d. United States Importer of hazardous waste☐ e. Mixed Waste (hazardous and radioactive) Generator

(2) Treater, Storer, or Disposer of Hazardous Waste
(at your facility) Note: A hazardous waste permit
may be required for this activity.

☐ a. Operating Commercial TSD

☐ b. Operating Non-commercial TSD

☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)

Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

(4) ☐ Exempt Boiler and/or Industrial Furnace

☐ a. Small Quantity On-site Burner Exemption

☐ **b. Smelting, Melting, and Refining Furnace Exemption**

(5) ☒ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity **ONLY** if you attach **EITHER** a copy of your application for such authorization **OR** the authorization you received from FDEP.

(6) ☐ **Underground Injection Control.** - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.

(7) ☒ **Transporter of Hazardous Waste** [Note: A Certificate of Liability Insurance is required along with this registration.]

Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes

c. Hazardous Waste Transporter Insurance Information

Insurance Company Hudson Insurance Co.

Address 17 State Street, 30th Floor, New York, NY 10004

Contact	Telephone	212-978-2800
----------------	------------------	---------------------

Policy Number	ECC10100457801	Expiration date	12/15/2010
---------------	----------------	-----------------	------------

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

e. <input type="checkbox"/> Hazardous Waste Transfer Facility:	Storage Volume

☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]

☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]

☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]

☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]

☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]

☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

☐ **Notification of changes in above items**

☐ **Annual update notification**

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

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☒ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	< 5,000 kg
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	< 5,000 kg
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	< 5,000 kg
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(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) ☐ 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

(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.

(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

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
- ☐ The site (facility) address

EPA ID No.

D. Other State Regulated Waste Activities:☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	D001	2	D002	3	D003	4	D004	5	D018	6	D035	7	F003
8	F005	9		10		11		12		13		14	
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

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

B. Facility Closed

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed
(mm-dd-yyyy)

Alan B. Chandler, President

05/17/2010

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

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/15/09

PRODUCER Willis of Florida, Inc. 4880 Newberry Road, Ste. 100 Gainesville, FL 32635-7400 352 378-2511	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED AAG Environmental, Inc. P.O. Box 959 Newberry, FL 32669	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Hudson Insurance Co	25054
	INSURER B: Safeco Insurance Co.	24740
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	ECC10100457801	12/15/09	12/15/10	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000
		POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					
B		AUTOMOBILE LIABILITY	24CC2646982	12/15/09	12/15/10	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER Professional	ECC10100457801	12/15/09	12/15/10	\$1,000,000/\$2,000,000	
		Contractors	ECC10100457801	12/15/09	12/15/10	\$1,000,000/\$2,000,000	
		Pollution				\$5,000 deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

\$200,000 Blanket Leased Equipment: Assurance Co. of America Policy #EC67193674.

Policy Term: 2/1/09 to 2/1/10. Policy Deductible: \$1,000.

Florida Department of Environmental Protection is named as Additional Insured regarding General Liability and Automobile Liability.

CERTIFICATE HOLDER

**Florida Department of
Environmental Protection
Bob Martinez Center
2600 Blair Stone Rd
Tallahassee, FL 32399-2400
Attn: Gail Stephens**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 010 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

James E Skiles II