 <p>8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY DEP Waste Management Division-IHRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707</p>		Date Received (for FDEP Official Use Only) ENVIRONMENTAL PROTECTION <div style="border: 1px solid black; padding: 5px; display: inline-block;">JUL 14 2014</div> PERMITTING COMPLIANCE PROGRAM																
EPA ID: O H D 9 8 0 5 6 8 9 9 2		Please use the instructions document to complete this form																
1. Reason for Submittal <small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>	Mark 'X' in the correct box: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) </div> <div> FL Registration(s) <input type="checkbox"/> UW Mercury (see page 3) <input checked="" type="checkbox"/> HW Transporter (see page 4) <input type="checkbox"/> Used Oil (see page 4) </div> </div>																	
2. Facility or Business Name	Envirite of Ohio, Inc.																	
3. Facility Operator <small>(List additional Operators in the comments section).</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Operator: Envirite of Ohio, Inc.</td> <td colspan="2">Date became Operator: ____/____/____ <input type="checkbox"/> New Operator mm dd yy</td> </tr> <tr> <td colspan="2">Street or P.O. Box: 2050 Central Avenue Southeast</td> <td colspan="2">Phone Number: 330-456-6238</td> </tr> <tr> <td>City or Town: Canton</td> <td>State: OH</td> <td>Zip Code: 44704</td> <td>Country (if not USA):</td> </tr> <tr> <td colspan="4">Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</td> </tr> </table>		Name of Operator: Envirite of Ohio, Inc.		Date became Operator: ____/____/____ <input type="checkbox"/> New Operator mm dd yy		Street or P.O. Box: 2050 Central Avenue Southeast		Phone Number: 330-456-6238		City or Town: Canton	State: OH	Zip Code: 44704	Country (if not USA):	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
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4. Facility Physical Location Information <small>(No P.O. Boxes)</small> <input checked="" type="checkbox"/> Same address as #3 above or:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Physical Street Address: _____ <input type="checkbox"/> Vessel</td> </tr> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip Code:</td> </tr> <tr> <td>County:</td> <td colspan="2">Country (if not USA):</td> </tr> </table>		Physical Street Address: _____ <input type="checkbox"/> Vessel			City or Town:	State:	Zip Code:	County:	Country (if not USA):								
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5. Facility North American Industry Classification System (NAICS) Code(s) <small>(at least 5 digits)</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>A. 5 6 2 2 1 1 (required)</td> <td>B. </td> </tr> <tr> <td>C. </td> <td>D. </td> </tr> </table>		A. 5 6 2 2 1 1 (required)	B. 	C. 	D. 												
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C. 	D. 																	
6. Facility or Business Mailing Address	<input checked="" type="checkbox"/> Same address as #__ above or: Street or P.O. Box: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip/Postal Code:</td> <td>Country (if not USA):</td> </tr> </table>		City or Town:	State:	Zip/Postal Code:	Country (if not USA):												
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7. Facility or Business RCRA Contact Person <input checked="" type="checkbox"/> Same address as #__ above or:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>First Name: Chris</td> <td>Last Name: Secoy</td> <td colspan="2">Title: Regulatory Compliance</td> </tr> <tr> <td>Phone Number: 330-456-6238</td> <td>Extension:</td> <td>E-Mail: chris.secoy@eqonline.com</td> <td>Fax: 330-456-6238</td> </tr> <tr> <td colspan="4">Street or P.O. Box: _____</td> </tr> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip Code:</td> <td>Country (if not USA):</td> </tr> </table>		First Name: Chris	Last Name: Secoy	Title: Regulatory Compliance		Phone Number: 330-456-6238	Extension:	E-Mail: chris.secoy@eqonline.com	Fax: 330-456-6238	Street or P.O. Box: _____				City or Town:	State:	Zip Code:	Country (if not USA):
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Street or P.O. Box: _____																		
City or Town:	State:	Zip Code:	Country (if not USA):															
8. Real Property (FL Land) Owner of the Facility's Physical Location <small>(List additional owners in the comments section.)</small> <input type="checkbox"/> Same address as #__ above or:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name of Owner:</td> <td colspan="2">Date became Owner: ____/____/____ <input type="checkbox"/> New Owner mm dd yy</td> </tr> <tr> <td colspan="2">Street or P.O. Box:</td> <td colspan="2">Phone Number:</td> </tr> <tr> <td>City or Town:</td> <td>State:</td> <td>Zip Code:</td> <td>Country (if not USA):</td> </tr> <tr> <td colspan="4">Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____</td> </tr> </table>		Name of Owner:		Date became Owner: ____/____/____ <input type="checkbox"/> New Owner mm dd yy		Street or P.O. Box:		Phone Number:		City or Town:	State:	Zip Code:	Country (if not USA):	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
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Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____																		

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 type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input 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:	

14. HW Transporter Activities: (Mark 'X' and complete all that 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. For own waste only ☒ 2. For commercial purposes ☐ 3. Both commercial and own waste

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

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

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

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

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.

The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):

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

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

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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.)]:

15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if 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)

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

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)**(3) ☐ Used Oil Processor (A permit is required.)****(4) ☐ Off-Specification Used Oil Burner****(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec****(6) Used Oil Filter Management (must annually register)**

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

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

☐ 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.

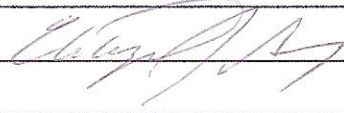
16. Comments (attach a page if more space is needed):

On June 17th, 2014 a transaction was completed involving the merger and stock acquisition of EQ Parent Company, Inc. ("EQ Parent"), the indirect parent company of Envirite of Ohio, Inc. ("Envirite of OH") by US Ecology, Inc. ("US Ecology"). As a result of the transaction, EQ Parent Company's capital stock was transferred to US Ecology.

Envirite of Ohio will effectively continue its operations under its current name with no other changes in the current operations, other than Envirite of Ohio is now a wholly-owned subsidiary of US Ecology. Additionally, although the transaction involved a change in certain officers and directors of Envirite of Ohio, there were no changes in Envirite of Ohio's key managers or employees related to its Florida Operations.

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)
	Chris Secoy, Transportation Manager	<input checked="" type="checkbox"/>	07/01/2014
		<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:

Denise Ernest, CPS 215-734-1414 dernest@cps-2comply.com
(Name of person completing this form) (Phone Number) (E-mail Address)