

Florida Department of Environmental Protection

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

Jennifer Carroll Lt. Governor

Herschel T. Vinyard Jr. Secretary

08/02/2011 Charles Owens, President Environmental Remediation Services 760 Talleyrand Ave Jacksonville, FL 32202-1031

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for Environmental Remediation Services located at 760 Talleyrand Ave, Jacksonville , FL32202-1031

FLD984261412

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Non-Handler of Hazardous Waste; Universal Waste Battery Transporter, Universal Waste Pesticide Transporter, Universal Pharmaceutical Transporter.

Your facility is **currently registered** for the following activities: **UW Lamp Transporter**, **UW Device Transporter** (reg exp on 03/01/12); **HW Transporter** (reg exp on 08/01/12); **Used Oil Transporter**, **Used Oil Filter Transporter** (reg exp on 06/30/2012).

Your facility is currently permitted as: No Active Hazardous Waste Treatment, Storage, or Disposal Permit.

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

 $\underline{http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm.}$

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984261412. For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,

Glen Perrigan

Environmental Manager

Hazardous Waste Regulation Section

Liver M Jun

ME ID: 37410, Email Address: c.owens@ersfl.com



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 FDEP Official Use Only)

Received

AUG 01 2011

EPA ID F L D	9 8 4 2 6	1 4 1 2				RS	HW
II Ittenson ioi	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	Environmental Remediation Services, Inc.					No. 9 3 0	1 2 2 5 6
3. Facility Operator (List additional Operators in the	Name of Operator: Charles M . Owens				New Operator Date became Operator://		
comments section).	Street or P.O. Box: 760 Talleyrand Ave				Phone Number: 904-791-9992		
	City or Town: Jacksonville			State:	FI	Zip Code:	32202-1031
	Operator Type:	Operator Type: ☑ Private ☐ Federal ☐ Municipal ☐ State ☐ Other					
4. Facility Physical Location	Physical Street Address: 760 Talleyrand Ave						
Information	City or Town:	Jacksonvil	lle	State:	FL	Zip Code:	32202-1031
	County: Duval		If available, please attach a map or sketch of the facility boundaries.				
	Latitude: Longitude: . Method: dd mm ss.ssss dd mm ss.ssss Datum:						
5. Facility North Am Classification Syst Code(s)	•	c. 5629	10	D.			
6. Facility or	Street Address or P.O. Box: 760 Talleyrand Ave						
Business Mailing		P.O. Box:	760 18	aneyran	u Ave		
Address	City or Town:	P.O. Box: Jacksonvi					32202-1031
Address 7. Facility or	City or Town: First Name:		ille			Zip Code:	32202-1031 President
Address		Jacksonvi	ille Last Name:	State: Owens	FL	Zip Code: Title: ersfl.com /	
Address 7. Facility or Business Contact	First Name:	Jacksonvi Charles 904-791-9992	ille Last Name:	State: Owens E-Mail:	FL Ap@	Zip Code: Title: ersfl.com /	President c.owens@ersfl
Address 7. Facility or Business Contact	First Name: Phone Number:	Jacksonvi Charles 904-791-9992	Last Name: Extension: 760 Talle	State: Owens E-Mail: yrand A	FL Ap@	Zip Code: Title: ersfl.com /	President c.owens@ersfl
Address 7. Facility or Business Contact Person 8. Real Property (Land) Owner of the Facility's	First Name: Phone Number: Street or P.O. Box City or Town: Name of Real Pro	Jacksonvi Charles 904-791-9992 :	Last Name: Extension: 760 Talle	State: Owens E-Mail: yrand A	Ap@ Ave FL Owne came (Zip Code: ersfl.com / co Zip Code: r Owner: mr	President c.owens@ersfl. om 32202-1031 / / / n dd yy
Address 7. Facility or Business Contact Person 8. Real Property (Land) Owner of the Facility's Physical Location	First Name: Phone Number: Street or P.O. Box City or Town: Name of Real Pro	Jacksonvi Charles 904-791-9992 : Jacksonvi perty (Land) Owner: Talleyrand Propertic	Last Name: Extension: 760 Talle	State: Owens E-Mail: yrand A State:	Ap@ Ave FL Owne came (Zip Code: ersfl.com / co Zip Code: r Owner: mr	President c.owens@ersfl. om 32202-1031
Address 7. Facility or Business Contact Person 8. Real Property (Land) Owner of the Facility's	First Name: Phone Number: Street or P.O. Box City or Town: Name of Real Pro	Jacksonvi Charles 904-791-9992 : Jacksonvi perty (Land) Owner: Talleyrand Propertic	Last Name: Extension: 760 Talle ille es ox 47663	State: Owens E-Mail: yrand A State: New Date be	Ap@ Ave FL Owne came (Zip Code: ersfl.com / co Zip Code: r Owner: mr	President c.owens@ersfl. m

	EPA ID No. FLD984261412					
9. Type of Regulated Waste Activity (Mark 'X' in all tha	t apply):					
A. Hazardous Waste Activities: (1) Generator of Hazardous Waste	For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer 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)	(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					
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	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					
C. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of <i>non-acute</i> hazardous waste and 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste	(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.					
In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator	(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 Registration must be renewed annually. a. For own						
insurance company	wich Insurance Company					
Address c/o XL En 520 Eagleview Blvd. Ex	vironmental Ins.					
Contact Janet hickey	Telephone 800-823-7351					
	Expiration date 08-01-2012					
d. Transportation Mode Air Rail H ighway	Water Other - specify					
e. Hazardous Waste Transfer Facility:	Storage Volume					
Initial notification The following items are required to be submitted and a submitted of the following items are required to be submitted of the following items are required to be submitted of the following items are required to be submitted of the following items are required to be submitted of the following items are required to be submitted of the following items are required to be submitted or required to be submi	with the initial notification for a transfer facility [Rule 62-730.171(3),					
Certification by a responsible corporate officer of criteria of Section 403.7211(2), Florida Statutes	The transporter that the proposed location satisfies the (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]					
☐Evidence of the transporter's financial responsibil	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 [I						
A map or maps of the transfer facility [Rule 62-7]	30.171(3)(a)7., F.A.C.]					
Notification of changes in above items						
Annual update notification						

	EPA ID No. FLD984261412						
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 accum	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 lamp	Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler						
[Note: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$]							
Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceu	atical waste (UPW) accumulated						
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazard	lous ("P-listed") pharmaceutical waste accumulated						
Pharmaceuticals SQH = always less than 5,000 kg of UPW and a	lways 1 kg or less of acutely hazardous UPW accumulated						
I(1) For those Managing (see note in	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.						
a. Batteries	2000						
b. Pesticides	1000						
c. Pharmaceuticals	1000						
d. Mercury Containing Devices	1000						
e. Mercury Containing Lamps	2000						
(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 activit storage prior to recy	y, a facility must treat, dispose or recycle a UW. A permit is required for cling.						
C. Used Oil Activities:	8) Specific Certification to be signed by all Used Oil Transporters						
(-)	I certify as a Used Oil Transporter that the training program and financial						
☑ a. Transporter☐ b. Transfer Facility	responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the						
	orginally approved training program, they are explained in attachments to						
(3) Used Oil Processor (A permit is required for this activity.)	this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of						
(4) Gff-Specification Used Oil Burner	Liability Insurance, DEP form 62-710.901(4), F.A.C.						
(5) Used Oil Fuel Marketer	Challe Martines						
(6) Used Oil Filter	Millores programmes						
b. Transfer Facility	Signature of Authorized Person						
c. Processor	Charles M. Owens						
d. End User	Print Name of Authorized Person						
(7) Head Oil Transportant Transfer Facilities Callection Contact Off							
(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 (9) The records required under the provisions of Rule 62-710.							
applicable, enclose a check or money order, in the amount of \$100, F.A.C., are kept at (check one):							
payable to Florida Department of Environmental Protection.							
A check is enclosed.	✓ our mailing (business) address☐ The site (facility) address						

				EPA ID No.	FLD9	84261412
D. Other State l	Regulated Waste A	ctivities:				pter 62-740, F.A.C.] for this activity.
your facility. Lis	les for Federally t them in the order t transporters list cod	hey are presented in	n the regulations (e	.g., D001, D003, F0	007, U112).	ardous wastes handled at
¹ D001	² D035	³ F003	[≠] F005	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 Stat	tus Changes (Ma	rk 'X' in all that a	pply):			
☐ (1) Bu ☐ (2) Wi ☐ (3) Ot B. Facility Cl ☐ (1) Cl b ☐ (2) On	osed at this location e handling regulated at of Business - Busi	and moved or mo	treats, stores, or disisted. ving to another - su	abmit a new Form 8	700-12FL for the	new location if you will
ac	ldress, and phone nu	mber where you ca	n be reached after	closing.		
	ct		Phone			
Addre						
	State, Zip		T_			
	operty Tax Defaul			n for Bankruptcy		
in accordance w information sub for submitting fa	ith a system designe mitted is, to the best alse information, inc	d to assure that qua of my knowledge a luding the possibili	lified personnel pro and belief, true, acc ty of fine and impr	operly gather and evurate, and complete isonment for knowi	valuate the informate. I am aware that the ing violations. If I	my direction or supervision ation submitted. The there are significant penalties have notified as a transfer le 62-730.182, FAC.
Signature of owner, operator, or an authorized representative		P	rint Name and T	itle	Date Signed (mm-dd-yyyy)	
		Quies	Charle	s M. Owens, P	resident	2/28/11
If the person w	ho filled in this for John Anderso		ty Contact or Ope 904-791-		-	tion below: ersfl.com
(Name of person completing this form) (Phone Number) (E-mail Address)						
13. Comment	s:					