



**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

05/27/2014

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 Lamps, Universal Waste Devices, 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 03/01/2015); HW Transporter, HW Transfer Facility (reg exp on 06/30/2014) ; Used Oil Transfer Facility (reg exp on 06/30/2015).**

Your facility is **currently permitted/active** as: **Operating Commercial TSD (exp on 09/26/2016); Mercury Recovery/Reclamation Facility (exp on 09/26/2016).**

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=FL0000207449.

For further assistance, please contact me at (850) 245-8749 or email at


Glen.Perrigan@dep.state.fl.us .

Sincerely,

Robin K. Pandley
Jov

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

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

SEND THE COMPLETED FORM TO: The Appropriate State or Regional Office	<div style="text-align: center;"> United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED ENVIRONMENTAL PROTECTION AGENCY FEB 27 2014 </div>  </div>		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number: FL0000207449		
3. Site Name	Name: VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.		
4. Site Location Information	Street Address: 342 MARPAN LANE		
	City, Town, or Village: TALLAHASSEE		County: LEON
	State: FL	Country: US	Zip Code: 32305-
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. 562211		B.
	C.		D.
7. Site Mailing Address	Street or P.O. Box: 342 MARPAN LANE		
	City, Town, or Village: TALLAHASSEE		
	State: FL	Country: US	Zip Code: 32305-
8. Site Contact Person	First Name: LINDA		MI: T
	Last: DUNWOODY		
	Title: OPERATIONS MANAGER		
	Street or P.O. Box: 342 MARPAN LANE		
	City, Town, or Village: TALLAHASSEE		
	State: FL	Country: US	Zip Code: 32305-
	Email: LINDA.DUNWOODY@VEOLIAES.COM		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: H.M. WILLIAMS PROPERTIES		
	Date Became Owner: 01/01/1991		
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: P.O BOX 2068		
	City, Town, or Village: TALLAHASSEE		Phone:
	State: FL	Country: US	Zip Code: 32305-
	B. Name of Site's Operator: VEOLIA ES TECHNICAL SOLUTIONS,		
	Date Became Operator: 08/17/1994		
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts for Items 1 through 7.**Y ☒ N ☐ 1. Generator of Hazardous Waste**

If "Yes" mark only one of the following - a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste

If "Yes" above, indicate other generator activities.

- Y ☐ N ☒ d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

- Y ☐ N ☒ e. United States Importer of Hazardous Waste

- Y ☐ N ☒ f. Mixed Waste (hazardous and radioactive) Generator

Y ☒ N ☐ 2. Transporter of Hazardous Waste
If "Yes", mark all that apply.

- ☒ Transporter
☒ Transfer Facility

Y ☒ N ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note:

A hazardous waste permit is required for these activities

Y ☒ N ☐ 4. Recycler of Hazardous Waste (at your site)

Note: A hazardous waste permit may be required for this activity.

Y ☒ N ☐ 5. Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
☒ b. Smelting, Melting, Refining Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control**Y ☒ N ☐ 7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities Complete all parts 1 - 2.****Y ☒ N ☐ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**Manage or
Accumulate

- a. Batteries ☒
b. Pesticides ☐
c. Mercury containing equipment ☒
d. Lamps ☒
e. Other _____ ☐
f. Other _____ ☐
g. Other _____ ☐

Y ☒ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities -Complete all parts 1-4.**Y ☐ N ☒ 1. Used Oil Transporter**
If "Yes", mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner -
If "Yes", mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner**Y ☐ N ☒ 4. Used Oil Fuel Marketer**
If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ◆ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the Item-by-Item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Wastes

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D006	D007	D008	D009	D011	U151	

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐N ☒

Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

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)

LINDA.DUNWOODY@VEOLIAES.COM

14. 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. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, 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. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of owner, operator, or an
authorized representative

Name and Official Title (type or print)

D. Date Signed
(mm-dd-yyyy)

WAYNE R BULSIEWICZ
EHS MANAGER

02/25/2014