



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

BOB MARTINEZ CENTER
2600 BLAIRSTONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

HERSCHEL T. VINYARD JR.
SECRETARY

03/31/2014

Joseph Sral
Moran Environmental Recovery LLC
251 Levy Road
Atlantic Beach, FL 32233-0569

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 **251 Levy Rd, Atlantic Beach, FL 32233-2613** has been registered through **March 1, 2015** with the following status:

Facility ID # **FLD092718576**
Transporter of Universal Waste Lamps and Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2015** 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.

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) 245-8707

Date Received

(for DEP Official Use Only)
ENVIRONMENTAL PROTECTION

MAR 04 2014

PERMITTING & COMPLIANCE

EPA ID:

F L D 0 9 2 7 1 8 5 7 6

Please use the instructions document to complete this form.

**1. Reason for
Submittal**(all submitters must
complete pages 1 and 2
and sign page 5.)Pages 3 and 4, - com-
plete as applicable)Mark 'X' in
the correct box:(must choose one
if a notification)

- ☐ 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).
- ☐ To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

FL Registration(s)

- ☐ UW Mercury (see page 3) ☒ HW Transporter (see page 4) ☒ Used Oil (see page 4)

**2. Facility or
Business Name**

Moran Environmental Recovery, LLC

**3. Facility
Operator**(List additional Opera-
tors in the comments
section).

Name of Operator:

Moran Environmental Recovery, LLC

Date became Operator: ____/____/____

☐ New Operator mm dd yy

Street or P.O. Box:

75 D York Ave

Phone Number:

781-815-1100

City or Town:

Randolph

State:

MA

Zip Code:

02368

Country (if not USA):

Operator Type:

- ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other _____

**4. Facility
Physical
Location
Information**
(No P.O. Boxes)☐ Same address as
#3 above or:

Physical Street Address:

251 Levy Road

☐ Vessel

City or Town:

Atlantic Beach

State:

FL

Zip Code:

32233

County:

Duval

Country (if not USA):

**5. Facility North American Industry
Classification System (NAICS)
Code(s) (at least 5 digits)**

A. 5 6 2 5 1 0 (required)

B. _____

C. _____

D. _____

**6. Facility or
Business
Mailing Address**☒ Same address as #3 above or: Street or P.O. Box:

City or Town:

State:

Zip/Postal Code:

Country (if not USA):

**7. Facility or
Business
RCRA
Contact Person**☒ Same address as
#4 above or:

First Name:

Joseph

Last Name:

Sral

Title:

Phone Number:

781-815-1100

Extension:

E-Mail:

Fax:

Street or P.O. Box:

City or Town:

Atlantic Beach

State:

Zip Code:

Country (if not USA):

**8. Real Property
(FL Land) Owner
of the Facility's
Physical Location**
(List additional
owners in the com-
ments section.)☐ Same address as
above or:

Name of Owner:

251 Levy Road LLC

Date became Owner: ____/____/____

☐ New Owner mm dd yy

Street or P.O. Box:

PO Box 330358

Phone Number:

904-249-7607

City or Town:

Atlantic Beach

State:

FL

Zip Code:

32233

Country (if not USA):

Owner Type:

- ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other _____

RCRA Hazardous Waste Status Notification or Out of Business Notification	EPA ID No. FLD092718576
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9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

(A) (1) Generator of Hazardous Waste

☐ Yes ☐ No (Do not include Universal Waste or Used Oil)

If YES, 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 (at least once a year)

☐ **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 (at least once a year)

☐ **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. Short-Term Generator (one-time, not on-going)

☐ e. Episodic: Not more than one-time per year: __SQG__LQG

☐ f. United States Importer of hazardous waste

☐ g. Mixed Waste (hazardous and radioactive) Generator

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

(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 Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)
Specify: ☐ Commercial ☐ Non-Commercial.
Note: 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) ☐ Receives Hazardous Waste from Off-Site

(7) ☐ Underground Injection Control

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.

1	2	3	4	5	6	7
8	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 _____ (date)

☐ **(C) Property Tax Default**

☐ **(D) Petition for Bankruptcy Protection**

12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input checked="" type="checkbox"/> HW Transporter <input checked="" type="checkbox"/> Used Oil Handler <input checked="" type="checkbox"/> Universal Waste	First Name:		Last Name:		Title:	
	Phone Number:		Extension:	E-Mail:		
	Street or P.O. Box:					
	City or Town:		State:(Country):		Zip Code:	

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. FLD092718576
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) <div style="display: flex; justify-content: space-between;"> Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> d. Mercury Containing Devices <input checked="" type="checkbox"/> e. Mercury Containing Lamps </div> <input type="checkbox"/> 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 Universal Pharmaceutical Waste (UPW): one-time registration		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH]) <input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter		
C. Florida 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 <u>only</u> 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 <u>for-hire</u> Activities <input type="checkbox"/> First time registering <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler		Annual Registration + one-time \$1,000 fee+ More Requirements (contact FDEP)
(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities: <input type="checkbox"/> We use Drum Top Bulb Crusher(s).		
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input checked="" type="checkbox"/> Transport [62-740 F.A.C.] 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)]		

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.

This facility is a registered transporter of hazardous waste.

☐ 1. For own waste only ☐ 2. For commercial purposes ☐ 3. Both commercial and own waste

4. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____

☐ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume _____

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

☐ Our mailing (business) address ☐ The site (facility) address

[illegible]

Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

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.

☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

- ☒ a. Transporter (off-site) and noncontiguous locations
☐ b. Transfer Facility

- (5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

- ☒ a. Transporter
☐ b. Transfer Facility
☐ c. Processor (Annual Report Required)
☐ d. End User

- ☒ Our mailing (business) address ☐ The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

(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 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.]

(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

In addition to the requirements on Page 4 Section 15:

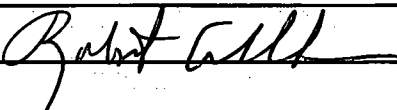
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.).

☒ The used oil annual report is attached ☒ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

16. Comments (attach a page if more space is needed):

17. 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.

☒ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	VP + CFO	<input checked="" type="checkbox"/>	2/28/2014
		<input type="checkbox"/>	
		<input type="checkbox"/>	

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

Marielis Rosado 781-815-1100 compliance@moranenvironmental.com
(Name of person completing this form) (Phone Number) (E-mail Address)



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

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

Moran Environmental Recovery, LLC 75 D York Ave, Randolph, MA 02368

Facility Name	Street Address	City and State
781-815-1100	781-815-1104	compliance@moranenvironmental.com

Phone	Fax	E-mail
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Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

1. Estimated number of LAMPS handled during the last calendar year. 0
Types: Fluorescent ☐ HID ☐

2. Estimated number of DEVICES handled during the last calendar year. 0
Types: Thermostats ☐ Electric Switches/Relays ☐
Thermometers ☐ Manometers ☐ Other ☐ 0

3. Estimated weight of DEVICES handled during the last calendar year. 0 lb.

4. Estimated number of lamps or devices you shipped to a mercury recycling facility. Check the boxes for lamps (L) or devices (D). Give the receiving facility name, location, and contact information.

N/A

Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
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N/A

Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
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N/A

Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
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Print Name of Authorized Agent

Signature of Authorized Agent

Date

"More Protection, Less Process"

www.dep.state.fl.us