



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

November 15, 2010

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

Re: Florida Hazardous Waste Transporter Approval

Dear Denise Krous:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Denise Krous
November 15, 2010
Page Two

If you intend to operate a hazardous waste transfer facility, please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C. Also, please review the attached letter of March 11, 2009 addressed to all hazardous waste transporters who have notified of existing transfer facilities, subject: Required Submittal of Supplemental Information.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section

AG

Enclosures: Hazardous Waste Transporter Approval Certificate
Hazardous Waste Transporter Status Form (with insurance verification)
Sections [62-730.170](#) and [62-730.171](#) , FAC



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HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Veolia ES Technical Solutions LLC

FACILITY ID NO: FL0000207449

FACILITY ADDRESS: 342 Marpan Ln
Tallahassee, FL 32305-904

INSURANCE CARRIER: INSURANCE CO OF PENNSYLVANIA

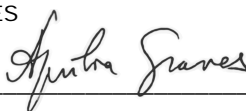
INSURANCE POLICY#: CA4576281

EFFECTIVE DATE: July 01, 2010

EXPIRATION DATE: July 01, 2011

APPROVED TRANSFER FACILITY: YES

APPROVAL ISSUED BY:



DATE: November 15, 2010

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section
850/245-8755

Are your services commercially available? yes

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification: Veolia ES Technical Solutions, L.L.C.
Transporter Name: _____
Transporter EPA ID: NJD 080 631 369
Location Address: 342 Marpan Lane (EPA ID# FL0000207449)
Tallahassee, FL 32305
Contact: Denise Krous Telephone: 973/691-7321
Mailing Address: 1 Eden Lane
Flanders, NJ 07836

II. Insurance Information: Insurance Co of the State of PA
Insurance Company: _____
Address: 70 Pine Street
New York, NY 10270
Contact: _____ Telephone: 212/770-7000
Policy Number: CA4576281 (AOS)
Expiration date: 7/1/2011

III. Waste Information:

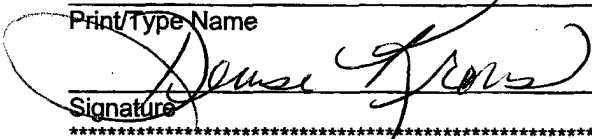
EPA Waste Codes for Waste Routinely or Usually Transported:

Reference comments _____

Comments: Veolia ES Technical Solutions, L.L.C. transports all EPA
waste codes for waste generators in Florida including the

IV. Certification: characteristic codes (D) and listed codes (F,K,U,P)

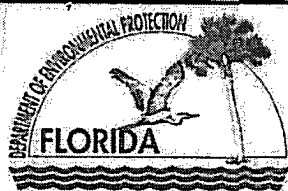
I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

<u>Denise Krous</u>	<u>Permits Administrator</u>
Print/Type Name	Title
	<u>6/15/2010</u>
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 7/1/2011.
Date

APPROVED by Tiffany A. Noland, changes approved by the Certifier by phone 7/26/2010

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
(for DEP Official Use Only)

JUN 21 2010

BSHW

RCRAInfo

EPA ID F L 0 0 0 0 2 0 7 4 4 9

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

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

☐ New Operator

Date became Operator: 8 / 17 / 1994
mm dd yy

Street or P.O. Box:

342 MARPAN LANE

Phone Number: 850-877-8299

City or Town:

TALLAHASSEE

State: FL

Zip Code: 32305

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical Location Information

Physical Street Address:

342 MARPAN LANE

City or Town:

TALLAHASSEE

State: FL

Zip Code: 32305

County:

Leon

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

Latitude:

3 0

2 1

5 1

.8486

Longitude:

8 4

1 6

0 8

.3580

Method:

dd

mm

ss

ssss

dd

mm

ss

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:

342 MARPAN LANE

City or Town:

TALLAHASSEE

State: FL

Zip Code: 32305

7. Facility or Business Contact Person

First Name:

LINDA

Last Name:

DUNWOODY

Title: OPERATIONS

Phone Number:

850-877-8299

Extension:

E-Mail:

linda.dunwoody@veoliaes.com

Street or P.O. Box:

342 MARPAN LANE

City or Town:

TALLAHASSEE

State: FL

Zip Code: 32305

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:

H.M. WILLIAMS PROPERTIES

☐ New Owner

Date became Owner: / / 1980
mm dd yy

Street or P.O. Box:

P.O. BOX 2068

Phone Number:

City or Town:

TALLAHASSEE

State: FL

Zip Code: 32316

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 3000, Houston, TX 77002

Contact _____ Melissa Hardie

Telephone _____ 512-342-4521

Policy Number _____ CA 4576281

Expiration date _____ 07-01-2010

d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☒ Hazardous Waste Transfer Facility:Storage Volume 176 drums on trailers☐ 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 403.721(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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80000
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10000
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10000
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	160000

(3) Mercury Recovery and/or Reclamation Facility

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

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.

FL0000207449

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	D006	2	D007	3	D008	4	D009	5	D011	6	U151	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)

LINDA DUNWOODY

6/18/2010

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

PHILLIP DITTER

262-243-8908

phillip.ditter@veoliaes.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

**** Veolia ES Technical Solutions, L.L.C. has the potential to transport all EPA waste codes including the characteristic codes (D) and listed codes (F, K, U, P).



"Tripp, Anthony"
<Anthony.Tripp@dep.state.fl.us>

06/18/2010 08:55 AM

To "denise.krous@veoliaes.com"
<denise.krous@veoliaes.com>

cc

bcc

Subject FW: (Archived w/ Attachments) Requirements for 10-day transfer facility

History: This message has been forwarded.

Denise

Attached is the letter that details the submittal requirements for the 10-day hazardous waste transfer facility as we discussed. I will need a current updated copy (of items 4 through 7. I will also need a list of the hazardous waste codes that you want on record as potentially passing through the facility (if you anticipate all waste codes, just write all waste codes, no need to list them all). I also need an estimate of the maximum storage volume (specify the units, e.g. gallons) that could be at the 10-day transfer area at any one time.

Notification is required annually [form 62-730.900(1)(b) the 8700-12FL] for the renewal of the 10-day transfer facility as well as the hazardous waste transporter. This is usually accomplished at the same time as the annual registration for the Hazardous Waste Transporter. Since it appears that Veolia uses the New Jersey EPA ID# for their hazardous waste transporter registration you will need to submit two form 62-730.900(1)(b) as part of the process. The first form with the New Jersey ID# will be for the hazardous waste transporter registration. Do not check the Hazardous Waste Transfer Facility box [9.A.(7)e.] for this form. The second form will have the Florida EPA ID# and you will check the Hazardous Waste Transfer Facility box. You will also check the Transporter of Hazardous Waste box [9.A.(7)] and provide the same Hazardous Waste Transporter Insurance Information that was supplied for the Hazardous Waste Transporter registration. In the comments section at the end of the form you can insert a note that the Insurance information is for the New Jersey transporter. You will also fill in the storage volume and the waste codes.

The registration process is this way because the 10-day transfer facility has to be tied to a specific location in Florida. The New Jersey ID# is obviously not a Florida location.

Let me know if you have any questions about the information request or the registration process.

Anthony R. Tripp, Ph.D., P.E.
Professional Engineer III
Hazardous Waste Regulation Section
(850) 245-8766

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#) . Thank you in advance for completing the survey.



3-11-09-Hazardous Waste Transfer Facility Requirements.pdf



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

March 11, 2009

To: All hazardous waste transporters who have notified of existing transfer facilities

Subject: Required submittal of supplemental information

As you know, Rule 62-730.171, Florida Administrative Code (F.A.C.), requires hazardous waste transporters who operate transfer facilities to notify the Department prior to operation, and to update the notification information annually by submitting Form 62-730.900(1)(b) (also known as "8700-12FL").

Several changes to Rule 62-730.171 F.A.C., have resulted in clarification of the initial notification requirements, and additional information that is to be submitted as part of the annual re-notification. A copy of the new rule and the revised Form are attached. Please read and review for changes to your current operating procedures. Initial notification items, as summarized from rule 62-730.171(3)(a)1. through 7., are:

1. Certification that the proposed location meets the siting criteria of s. 403.7211, Florida Statutes (F.S.)
2. The completed form (8700-12FL) [Form 62-730.900(1)(b)]
3. Evidence of transporter financial responsibility
4. A brief general description of the transfer facility operations, including certain specific details (such as maximum design capacity for storage) and engineering drawings or sketches if any.
5. A closure plan that meets certain standards
6. A contingency and emergency plan
7. A map or maps of the transfer facility, depicting structures and various pertinent features.
8. A Hazardous Waste Transporter Status form [Form 62-730.900(5)(d)].

Your next annual update notification must include items 2 through 8. All existing transfer facilities must submit this information. Failure to submit this information could result in your loss of certification as a hazardous waste transfer facility. Items 4 and 7 are new, one-time requirements for existing transfer facilities. In the future, once items 4 and 7 have been submitted, annual notification will consist of items 2, 3 and 8. Items 4, 5, 6 and 7 need only be submitted with the annual notification when any of the information in those items changes. Item 1 is required with initial notification. An evaluation of the siting criteria will be necessary if an existing transfer facility operator proposes changes in facility operations.

If you have any questions or concerns regarding this issue please contact Anthony Tripp at Anthony.tripp@dep.state.fl.us or 850-245-8766.

62-730.171 Transfer Facilities.

(1) 40 CFR 263.12 [as adopted by reference in subsection 62-730.170(1), F.A.C.] provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for 10 days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than 10 days, the facility is subject to the permitting requirements for a hazardous waste storage facility.

(2)(a) The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but 10 days or less (hereinafter referred to as "the transfer facility") shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009 [adopted by reference in paragraph 62-730.150(2)(a), F.A.C.].

(b) Notification pursuant to this subsection shall be submitted at least 30 days before the storage of hazardous waste is to begin at a transfer facility.

(c) The notification shall include the information and documentation required by subsection 62-730.171(3), F.A.C.

(d) The transfer facility shall annually submit updated information on Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

(3)(a) The following items constitute initial transfer facility notification:

1. Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), F.S. The Certification shall state a factual basis for the conclusion that the location criteria are met, and how those facts were determined.

2. Completed Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

3. Evidence of the transporter's financial responsibility as required under subsection 62-730.170(3), F.A.C.

4. A brief general description of the transfer facility operations, including customer base, anticipated waste codes, operating procedures, structures and equipment (with the maximum design capacity for storage), including engineering drawings or sketches if any.

5. A copy of a closure plan demonstrating that the transfer facility will be closed in a manner which satisfies the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115 [as adopted by reference in subsection 62-730.180(2), F.A.C.].

6. A copy of the contingency and emergency plan required by paragraph 62-730.171(4)(a), F.A.C.

7. A map or maps of the transfer facility, depicting property boundaries, access control, buildings or other structures and pertinent features (such as recreation areas, runoff and stormwater control systems, access or internal roads, sanitary and process sewer systems, loading and unloading areas, and fire control equipment.)

(b) A transporter who is operating a transfer facility must notify the Department prior to making changes in any of the items listed in paragraph 62-730.171(3)(a), F.A.C.

(c) No person shall operate a transfer facility before receiving confirmation from the Department that the initial notification package is complete and technically adequate and receiving an EPA identification number for the transfer facility.

(4) A transfer facility shall comply with the following requirements:

(a) 40 CFR Part 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13, as adopted by reference in subsection 62-730.180(2), F.A.C.

(b) The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10 [as adopted by reference in subsection 62-730.170(1), F.A.C.].

(5) Hazardous waste stored at transfer facilities in containers or vehicles shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.

(6) The transfer facility shall maintain a written record of the items listed below. This recordkeeping requirement applies to all hazardous waste that enters and leaves the transfer facility, including hazardous waste generated by CESQGs. Records required in this subsection shall be maintained in permanent form for at least three years and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.



**TECHNICAL SOLUTIONS
NORTH AMERICA**

June 18, 2010

Mr. Anthony Tripp, Ph.D., P.E.
Department of Environmental Protection
Hazardous Waste Regulation Section
2600 Blair Stone Road
Tallahassee, FL 32399-2400

**RE: Veolia ES Technical Solutions, L.L.C.
342 Marpan Lane
Tallahassee, FL 32305
EPA ID# FL0000207449
10-Day Hazardous Waste Transfer Facility Requirements**

Dear Mr. Tripp:

This letter is being submitted as a follow up to your questions and concerns about the 10-Day Hazardous Waste Facility being operated at the Veolia ES Technical Solutions, L.L.C. (Veolia) Mercury Reclamation and Recovery Facility located at 342 Marpan Lane, Tallahassee, Florida. In the past some confusion has arisen for two reasons. First Veolia utilizes the New Jersey EPA ID # for hazardous waste registration purposes and second the Tallahassee facility is also a Mercury Reclamation and Recovery Facility. Veolia hopes that this correspondence will clear up any previous misunderstanding. A copy of this letter will also be included with our annual notification and renewal of the 10-Day transfer.

4. A brief general description of the transfer facility operations, including certain specific details (such as maximum design capacity for storage) and engineering drawings or sketches if any.

The Veolia Tallahassee facility recycles mercury containing devices and wastes. Mercury containing devices include (but are not limited to) fluorescent lamps, high intensity discharge (HID) lamps, compact fluorescent lamps, thermostats, and thermometers and the like. The facility also receives batteries, ballast and computer/electronics (E-waste) for sorting and trans-shipment

In addition to the above Veolia also manages some materials as 10-day waste. This waste is manifested to the ultimate disposal facility and is only temporarily (less than 10 days) stored at the Tallahassee facility.

A maximum quantity of 176 – 55-gallon drums or equivalent of 10-Day hazardous waste will be stored on site at any given time.

Veolia has the potential to transport all EPA waste codes including the characteristic codes (D) and listed codes (F, K, U, P).

Veolia ES Technical Solutions, L.L.C.
342 Marpan Lane, Tallahassee, FL 32305
tel: 850-878-8299 fax: 850-878-3349
www.VeoliaES.com

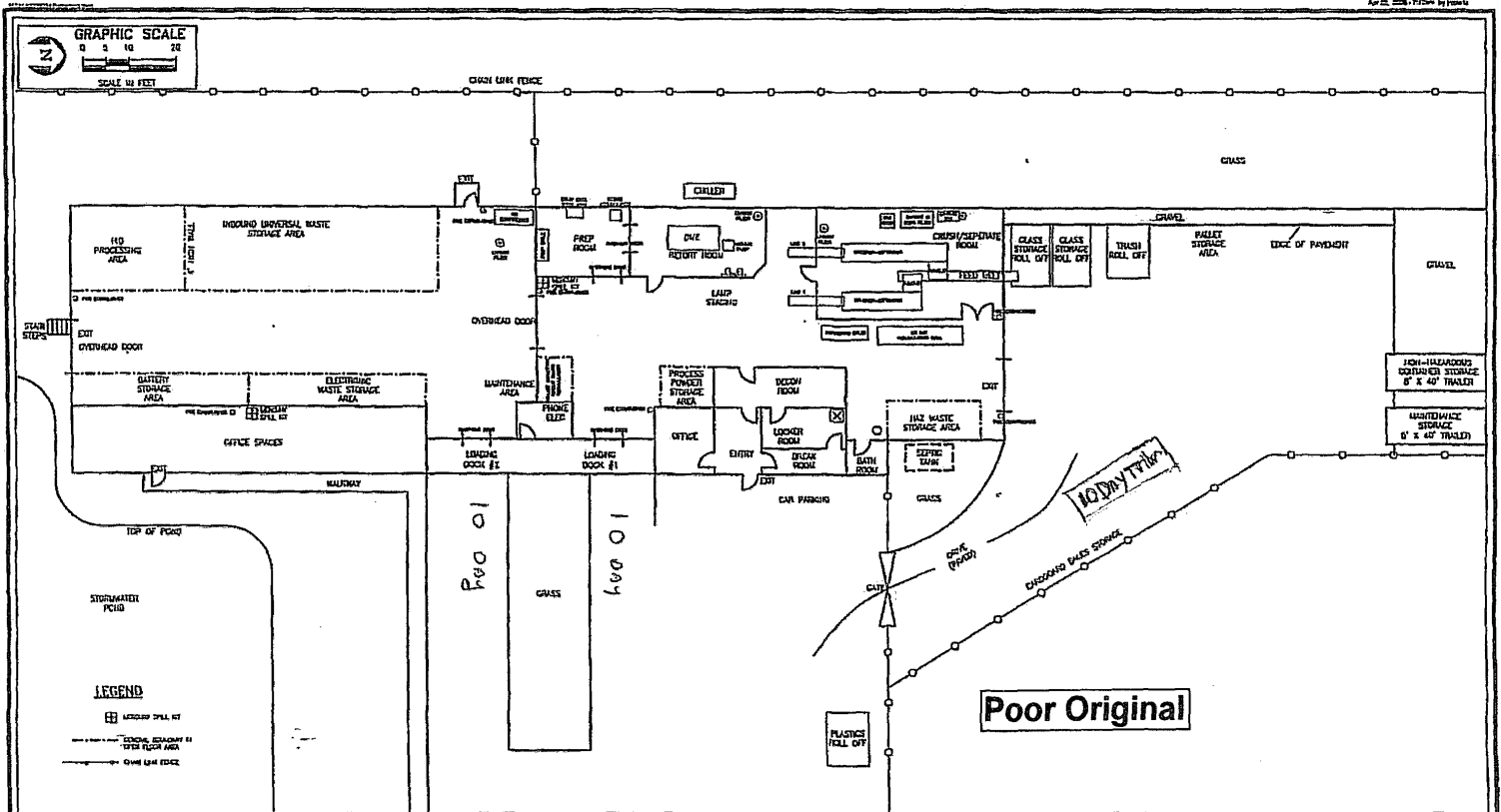


FIGURE 1.
FACILITY PLAN
MERCURY RECOVERY/RECLAMATION
Source: ECT, 2008.

ELECTRONICS RECYCLING DIVISION
342 MARRAN LANE
TALLAHASSEE, FLORIDA 32305

ECT
Environmental Consulting & Technology, Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2010

PRODUCER Marsh USA Inc. 1000 Main Street, Suite 3000 Houston, TX 77002 Attn: Houston.Certs@marsh.com; 212-948-0509		THIS CERTIFICATION 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.	
010056-Veoli-Prima-10/11	Yes	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Veolia ES Technical Solutions, LLC One Eden Lane Flanders, NJ 07836		INSURER A: New Hampshire Insurance Company	23841
		INSURER B: Insurance Company Of The State Of PA	19429
		INSURER C: National Union Fire Ins Co Pittsburgh PA	19445
		INSURER D: Commerce And Industry Ins Co	19410
		INSURER E: Illinois National Insurance Company	23817

COVERAGES

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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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A			GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY-RR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GL 4572700	07/01/2010	07/01/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES(Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B			AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA 4576281 (All Other States) CA 4576282 (MA) CA 4576283 (VA) CA 0934628 (AOS - PP) CA 0934629 (VA - PP) CA 0934634 (MA - PP)	07/01/2010 07/01/2010 07/01/2010 07/01/2010 07/01/2010 07/01/2010	07/01/2011 07/01/2011 07/01/2011 07/01/2011 07/01/2011 07/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
			GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
			EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A			WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 6517886 (AOS incl WV)	07/01/2010	07/01/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
C			ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N	WC 6517888 (CA)	07/01/2010	07/01/2011	E.L. EACH ACCIDENT \$ 1,000,000
B				WC 1558356 (FL)	07/01/2010	07/01/2011	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
D			(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	WC 6517889 (MA, WI & Stop Gap)	07/01/2010	07/01/2011	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E			OTHER				
B			Workers Compensation and Employers Liability	WC 4883561 (TX) WC 4883563 (OR)	07/01/2010 07/01/2010	07/01/2011 07/01/2011	See Above Limits

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

HOU-001177071-24

CANCELLATIONSTATE OF FLORIDA
ATTN: SECRETARY, FL DEPT. OF ENVIRONMENTAL
PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30** 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
of Marsh USA Inc.
Barry N. Smith

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.