

Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

07/16/2013 Michael Maliska, Svc Coord Proj Mgr Aerc Com Inc 4317-J Fortune Place West Melbourne, FL 32904-1509

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 **Aerc Com Inc** located at **4317 Fortune PI Ste J**, **West Melbourne**, **FL32904-1509**

FLD984262782

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 Lamps, Universal Waste Devices, Large Quantity Handler; Commercial HW Recycler.

Your facility is currently registered for the following activities: UW Lamp Transporter, UW Device Transporter, UW Device Transfer Facility, UW Lamp LQH, UW Device LQH (reg exp on 03/01/2014); HW Transporter, HW Transfer Facility (reg exp on 11/30/2014).

Your facility is currently permitted/active as: Operating Commercial TSD (exp on 12/30/2016); Mercury Recovery/Reclamation Facility (exp on 12/30/2016).

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=FLD984262782. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us.

Sincerely,

Glen Perrigan

Environmental Manager

Hazardous Waste Regulation Section

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ME ID: 43329, Email Address: mmaliska@aerc.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) 245-8707 Date Received
(for FDEP Official Use Only)

06/25/2013

											بديد عذن	.,, .,,,
EPA ID: F L	D 9 8 4 2 6 2 7 8 2 Please use the instructions document to complete this form											
1. Reason for Submittal (all submitters must complete pages 1 and 2	Mark 'X' in the correct box: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). To provide subsequent notification (to update status and facility identification information).											
and sign page 5.	if a notification) To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)											
Pages 3 and 4, - complete as applicable)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)											
2. Facility or Business Name	AFRU RECVEING SOLUTIONS											
3. Facility Operator	Name of Operator: AERC.com,IN	Date became Operator: 11 / / 1993										
(List additional Operators in the comments section).	Street or P.O. Box: 2591 Mitchell Avenue							Phone Number: 321-952-1516				
	City or Town: Allentown				State: PA		Zip Co 18103	ode: 3-6609	Country (if not USA):			
	Operator Type:											
4. Facility Physical	Physical Street Address: ☐ Vessel 4317-J Fortune Place											
Location Information (No P.O. Boxes)	City or Town: West Melbourne						State: Zip Code:			9		
Same address as #3 above or:	Country: Country (if not USA): Brevard											
5. Facility North A Classification Sys	•	2 11	111 (required) B.				_l		_ _ _			
Code(s) (at least 5	digits)	c. _	_	_ _	_	D.	_ _	_ _	<u> </u>	_ _		
6. Facility or Business	Same address as #4 above or: Street or P.O. Box:											
Mailing Address	City or Town:	wn:			tate:	Zip/Postal Code: Country			Country (if	not U	SA):	
7. Facility or Business	First Name: Michael	e: .a		Title: Service Coord/Project Mgr			Mgr					
RCRA Contact Person	Phone Number: 151	16	Extension	:	E-Mail: Fax: mmaliska@aerc.com 321-952-15							
Same address as	Street or P.O. Box:											
#_4_above or:	City or Town:		State:	Zip Code: C			Country	Country (if not USA):				
8. Real Property	Name of Owner:							Date became Owner://				
(FL Land) Owner of the Facility's	Fortune Cookie Park, Inc						☐ New Owner mm dd yy					
Physical Location (List additional	4310 Woodland Park Drive						Phone Number:					
owners in the comments section.)	City or Town: West Melbour		State: FL		Zip Co 3290	^{de:} 4-15()9	Country	(if no	t USA):		
Same address as #_4_ above or:	Owner Type: Private Federal Municipal State County Other											

RCRA Hazardous Waste Status Notification or Out of Business Notification					tion	EPA ID No. FL	D984262	2782					
9.	. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):												
(A	(A) (1)Generator of Hazardous Waste For Items 2 through 7, mark 'X' in all that apply.												
Į	Yes No (Do not include Universal Waste or Used Oil) (2) Treater, Storer, or Disposer of Hazardous Waste												
If YES, Choose only one of the following three categories.							(at your facility) Note: A hazardous waste permit may be required for this activity.						
:	a.	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 (at least once a year)					 a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) 						
	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					200	(3) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling.						
	lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste (at least once a year)						(4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption						
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					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								
	In addition, indicate other generator activities that apply. d. Short-Term Generator (one-time, not on-going) e. Episodic: Not more than one-time per year:SQGLQG f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator Control Control Underground Injection Control												
10.	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, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.												
i D	002		² D003		³ D006	⁴ D0	·	⁵ D009	⁶ D011		⁷ U151		
	001		9		10	11		12	13		14		
15			16		17	18		19	20		21		
_	11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):												
	(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.) (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. (B) Facility Closed (Complete this section only if all business activities at this facility have ceased.) (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will (2) Out of Business - Business closed on												
	(C)	Property	Tax De	fault			(D) Pe	tition for l	Bankruptcy Protec	tion			
12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):													
Same as Facility RCRA Contact on page 1 or enter:					Montano Regulatory A			latory Administrator					
Co	ntact for:			Phone Number: 484-619-0021			Extension:	smontano@aerc.c			.com		
	HW Tr	ansporter il Handler			^{D. Box:} 3 Gold N	Mine	e Road, S						
Universal Waste				City or Tow	":Flanders			State:(Country): NJ Zip Code: 07			07836		

Universal Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD984	1262782							
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):									
A. Federal Notification Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)									
	Accumulates: 🔳 a. UW Batteries 🔲 b. Pesticides 🖵 c. Pharmacei	uticals							
	d. Mercury Containing Devices 📮 e. Mercury Contai	ning Lamps							
	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.								
B. Florida U	niversal Pharmaceutical Waste (UPW): one-time registration								
Pharma	sceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)								
☐ Pharma	sceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	') accumulated							
Revers	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	lth [DOH])							
C. Florida A	Annual Mercury Handler Registration:								
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.									
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached									
☐. For-hi	re Transporter of Universal Waste Mercury-Containing Lamps or Devices								
☐ For-hi	re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration							
☐ Mercı	Registation								
Mercı	Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler								
☐ Mercı	ry-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	o) or more accumulated at any one time by for-hire handler Annual Registration + one- time \$1,000 fee+							
☐ Mercı	rry-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)							
	Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) st time registering Renewal	Annual Registration Required							
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s).									
	te Regulated Waste Activities: Petroleum Contact Water (PCW) 🖵 Recovery 🖶 Transpo	-							
Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]									

Hazardous Waste and Used Oil Transporter Registrati	ons	EPA ID No. FLD984262782							
14. HW Transporter Activities: (Mark 'X' and complete all t	hat apply if you need	to register your HW Transporter activities)							
Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.									
A. HW Transporter Registration Information (must be completed annually and when this information changes) This facility is a registered transporter of hazardous waste.									
This form is: Initial Registration Renewal Notification of changes Cancel Registration									
1 nis form is: initial Registration Renewal 1. For own waste only 2. For commercial		Both commercial and own waste							
·	4. Transportation Mode Air Rail Highway Water Other - specify								
B. HW Transfer Facility Registration Information (m	nust be completed ar	nnually and when this information changes)							
☐ This facility is a Hazardous Waste Transfer Fac	cility: (at this locatio	on) Storage Volume							
This form is: 🔲 Initial Registration 🔲 Renewal 💆	Notification of ch	nanges							
Note: Hazardous Waste transfer facilities must comply with the	e requirements of Ru	le 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.							
The Transfer Facility records required under the provis Our mailing (business) address	-	171(6) , F.A.C., are kept at (check one):							
Please enter the EPA ID Number of the HW Transporter who carries th	e insurance for this Tr	ransfer Facility:							
Please see the top of page 5 for additional items that must be									
Transfer Facilities [Rule 62-730.171(3), Florida Administrativ		III to the above region and a							
15. Used Oil and Oil Filter Activities: : (Mark 'X' and com	plete all that apply if	f you need to register your used oil activities),							
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee. This form is: Initial Registration Renewal Notification of changes Cancel Registration If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.									
(1) Used Oil Transporter - mark activities: (occurring in Florida)	_	er Management (must annually register)							
a. Transporter (off-site) and noncontiguous locations	a. Transpo								
☐ b. Transfer Facility	b. Transfe	er Facility sor (Annual Report Required)							
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End Us	•							
(3) Used Oil Processor (A permit is required.)		quired under the provisions of Rule 62-710.510,							
(4) Off-Specification Used Oil Burner		at (check one): ng (business) address							
(5) Used Oil Fuel Marketer	■ Our mann	ig (business) address							
Please see the top of page 5 for additional items that must be subn exempt Used Oil Transporters.	nitted in addition to t	he above registration and fees required for non-							

Transfer Facility and Used Oil Transporter requiren	EPA ID No. FLD98	CPA ID No. FLD984262782						
(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [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 responsi	· · · · · · ·	_						
A brief general description of the transfer facil	• •	_						
_A copy of the facility closure plan [Rule 62-73	• • • • • • • • • • • • • • • • • • • •	, I it is eng						
A copy of the contingency and emergency plar								
_A map or maps of the transfer facility [Rule 62	2-730.171(3)(a)7., F.A.C.]							
(15 cont.) Used Oil Transporters: (Exemptions in	n 40 CFR 279.40(a)(1-4))							
In addition to the requirements on Page 4 Sect								
ALL registered UO Handlers must submi		nsporting UO from nonco	ntiguo	ous operations within				
their own company.								
UO transporters transporting off-site over								
 UO transporters transporting more than 5 submission as a certified used oil transport 	• •	• •	_	and certify this				
•	Evidence of Liability Insurance pur			C is attached				
		Suam to 02-710.000(2)(6).	,, 1 ,/ 1.	C. Is attached.				
16. Comments (attach a page if more space is need	led):							
			,					
17. Certification: I certify under penalty of law tha								
accordance with a system designed to assure that qu submitted is, to the best of my knowledge and belie								
	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.							
I certify as a Used Oil Transporter that I am	6	Federal laws and rules an	ir	a read oil transport				
tation and have an annual and new employee training	ng program in place covering the applica	able used oil rules. Eviden	ice of					
bility is demonstrated by the Used Oil Transporter (_				
Signature of owner, operator, or an	Print Name and	Title	Used	Date Signed				
authorized representative	1	1	Oil	(mm-dd-yyyy)				
Sunto	SHOHN MONTAÑO Regul	Atory Almini Stepha	-	06-90-9013				
If the person that filled in this form is not the Facilit	tv Contact or Operator, please compl	 ete the information below	——J v:	L				
I	• • •	ntano@aerc.com						
(Name of person completing this form)		(E-mail Address)						