



## 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

03/13/2013

Linda Dunwoody  
Veolia ES Technical Solutions LLC  
342 Marpan Ln  
Tallahassee, FL 32305-0904

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **342 Marpan Ln, Tallahassee, FL 32305-904** has been registered through **March 1, 2014** with the following status:

Facility ID # **FL0000207449**  
**Transporter of Universal Waste Lamps and Devices**  
**Transfer Facility for Universal Waste Lamps**  
**Transfer Facility for Universal Waste Devices**  
**Large Quantity Handler Facility for Universal Waste Lamps and Devices**

The registration form for the year **2014** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

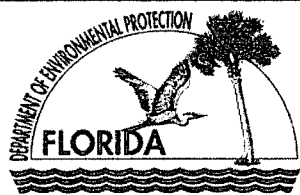
This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify by sending an updated form 8700-12FL (Florida Notification of Regulated Waste Activity) to the address on the form which can be found at <http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm>. I can also be contacted at (850) 245-8759 or at [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
Waste Reduction Section

Enclosures



**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)

EPA ID 

F	L	0	0	0	0	2	0	7	4	4	9
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MTS

RCRAInfo

**1. Reason for  
Submittal**

Mark 'X' in  
correct box:

Received  
11-B 26 2013

- ☐ 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
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**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: 08 / 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
---	---	---	---	---	---	------

  
dd mm ss.ssss

Longitude: 

8	4	1	6	0	8	3580
---	---	---	---	---	---	------

  
dd mm ss.ssss

Method:

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:**

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

**(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

**(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., 1717 Arch Street, Philadelphia, PA 19103

Contact Laura Bradley Telephone 215-246-1000  
Policy Number CA 4576281 Expiration date 07-01-2013

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

e. ☒ **Hazardous Waste Transfer Facility:** Storage Volume 100x55 gal. drum equiv.

☐ **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 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"/>	1000
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"/>	80000

**(3) Mercury Recovery and/or Reclamation Facility** ☒ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]  
[Chapter 62-737, 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

**(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.

**(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

**(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	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 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.

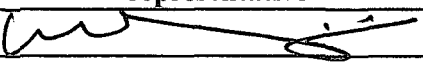
Contact \_\_\_\_\_ Phone \_\_\_\_\_

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)
	Wayne Bulsiewicz, EHS Manager	2/13/2013

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

Wayne Bulsiewicz

602-233-2955

wayne.bulsiewicz@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).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/13/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. 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).

<b>PRODUCER</b> *Marsh USA, Inc. Two Logan Square Philadelphia, PA 19103-2797 Attn: veolia.certrequest@marsh.com / 212.948.5053		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b>		<b>FAX (A/C, No):</b>
010056-ES-Poli-12-13		FLAND		****
<b>INSURED</b> *Veolia ES Technical Solutions, LLC 1 Eden Lane Flanders, NJ 07836		<b>INSURER(S) AFFORDING COVERAGE</b>		
		<b>INSURER A:</b> New Hampshire Insurance Company		NAIC # 23841
		<b>INSURER B:</b> Insurance Company Of The State Of PA		19429
		<b>INSURER C:</b> National Union Fire Insurance Co		19445
		<b>INSURER D:</b> Commerce And Industry Ins Co		19410
		<b>INSURER E:</b> Lexington Insurance Company		19437
		<b>INSURER F:</b> Navigators Specialty Insurance Company		36056

**COVERAGES****CERTIFICATE NUMBER:**

HOU-001823511-26

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>		GL004572700 (\$3m)	07/01/2012	07/01/2013	EACH OCCURRENCE \$ 5,000,000
F	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		CH12XENOA2P58NC (\$2m XS of \$3m)	07/01/2012	07/01/2013	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 5,000,000
						GENERAL AGGREGATE \$ 5,000,000
						PRODUCTS - COMP/OP AGG \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
B	<b>AUTOMOBILE LIABILITY</b>		CA4576281 (AOS) - \$5m	07/01/2012	07/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 7,500,000
B	<input checked="" type="checkbox"/> ANY AUTO		CA4576282 (MA) - \$5m	07/01/2012	07/01/2013	BODILY INJURY (Per person) \$
B	<input type="checkbox"/> ALL OWNED AUTOS		CA4576283 (VA) - \$5m	07/01/2012	07/01/2013	BODILY INJURY (Per accident) \$
H	<input type="checkbox"/> HIRED AUTOS		SISCSELO1840512 - \$2.5m XS of \$5m	07/01/2012	07/01/2013	PROPERTY DAMAGE (Per accident) \$
						\$
G	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>		XOO G27046162	07/01/2012	07/01/2013	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE					\$
	DED <input type="checkbox"/> RETENTION \$					
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		WC6517886 (AOS)	07/01/2012	07/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		WC1558356 (FL)	07/01/2012	07/01/2013	E.L. EACH ACCIDENT \$ 1,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below		WC6517888 (CA)	07/01/2012	07/01/2013	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
D			WC6517889 (MA/WI/Stop Gap)	07/01/2012	07/01/2013	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Pollution Legal Liability		PLS 1364667	07/01/2010	07/01/2013	AGGREGATE 5,000,000
	Claims Made Form					PER OCCURRENCE 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**State of Florida  
Attn: Secretary of Florida  
Department 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.

Manashi Mukherjee

*Manashi Mukherjee*

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# ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> *Marsh USA, Inc.		<b>NAMED INSURED</b> *Veolia ES Technical Solutions, LLC 1 Eden Lane Flanders, NJ 07836
<b>POLICY NUMBER</b>		
<b>CARRIER</b>	<b>NAIC CODE</b>	<b>EFFECTIVE DATE:</b>

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURERS AFFORDING COVERAGE/NAIC #

INSURER G: ACE Property And Casualty Ins Co (20699)

INSURER H: Starr Indemnity & Liability Company (38318)