



**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

07/08/2014

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 06/30/2015) ; 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](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](mailto:Glen.Perrigan@dep.state.fl.us) .

Sincerely,

*Robin K. Pandley*  
For

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 6716 , Email Address: [linda.dunwoody@veoliaes.com](mailto:linda.dunwoody@veoliaes.com)



**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 COMBINED Use Only)  
ENVIRONMENTAL PROTECTION  
**FEB 10 2014**  
PERMITTING & COMPLIANCE  
ASSISTANCE PROGRAM

EPA ID: F L 0 0 0 0 2 0 7 4 4 9

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**

**Veolia ES Technical Solutions, L.L.C.**

**3. Facility  
Operator**

(List additional Opera-  
tors in the comments  
section).

Name of Operator:

**Veolia ES Technical Solutions, L.L.C.**

Date became Operator: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ New Operator 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**

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:

**342 Marpan Lane**

☐ Vessel

City or Town:

**Tallahassee**

State:

**FL**

Zip Code:

**32305**

County:

**Leon**

Country (if not USA):

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

A. **5 6 2 2 1 1** (required)

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

**6. Facility or  
Business  
Mailing Address**

☒ Same address as #\_\_ above or: Street or P.O. Box:

City or Town:

**Tallahassee**

State:

**FL**

Zip/Postal Code:

**32305**

Country (if not USA):

**7. Facility or  
Business  
RCRA  
Contact Person**

☐ Same address as  
#\_\_ above or:

First Name:

**Linda**

Last Name:

**Dunwoody**

Title:

**Operations Manager**

Phone Number:

**850/877-8299**

Extension:

E-Mail:

**linda.dunwoody@veolia.com**

Fax:

**850/878-3349**

Street or P.O. Box:

**342 Marpan Lane**

City or Town:

**Tallahassee**

State:

**FL**

Zip Code:

**32305**

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:

**H.W. Williams Properties**

Date became Owner: \_\_\_\_/\_\_\_\_/1980

☐ New Owner mm dd yy

Street or P.O. Box:  
P.O. Box 2068

Phone Number:

City or Town:

**Tallahassee**

State:

**FL**

Zip Code:

**32316**

Country (if not USA):

Owner Type:

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

<b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b>	EPA ID No. <b>FL0000207449</b>
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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 type="checkbox"/> HW Transporter <input checked="" 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:

<b>Universal Waste Notification and Mercury Transporter/Handler Registration</b>		EPA ID No. FL0000207449
<b>12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :</b>		
<b>A. Federal Notification</b>	<input type="checkbox"/> <b>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)</b>  <div style="display: flex; justify-content: space-between;"> <span>Accumulates: <input type="checkbox"/> a. UW Batteries</span> <span><input type="checkbox"/> b. Pesticides</span> <span><input type="checkbox"/> c. Pharmaceuticals</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> d. Mercury Containing Devices</span> <span><input type="checkbox"/> e. Mercury Containing Lamps</span> </div> <input type="checkbox"/> <b>Destination Facility for UW</b> Note: For this activity, a facility must treat, dispose or recycle a UW. <div style="text-align: right;">A permit is required for storage prior to recycling.</div>	
<b>B. Florida Universal Pharmaceutical Waste (UPW): one-time registration</b>		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals <b>Acute LQH</b> = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> <b>Reverse Distributor</b> of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH]) <input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter		
<b>C. Florida Annual Mercury Handler Registration:</b>		
<b>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).</b>  <b>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</b>		
<b>(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities</b> <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input type="checkbox"/> For-hire <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) <b>SQH</b> = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>LQH</b> = 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)
<b>(2) Mercury Recovery and/or Reclamation Facility</b> (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: _____ <span style="float: right;"><input type="checkbox"/> We use Drum Top Bulb Crusher(s).</span>		
<b>13. Other State Regulated Waste Activities:</b> Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input 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)]		

**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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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.**





Welcome, Tiffany Noland. You are logged on with a role of CHAZ\_USER. [\[Sign Out\]](#)

[\[Pending List\]](#)

[\[Pending List - this DocLog\]](#) [\[Edit DocLog\]](#) [\[Document Checkout\]](#)

## Pending Document Details

**NATIVE NAME:** VEOLIA ES TECHNICAL SOLUTIONS LLC

**DOC LOG ID:** 25980

**CHAZ ID:** FL0000207449

**CITY:** TALLAHASSEE

**COUNTY:** LEON

[View email records](#)

[HWG Email Template](#)
[Notification Approvals](#)
[RHWT Email Template](#)
[RHWT Approvals](#)
[RMH Email Templates](#)
[RMH Approvals](#)
[RUOH Email Template](#)
[RUOH Approvals](#)

## Document Types

Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	N	
RMH	N	
RUOH	N	

## Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
232553	HWR	<a href="mailto:linda.dunwoody@veoliaes.com">linda.dunwoody@veoliaes.com</a>	FL0000207449	Veolia ES Technical Solutions LLC
290200	MP	<a href="mailto:linda.dunwoody@veoliaes.com">linda.dunwoody@veoliaes.com</a>	FL0000207449	Veolia ES Technical Solutions LLC
353450	HWT	<a href="mailto:linda.dunwoody@veolia.com">linda.dunwoody@veolia.com</a>	FL0000207449	Veolia ES Technical Solutions LLC
382364	UOP	<a href="mailto:linda.dunwoody@veolia.com">linda.dunwoody@veolia.com</a>	FL0000207449	Veolia ES Technical Solutions LLC

## Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	02/12/2014	SIMMONS_JLS	✕
HWG	Waiting for information	04/02/2014	NOLAND_T	✕
HWG	Completeness Review	07/08/2014	NOLAND_T	✕
HWG	Ready for Data Entry	07/08/2014	NOLAND_T	✕
HWG	Data Entry Completed	07/08/2014	NOLAND_T	✕
HWG	FDM Facility Created	07/08/2014	NOLAND_T	✕
RHWT	Logged	02/12/2014	SIMMONS_JLS	✕
RHWT	Completeness Review	06/18/2014	HORLICK_S	✕
RHWT	Waiting for information	06/18/2014	HORLICK_S	✕
RHWT	Ready for Data Entry	07/02/2014	HORLICK_S	✕
RHWT	Data Entry Completed	07/03/2014	SIMMONS_JLS	✕
RHWT	Final Review	07/03/2014	HORLICK_S	✕
RHWT	Notification Letter Emailed	07/08/2014	HORLICK_S	✕
RMH	Logged	02/12/2014	SIMMONS_JLS	✕

RMH	Withdrawn 	02/14/2014	TENACE_L	
RUOH	Logged	02/12/2014	SIMMONS_JLS	
RUOH	Completeness Review	02/17/2014	ASHWOOD_J	
RUOH	Waiting for information	02/17/2014	ASHWOOD_J	
RUOH	Ready for Data Entry	02/24/2014	ASHWOOD_J	
RUOH	Data Entry Completed	02/25/2014	SIMMONS_JLS	

## Add A New Process

Document Type	Process	Date	
Please select ▼	--- ▼	07/08/2014	Add Process

## Comments

Document Type	Date	Comment	Author
General Comment	02/12/2014	Notification has an original signature.	SIMMONS_JLS
HWG	04/02/2014	Sent email for Opr date	NOLAND_T
HWG	04/02/2014	Own date is 1/1/1980	NOLAND_T
HWG	07/08/2014	Missing generator status, HWT status, and Mercury status-Per Linda, nothing has changed from last year, they are an LQG.	NOLAND_T
HWG	07/08/2014	Opr date is 8/17/94	NOLAND_T
RHWT	06/18/2014	Email sent to Linda Dunwoody on 2/11/2014 requesting Certificate of Liability. In reviewing your submittals, we notice additional information is needed. Our records indicate we did not receive all the required documents to process your HWT insurance update. You must maintain valid liability insurance during the entire HWT registration period. To date we received only an ACORD form. An ACORD form is acceptable evidence of current insurance only if the same policy with the same insurance provider found on the Hazardous Waste Certificate of Liability Insurance in our file is renewed. The insurance provider does not match. This ACORD form cannot be used to update the insurance in our data system. In order to process your HWT insurance update, please submit a State of Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form (blank form attached for your convenience). As soon as possible, please mail the required forms to: DEP Waste Management Division\HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	06/18/2014	Email to Linda Dunwoody: This is a reminder. Your hazardous waste transporter (HWT) registration will expire on June 30, 2014. Our records indicate we did not receive all the required documents to process your HWT registration renewal (see previous email dated February 11, 2014 below). Also please submit a revised page 4 of the 8700-12FL Florida Notification of Regulated Waste Activity with a completed Item 14. A. (see attached). As soon as possible, mail the required forms with the original signature to: DEP Waste Management Division\HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Transporting hazardous waste without proper registration is a violation of the law, subject to penalty. Please let me know if you have any questions.	HORLICK_S
RHWT	06/18/2014	Phone call with Denise Krous. Email to Denise, As we discussed on the phone, I have attached the additional insurance form, Hazardous Waste Transporter Liability Endorsement. The information for the Tallahassee and Flanders locations goes on page 1. The parent company, Veolia Environmental Services North America Corp., and Chicago address goes on page 2, lines 4 & 5. Please submit both forms from now on to assure timely renewals. Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	06/18/2014	Updated page 1 & 4 of 8700-12FL submitted for both locations.	HORLICK_S
RHWT	06/19/2014	Email to Denise, The problem is the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler document states Veolia Environmental Services North America Corp., is the insured and Veolia Environmental Services North America Corp., is not the transporter. If the policy is written such that Veolia ES Technical Solutions, L.L.C. is added by endorsement to the policy of Veolia Environmental Services North America Corp., you may submit a Hazardous Waste Transporter Liability Endorsement, form 62-730.900(5)(b) in addition to the Certificate of Liability Insurance HWT and UOH form 62-730.900(5)(a), already submitted. Or you can submit a new Certificate of Liability HWT and UOH form 62-730.900(5)(a) with Veolia ES Technical Solutions, L.L.C. as the transporter and insured on line three. (The rule requires the transporter to be insured and not another company.) Please correct lines 3 and 4 to Veolia ES Technical Solutions, L.L.C. on the insurance document. The documents submitted must be signed by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. As soon as possible, please mail the required form to: DEP Waste Management Division\HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	07/02/2014	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RHWT	07/03/2014	Emailed question to Denise Krous - Line 1 says Lexington Insurance Company, the authorized representative line on page 2 says AIG Specialty Insurance Company. Answer by Heidi Poth is Lexington is an AIG Company.	HORLICK_S
RHWT	07/03/2014	Email to Denise, I have conferred with Janet (both supervisors are out for the 4th) and we don't think we can issue this as is with the two different insurances on the Certificate of Liability. If you can get Lexington Insurance Company put onto page 2 to match line 1, and just email me the corrected insurance we can issue, providing the original is sent via mail. I am sorry we did not catch this sooner. The original problem was corrected but a new one cropped up. Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	07/08/2014	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RMH	02/14/2014	this facility being processed under doc log ID # 25852. Withdrawn for mercury.	TENACE_L
RUOH	02/17/2014	Received original 8700 form.	ASHWOOD_J
RUOH	02/17/2014	Received original 8700 form.	ASHWOOD_J

Dear Linda Dunwoody: In reviewing your submittal, we noticed additional information is needed. Please submit the following to continue processing your UO registration: Registration fee of \$100 payable to Florida Department of



RUOH	02/17/2014	Environmental Protection via check or money order. As soon as possible, please mail the required payment to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.	ASHWOOD_J
RUOH	02/24/2014	Received registration fee of \$100.	ASHWOOD_J
RUOH	07/07/2014	Email sent to Denise: If Lexington Insurance Company is the Insurance carrier then Lexington Insurance Company will need to be listed on Page 1 and 2 of this form. However, if AIG is the authorized representative then there should be no problem to list Lexington Insurance Company on both lines. The same applies for AIG Specialty Insurance Company. Please let me know? Currently waiting for revised Combined HWT/UO Insurance form.	ASHWOOD_J

Add A New Comment

Document Type

Comments

Please select

Add Comment