

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

08/30/2012 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 03/01/13); **HW Transporter** (reg exp on 08/01/13); **Used Oil Transporter**, **Used Oil Filter Transporter** (reg exp on 06/30/2013).

Your facility is currently permitted/active 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

FLORIDA

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)

AUG 2 2 2012

EPA ID F L D	9 8 4 2 6	1 4 1 2	MTS		RCRAInfo			
1. Reason for Submittal	Mark 'X' in correct box:	waste, universal wa To provide subsequinformation).	otification (to obtain ste, or used oil activit tent notification (to fication (see instruction)	ies). update status and	d facility identification			
2. Facility or Business Name	Environ	mental Remediation	Services, Inc.	FEID 5	9 3 0 1 2 2 5 6			
3. Facility Operator (List additional Operators in the	Name of Operator:	Charles M . Owens		New Oper Date became				
comments section).	Street or P.O. Box:	760 Tall	Phone	e Number: 904-791-9992				
	City or Town:	Jacksonv	rille	State: FI	Zip Code: 32202-1031			
	Operator Type: ☑ Private ☐ Federal ☐ Municipal ☐ State ☐ Other							
4. Facility Physical Location	Physical Street Address: 760 Talleyrand Ave							
Information	City or Town:	lle	State: FL	Zip Code: 32202-1031				
	County: Duval If available, plo			ease attach a map or sketch of the facility				
	Latitude: Longitude: Method: dd mm ss.ssss dd mm ss.ssss Datum:							
5. Facility North Am Classification Syst Code(s)	tem (NAICS)	5629 c.	10	D.				
6. Facility or Business Mailing Address	Street Address or P.O. Box: 760 Talleyrand Ave							
	City or Town:	Jacksonv	ille	State: FL	Zip Code: 32202-1031			
7. Facility or Business Contact	First Name:	Charles	Last Name:	Owens	Title: President			
Person	Phone Number:	904-791-9992	Extension:	E-Mail: Ap@	ersfl.com / c.owens@ersfl.			
	Street or P.O. Box: 760 Talleyrand Ave							
	City or Town:	Jacksonvi	lle	State: FL	Zip Code: 32202-1031			
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner: Talleyrand Properties			New Owner Date became Owner:/_/ mm dd yy				
Physical Location (List additional	Street or P.O. Box:	P.O. B	Phon	Phone Number: 904-306-0081				
eal property owners City or Town:				State: El	Zip Code: 22202			
in the comments	010, 01 10	Jacksonvi	ile	State: FL	^{24p Code:} 32202			

Programme and the control of the con	EPA ID No. FLD984261412
. Type of Regulated Waste Activity (Mark 'X' in all tha	t 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):	For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste
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	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.
Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Information Insurance Company XL Species	on ialty Insurance Company w Blvd. Suite 100
Contact Janet hickey	Telephone 800-823-7351
Policy Number AEC000450212	Expiration date 8/1/2013
d. Transportation Mode Air Rail Air Highway	☐ Water ☐ Other - specify
e. Hazardous Waste Transfer Facility:	Storage Volume
Florida Administrative Code (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.]
Notification of changes in above items Annual update notification	

The second secon	FLD984261412 EPA ID No.
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	of any combination of UW accumulated
Small Quantity Handler (SQH) = always less than 5,000 kg accu	mulated
Mercury-containing devices LQH = 100 kg (220 lb) or more accommodate. Mercury-containing devices SQH = less than 100 kg accumulate	
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lam	ps) or more accumulated by for-hire handler
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lam	
[Note: 4 lamps = 1 kg, 62-737.200(10)]	
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	eutical waste (UPW) accumulated
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	rdous ("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	2000
b. Pesticides	1000
c. Pharmaceuticals	1000
d. Mercury Containing Devices	1000
e. Mercury Containing Lamps	2000
(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.	ity, a facility must treat, dispose or recycle a UW. A permit is required for yeling.
C. Used Oil Activities:	8) Specific Certification to be signed by all Used Oil Transporters
(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	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
c. Processor	Charles M. Owens
d. End User	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

D. Other State	e Regulated Waste	Activities:			PCW) Handler [Ch mit may be required	hapter 62-740, F.A.C.] d for this activity.
			rdous Wastes: I	List the waste cod	les of the Federal ha	azardous wastes handle
your facility. L	ist them in the order	or they are presented in	n the regulations (e	e.g., D001, D003,	F007, U112).	
	-		-	Tr	Тк	17
8 D001	² D035	10	⁴ F005	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
11 Other St	Changes (V	lark 'X' in all that a	mula).	<u>, </u>		<u> </u>
(2) W	Vaste generated by bother (explain)	generates, transports, t business has been del	listed.			
Addr						
☐ C. P	Property Tax Defau	alt	D. Petition for Bankruptcy Protection			
in accordance w information sub for submitting f facility, I am aw	with a system design omitted is, to the bes false information, in ware that transfer fac	ned to assure that qual st of my knowledge an acluding the possibilit cilities must comply v	lified personnel pro and belief, true, accu- ty of fine and impri with the requirement	operly gather and urate, and comple isonment for know	evaluate the informate. I am aware that wing violations. If I	r my direction or super- nation submitted. The there are significant pe I have notified as a tran- ule 62-730.182, FAC.
Signature of	owner, operator, representativ	, or an authorized	Pr	rint Name and	Title	Date Signed (mm-dd-yyy
11	les M. l.	Justes-	Charles	s M. Owens,	President	7/20/12
1 /h (b)		<i>x</i>				+ 11-1-1
136						
L'Ma		rm is not the Facilit			nplete the informa	
	who filled in this fo es M. Owens F		904-791-9	1992	ap@	ersfl.com
Charle		President	904-791-9 (Phone Number)	9992	(E-mail Address	