



## 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

June 14, 2010

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

### BE IT KNOWN THAT

Veolia ES Technical Solutions LLC  
1 Eden Lane  
Flanders, NJ 7836

### IS HEREBY REGISTERED AS A USED OIL

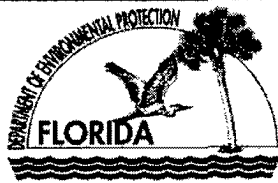
Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **NJD080631369** on June 14, 2010  
Insurance Carrier: **NEW HAMPSHIRE INSURANCE**

**This registration will expire on 06/30/2011**

This certificate documents receipt of your annual registration and annual report. It shall be displayed in a prominent place at your facility. This certificate and your cancelled check are your receipts.

**Aprilia Graves**  
**Engineering Specialist IV**  
**Hazardous Waste Regulation Permitting**



8700-12FL - FLORIDA NOTIFICATION OF  
REGULATED WASTE ACTIVITY

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

RECEIVED

Date Received: \_\_\_\_\_  
(For DEP Officials Use Only)

EPA ID NJD080631369

MIS

RCRAInfo

1. Reason for  
Submittal



Initials \_\_\_\_\_  
Date \_\_\_\_\_

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

Veolia ES Technical Solutions, L.L.C.

FEID No.

3 6 4 2 8 7 9 9 8

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

Name of Operator:  
Veolia ES Technical Solutions, L.L.C.

☐ New Operator

Date became Operator: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box: 1 Eden Lane

Phone Number: 973/691-7321

City or Town: Flanders

State: NJ Zip Code: 07836

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other \_\_\_\_\_

4. Facility Physical  
Location  
Information

Physical Street Address: 1 Eden Lane

City or Town: Flanders

State: NJ Zip Code: 07836

County: Choose \_\_\_\_

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

Latitude: 4 0 8 8 0 4 . 25 Longitude: 7 4 6 9 7 6 . 75 Method: \_\_\_\_\_  
d d m m s s . ssss d d m m s s . ssss Datum: \_\_\_\_\_

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

A. 562211

B.

C.

D.

6. Facility or  
Business Mailing  
Address

Street Address or P.O. Box: 1 Eden Lane

City or Town: Flanders

State: NJ Zip Code: 07836

7. Facility or  
Business Contact  
Person

First Name: Denise

Last Name: Krous

Title: Permits Admin

Phone Number: 973/691-7321

Extension:

E-Mail: Denise.Krous@Veoliaes.com

Street or P.O. Box: 1 Eden Lane

City or Town: Flanders

State: NJ Zip Code: 07836

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

Name of Real Property (Land) Owner:  
Veolia ES Technical Solutions, L.L.C.

☒ New Owner

Date became Owner: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box: 700 Butterfield Rd., Suite 201

Phone Number: 630/218-1647

City or Town: Lombard

State: IL Zip Code: 60148

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other \_\_\_\_\_

**9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):****A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; **or** Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):  
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

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

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

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

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

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

**(3) ☐ Recycler of Hazardous Waste (at your facility)**Specify: ☐ Commercial; ☐ Non-Commercial.  
A permit is required for storage prior to recycling.**(4) ☐ Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

**(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.****(6) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.**

- (7) ☒ Transporter of Hazardous Waste** [ Note: A Certificate of Liability Insurance is required along with this registration.]  
Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes

**c. Hazardous Waste Transporter Insurance Information**Insurance Company \_\_\_\_\_ Insurance Company of the State of PA  
Address \_\_\_\_\_ c/o Marsh USA, Inc 1000 Main Street, Suite 300, Houston, TX 77002Contact \_\_\_\_\_ Melissa Hardie Telephone \_\_\_\_\_ 212/948-0564  
Policy Number \_\_\_\_\_ CA 4576281 Expiration date \_\_\_\_\_ 7/1/2010

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

- e. ☐ Hazardous Waste Transfer Facility:** Storage Volume \_\_\_\_\_

☐ **Initial notification**

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

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

☐ **Notification of changes in above items**☐ **Annual update notification**

**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"/>	40,000 lbs
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,000 lbs
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25,000 lbs
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,000 lbs
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	40,000 lbs

(3) Mercury Recovery and/or Reclamation Facility ☐  
[Chapter 62-737, F.A.C.]

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**C. Used Oil Activities:**

(1) Used Oil Transporter - indicate type(s) of activity(ies):

- ☒ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center

(3) ☐ Used Oil Processor (A permit is required for this activity.)

(4) ☐ Off-Specification Used Oil Burner

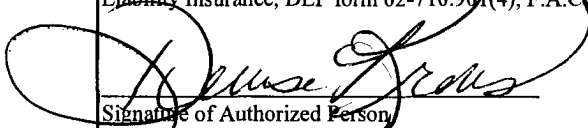
(5) ☐ Used Oil Fuel Marketer

(6) Used Oil Filter

- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

**(8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the 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

Denise Krous, Permits Administrator

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☒ A check is enclosed.

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

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

EPA ID No.

NJ D080631369

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

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

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

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

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

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

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

**B. Facility Closed**

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

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

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

Signature of owner, operator, or an authorized representative

Print Name and Title

Date Signed  
(mm-dd-yyyy)

Denise Krous, Permits Administrator

3/1/2010

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

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**



# Department of Environmental Protection

FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)  
Form Title Annual Report by Used Oil  
and Used Oil Filter Handlers  
Effective Date June 9, 2006

## Annual Report by Used Oil and Used Oil Filter Handlers\*

(\*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])  
for reporting period January 1, 2008 through December 31, 2008

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

### SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Veolia ES Technical Solutions, L.L.C. 2. Telephone No. (973) 691-7321  
Site Address: 1 Eden Lane  
Flanders, NJ 07836 3. EPA ID No. NJD 080 631 369

o Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) Janet Kellum  
Title Technical Service Representative Phone number (if different from #2, above) (404) 675-3206

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☒ Processor ☐ Marketer

☐ Burner (of off-specification used oil)

Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

### SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected

a. In Florida.....

b. From out of state.....

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total
	6,329		6,329

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel .....

D - Disposed of

Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

In State	Out of State
0	6,150
0	0
0	0
0	0
0	0
0	0
0	179
0	6,329
0	0

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

**SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)**

**CHECK COLUMN IF OUT OF STATE** ↓

1. Number of filters on hand from previous year.....
2. Number of used oil filters collected.....
3. Total number of used oil filters to manage (1 plus 2).....
4. Disposition of used oil filters collected:
  - a. Transferred to another registered facility.....
  - b. Burned for energy recovery at a Waste-To-Energy facility.....
  - c. Transferred directly to a metal foundry for recycling.....
  - d. TOTAL.....
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....
6. Gallons of used oil collected as a result of filter processing.....
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....
8. Volume of oily waste collected and managed as a result of filter processing.....
9. Description of oily waste management.....

0	
0	
0	
0	
0	
0	
0	
0	
0	
0	
0	

**DIRECTIONS FOR SECTION C**

**Conversion Table**

One 55-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters
One 55 gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters
One ton of drained used oil filters = approximately <u>2,350</u> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d .
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4580, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: [sebrene.bolton@dep.state.fl.us](mailto:sebrene.bolton@dep.state.fl.us), OR Phone (850) 245-8755, email: [april.graves@dep.state.fl.us](mailto:april.graves@dep.state.fl.us)



Poor Original

Department of Environmental Protection  
Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form 952-710.510(12)  
Form Title Used Oil and Used Oil Filter  
Record Keeping Form  
Effective Date June 8, 2005

Used Oil and Used Oil Filter Record Keeping Form

Rule 62-710.510 of the Florida Administrative Code requires each registered person to maintain records on either this or a substantially equivalent form which contains the same information. This information must be kept on-site for three (3) years and be available for inspection by DEP during normal business hours. Used Oil Filter information is optional (but recommended), the Used Oil from filter management must be recorded and reported.

A. Used Oil Source Name, Street Address, City, State, Zip Code, EPA ID Number, if applicable	B. Date	C. Number of Filters	D. Gallons of Used Oil	E. Type Code	F. End Use Code	G. Destination of Used Oil /Used Oil Filters Name, Street Address, City, State, Zip Code, EPA ID Number, if applicable	H. State Mark "X" if not Florida
Northrop Grumman 2000 W. NASA Blvd. Melbourne, FL 32902 FLD982106635	8/10/09	0	55	I	N	Veolia ES Technical Solutions 5371 Cook Road Morrow, GA 30260 GAD096629282	X
Bausch + Lomb 81 Park Place Blvd. Clearwater, FL 33759 FLR000045492	8/12/09	0	660	I	N	" "	X
University of Tampa 401 West Kennedy Blvd. Tampa, FL 33606 FLD984845142	8/12/09	0	15	I	N	" "	X
Honeywell 13350 U.S. Hwy. 19, North Clearwater, FL 33764 FLD004104105	8/13/09	0	165		D	Veolia ES Technical Solutions Hwy 73, 3.5 miles W of Taylor's Bayou Port Arthur, TX 77640 TXD000838896	X
City of Ocala 2100 NE 30th Ave. Ocala, FL 34470 FLR000144394	9/18/09	0	230	I	N	Veolia ES Technical Solutions 5371 Cook Road Morrow, GA 30260 GAD096629282	X
Zhone Technologies 8545 126th Ave., North Largo, FL 33773 FLD053497517	7/23/09	0	55	I	N	" "	X
The Clorox Products Mfg. Co. 3601 East Columbus Drive Tampa, FL 33605 FLD984171470	10/20/09	0	275	I	N	" "	X
Bausch + Lomb 81 Park Place Blvd. Clearwater, FL 33759 FLR000045492	10/20/09	0	880	I	N	" "	X
" "	12/09/09	0	165	I	N	Veolia ES Technical Solutions Hwy 73, 3.5 miles W of Taylor's Bayou Port Arthur, TX 77640 TXD000838896	X
" "	12/09/09	0	14		D	" "	X

I. TOTAL COLLECTED

	Automotive	Industrial	Mixed
In State			
Out of State			

J. TOTAL END USED

End Use Code	N	O	F	B	I	D
In State						
Out of State						





Poor Original

Department of Environmental Protection  
Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #52-710.510(12)  
Form Title Used Oil and Used Oil Filter  
Record Keeping Form  
Effective Date June 9, 2005

Used Oil and Used Oil Filter Record Keeping Form

Rule 62-710.510 of the Florida Administrative Code requires each registered person to maintain records on either this or a substantially equivalent form which contains the same information. This information must be kept on-site for three (3) years and be available for inspection by DEP during normal business hours. Used Oil Filter information is optional (but recommended), the Used Oil from filter management must be recorded and reported.

A. Used Oil Source Name, Street Address, City, State, Zip Code, EPA ID Number, if applicable	B. Date	C. Number of Filters	D. Gallons of Used Oil	E. Type Code	F. End Use Code	G. Destination of Used Oil /Used Oil Filters Name, Street Address, City, State, Zip Code, EPA ID Number, if applicable	H. State Mark "X" if not Florida
L-3 Communications / PACORD, Inc. 11222-2 St. Johns Ind. Pkwy. N Jacksonville, FL 32246 FLR000119677	2/12/09	0	55	I	N	Veolia ES Technical Solutions 5371 Cook Road Morrow, GA 30260 GAD096629282	X
Bausch & Lomb 21 Park Place Blvd. Clearwater, FL 33759 FLR000045492	2/18/09	0	770	I	N	" "	X
" "	4/01/09	0	1100	I	N	" "	X
City of Ocala 2100 N 30th Avenue Ocala, FL 34470 FLR000144394	4/25/09	0	190	I	N	" "	X
" "	5/06/09	0	35	I	N	" "	X
United Space Alliance 8550 Astronaut Blvd. Cape Canaveral, FL 32920 FLD981031412	5/12/09	0	55	I	N	" "	X
The Clorox Products Mfg. Co. 3601 East Columbus Drive Tampa, FL 33605 FLD984171470	5/12/09	0	55	I	N	" "	X
Bausch & Lomb 21 Park Place Blvd. Clearwater, FL 33759 FLR000045492	5/13/09	0	880	I	N	" "	X
" "	6/09/09	0	660	I	N	" "	X
Beckman Coulter 11800 SW 14th Ave Miami, FL 33196 FLD984257097	8/04/09	0	15	I	N	" "	X

I. TOTAL COLLECTED

	Automotive	Industrial	Mixed
In State			
Out of State			

J. TOTAL END USED

End Use Code	N	O	F	B	I	D
In State						
Out of State						



## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. New Hampshire Insurance Company, (the Insurer), 70 Pine St., New York, NY 10270  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Veolia ES Technical Solutions (the Insured),  
(Name of the Insured)

1 Eden Lane, Flanders, NJ 07836 whose EPA Identification number is NJD 080 631 369  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 5,000,000 less the deductible or retention of \$ 250,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number GL 457-27-001, issued on 07/01/2009  
(Date)

The expiration date of said policy is 07/01/2010 or the annual renewal date is \_\_\_\_\_  
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.
- The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer.
- Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States, including Florida.

Laura M. Oliver  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Laura M. Oliver  
(Type Name)

New Hampshire Insurance Company  
(Name of Insurer)

Assistant Vice President  
(Title)

1000 Main St., Suite 3000, Houston, TX 77002  
(Address of Representative)

# MARSH



MARSH MERCER KROLL  
GUY CARPENTER OLIVER WYMAN

**Laura M. Oliver, CIC, ACSR**  
Assistant Vice President

Marsh USA Inc.  
1000 Main Street  
Suite 3000  
Houston, TX 77002  
713 276 8504 Fax 713 276 8518  
laura.m.oliver@marsh.com  
www.marsh.com

February 11, 2010

Ms. Denise Krous  
Permits Administrator  
Veolia ES Technical Solutions, L.L.C.  
1 Eden Lane  
Flanders, NJ 07836

**Re: Florida Certificate of Liability Insurance**

Dear Denise:

Enclosed is the completed certificate of liability insurance form you needed for the Florida Department of Environmental Protection.

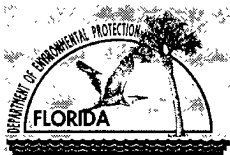
Please contact me should you need anything further or have any questions.

Sincerely,

A handwritten signature in black ink that reads "Laura M. Oliver". The signature is fluid and cursive, with the first name "Laura" being the most prominent.

Laura M. Oliver  
Client Representative

Enclosure



Department of Environmental Protection  
Post Office Box 3070 Tallahassee, Florida 32399-2400

DEP Form #62-710.901(1)  
Form Title Application for Registration  
Used Oil & Oil Filter Handlers  
Effective Date June 9, 2005


## Application for Registration Used Oil and Oil Filter Handlers\*

\*Handlers are any persons subject to the registration requirements of Rule 62-710.500 and 62-710.850, F.A.C. (see item 4b below)  
For registration period July 1, 2007 through June 30, 2008

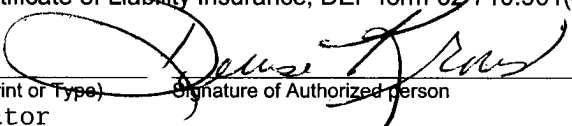
Please print or type

1. Business Name Veolia ES Technical Solutions, L.P. FEID No. 36-4287998  
DBA (Doing Business As) \_\_\_\_\_ Telephone No. (973) 691-7321  
Business Mailing Address: 1 Eden Lane  
City: Flanders County Morris State: NJ Zip Code: 07836  
Site Address: 1 Eden Lane  
City: Flanders County Morris State: NJ Zip Code: 07836
2. Name of Contact Person (if different from owner/operator) Denise Krous  
Telephone No. (973) 691-7321 email: Denise.Krous@Veoliaes.com
3. The records required under the provisions of Rule 62-710.510, F.A.C. are kept (check one):  
☒ at our mailing (business) address ☐ at the site (facility) address
4. Make \$100.00 fee check or money order payable to Florida Department of Environmental Protection
- 4a. Registration Status:      New   X   Renewal EPA ID No. NJD 080 631 369
- 4b. Check boxes which apply to your used oil/used oil filter activity(ies).  
Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Marketer ☐ Processor  
☐ Burner of off-spec used oil  
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User
5. Certification
  - 5a. General Certification to be signed by all Registrants:  

To the best of my knowledge and belief I certify the information provided in this application is true, accurate and correct.

Denise Krous  3/1/2010  
Name of Authorized Person (Print or Type) Signature of Authorized person Date  
Permits Administrator
  - 5b. Specific Certification to be signed by all Used Oil Transporters  

(Except those exempted by Rule 62-710.600(1), F.A.C.)  
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.

Denise Krous  3/1/2010  
Name of Authorized Person (Print or Type) Signature of Authorized person Date  
Permits Administrator