

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

07/25/2012 Linda Dunwoody, Operations Manager Veolia ES Technical Solutions LLC 342 Marpan Ln Tallahassee, FL 32305-0904

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 **Veolia ES Technical Solutions LLC** located at **342 Marpan Ln**, **Tallahassee**, **FL32305-0904**

FL0000207449

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Large Quantity Generator; and Destination for, Universal Waste Batteries, Universal Waste Battery Transporter, Universal Pharmaceutical Transporter, Large Quantity Handler, HW Burner/Blender, HW Burner/Blender; Commercial HW Recycler.

Your facility is currently registered for the following activities: UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility, UW Lamp LQH, UW Device LQH (reg exp on 03/01/13); HW Transporter, HW Transfer Facility (reg exp on 07/01/13).

Your facility is currently permitted/active as: Operating Commercial TSD (exp on 09/26/16); Mercury Recovery/Reclamation Facility (exp on 09/26/16).

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: 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=FL0000207449. 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

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ME ID: 6716, Email Address: linda.dunwoody@veoliaes.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560eived 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772 MAR 0 2 2012

Date Received (for FDEP Official Use Only)

MTS RCRAInfo EPA ID 0 2 0 7 4 4 9 Mark 'X' in To provide initial notification (to obtain an EPA ID Number for hazardous 1. Reason for correct box: Submittal waste, universal waste, or used oil activities). To provide <u>subsequent notification</u> (to update status and facility identification information). Is this the **final notification** (see instructions) for the facility? FEID No. 2. Facility or VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. **Business Name** 3 | 6 4 8 9 91 3. Facility Operator Name of Operator: New Operator VEOLÍA ES TECHNICAL SOLUTIONS, L.L.C. Date became Operator: 08 / 17 / 1994 (List additional Operators in the Phone Number: 850-877-8299 comments section). Street or P.O. Box: 342 MARPAN LANE City or Town: State: Zip Code: FΙ **TALLAHASSEE** 32305 Operator Type: Private Federal ☐ Municipal Other State **Physical Street Address:** 4. Facility Physical 342 MARPAN LANE Location City or Town: State: Zip Code: Information FL **TALLAHASSEE** 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: m m Datum: m m 5. Facility North American Industry В. 562211 Classification System (NAICS) C. Code(s) Street Address or P.O. Box: 6. Facility or 342 MARPAN LANE **Business Mailing** City or Town: State: Zip Code: **TALLAHASSEE** FI. 32305 Address First Name: Last Name: 7. Facility or Title: OPERATIONS DUNWOODY LINDA **Business Contact** Phone Number: Extension: E-Mail: Person 850-877-8299 linda.dunwoody@veoliaes.com Street or P.O. Box: 342 MARPAN LANE City or Town: State: Zip Code: FI **TALLAHASSEE** 32305 Name of Real Property (Land) Owner: New Owner 8. Real Property 1980 H.M. WILLIAMS PROPERTIES (Land) Owner Date became Owner: of the Facility's mm dd уу Physical Location Street or P.O. Box: Phone Number: P.O. BOX 2068 (List additional real property owners City or Town: Zip Code: State: FL **TALLAHASSEE** 32316 in the comments section.) Owner Type: Private Federal ☐ Municipal State Other

EPA ID No. FL0000207449
at apply):
For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste
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.
of Liability Insurance is required along with this registration.] waste only b. For commercial purposes on Company of the State of PA street, Suite 3000, Houston, TX 77002
Storage Volume with the initial notification for a transfer facility [Rule 62-730.171(3), the transporter that the proposed location satisfies the (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.] ty [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] ule 62-730.171(3)(a)6., F.A.C.] 0.171(3)(a)7., F.A.C.]

	FL0000207449 EPA ID No.								
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):								
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 pharmace	Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated								
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	dous ("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 Generate/ (see note in instructions) Handle at Transfer Facility	(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	80000								
b. Pesticides									
c. Pharmaceuticals	1000								
d. Mercury Containing Devices	10000								
e. Mercury Containing Lamps	80000								
(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 storage prior to recommendation.	ty, a facility must treat, dispose or recycle a UW. A permit is required for yeling.								
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	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.								
a. Transporter b. Transfer Facility c. Processor d. End User	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.	FL0	000207449
D. Other State R	Regulated Waste	Activities:	_	m Contact Water (P : A water facility perr		napter 62-740, F.A.C.] If for this activity.
your facility. List	them in the order	they are presented i	in the regulatior	s: List the waste code as (e.g., D001, D003, d. Use an additional p	F007, U112).	azardous wastes handled at are needed.
[/] D006	² D007	³ D008	⁴ D009	⁵ D011	⁶ U151	7 Also
8 see	⁹ 13	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
11. Other Stati	us Changes (M	ark 'X' in all that a	pply):			- 1
(1) Bus (2) Was	siness no longer go ste generated by b	Waste at This Facil enerates, transports, usiness has been del	treats, stores, or listed.	r disposes of hazardou	is waste	
be (2) Out add Contact Address	sed at this location handling regulate of Business - Business, and phone number of the second	d waste there. siness closed on umber where you ca	n be reached af	(Date). Iter closing.	Please provide a co	new location if you will ontact person, mailing
	perty Tax Defau		<u> </u>	tion for Bankruptcy		
in accordance with information subm for submitting fals	h a system designo itted is, to the best se information, ind	ed to assure that qua t of my knowledge a cluding the possibility	lified personnel and belief, true, ty of fine and in	properly gather and eaccurate, and complete	evaluate the inform te. I am aware that ving violations. If I	there are significant penalties have notified as a transfer
Signature of ov	-	or an authorized		Print Name and Title		Date Signed
10	representative	:	WAYN	E BULSIEWICZ	FHS MGR	(mm-dd-yyyy) 2-29-2012
- une						
	o filled in this for NE R BULSIE		ty Contact or C 602-23	Operator, please com 3-2955 v	-	tion below: cz@veoliaes.com
(Name of person of	completing this for	rm)	(Phone Number	er)	(E-mail Address)
	echnical Solut	tions, L.L.C. ha		tial to transport a	ill EPA waste o	codes, including the