

## 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

10/02/2014 Michael Maliska, Operations 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; Petroleum Contact Water Management; 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 11/30/2015).

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:

 $\underline{http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm}.$ 

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

Kobin K. Pandley

Hazardous Waste Regulation Section

ME ID: 43329 , Email Address: <a href="mailto:mmaliska@aerc.com">mmaliska@aerc.com</a>

## 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 FREP Official Use Only)
ENVIRONMENTAL PROTECTION

AUG 262014

PERMITTING & COMPLIANCE

EPA ID: F L	D 9 8 4 2	6 2 7	8 2	Pleas	e uș	se the instru	ctions	document to co	mple	te this form	PROGRAMS
1. Reason for Submittal	the assumed have proved universal weets used all activities or DCW activities)										
(all submitters must	(must choose one To provide subsequent notification (to update status and facility identification information).										
complete pages 1 and 2 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	AERC Recycling Solutions										
3. Facility	Name of Operator:							Date became	Opera	ator: <u>11</u> /2	28 / 1995
Operator (List additional Opera-	AERC.com,Inc dba AERC Recycling Solutions										
tors in the comments section).	Street or P.O. Box: 4317-J Fortune Place							Phone Number: 321-952-1516			
section).	City or Town: West Melbourne						Zip Code: 32904-1509	1	Country (if i	not USA):	
	Operator Type: Private Pederal Municipal State County Other										
4. Facility Physical	Physical Street Address: Uvessel 4317-J Fortune Place										
Location	City or Town:							State: Zip Code:			
Information (No P.O. Boxes)	West Melbourne							FL	32	904-1	509
Same address as #3 above or:	Country: Country (if not US) Brevard							A):			
5. Facility North An Classification Sys		A.  5 6  2	2 2 1 1	1		(required)	) B.				
Code(s) (at least 5		c.				_	D.	<u> </u>	<u> </u>	_ _ _	
6. Facility or	Same address as #_ above or: Street or P.O. Box: 111 Howard Blvd Suite 108										
Business Mailing Address	City or Town: Mt Arlington				Sta N	ate: J	Zip/P 078	Postal Code: 56	de: Country (if not USA)		ot USA):
7. Facility or	First Name: Last Name:							Acting Facility Manager			
Business RCRA Contact Person	Michael Phone Number:			Maliska  Extension: E-Mail:			Acting Facility		y ivialia Teax:	<u> </u>	
	321-952-1516 7416 mmaliska@ae							rc.com 321-952-1060			
	Street or P.O. Box: Mt Arlington										
Same address as #_4_above or:	City or Town:					State:		Zip Code:		Country (if not USA):	
8. Real Property	Name of Owner:						Date became Owner: 09 / 06 / 1984				
(FL Land) Owner of the Facility's	Fortune Cookie Park, Inc							New Owner mm dd yy			
Physical Location (List additional								Phone Number: 21-723-3400			
owners in the comments section.)	City or Town: State: West Melbourne FL							Zip Code: Country (if not USA): 32904-1509			
Same address as	Owner Type: Private Federal Municipal State County Other										

RCRA Haz	ardous Wast	e Status No	tification or Out o	f Busir	iess Notil	icatic	in EPA	ID No. FL	D98426	2782	
9. RCRA Hazardous Waste Activities at this Facility:											
(A) (1)Generator of Hazardous Waste					For Items 2 through 7, mark 'X' in all that apply.						
■Yes □	No (Don	not include Universal Waste or Used Oil)			(2) Treater, Storer, or Disposer of Hazardous Waste						
_		e of the following three categories.  Generator (LQG):				permit this activity.					
( } }	Generates in an greater per mon nazardous waste	y calendar m th (kg/mo) (2 e; or Greater	(LQG): onth 1,000 kilograms 2,200 lbs.) of non-act than 1 kg (2.2 lbs) least once a year)				b. Operating c. Non-Ope	g Commercia g Non-Comn	al TSD nercial TSD losure or Co	orrective Action	
<ul> <li>b. Small Quantity Generator (SQG):         Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;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)</li> <li>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</li> <li>In addition, indicate other generator activities that apply.</li> </ul>				(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							
				( I	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.						
			ne, not on-going)	1.00	(6)	(6) Receives Hazardous Waste from Off-Site					
<ul> <li>e. Episodic: Not more than one-time per year:SQGLQG</li> <li>f. United States Importer of hazardous waste</li> <li>g. Mixed Waste (hazardous and radioactive) Generator</li> </ul>			(7) Underground Injection Control								
your fac	cility. List then	n in the order	Regulated Hazai they are presented is ist codes routinely o	n the reg	gulations (e	.g., D(	001, D003, F00	7, K019, P01	12, U112).	wastes handled at	
<sup>1</sup> D002	<sup>2</sup> D003		<sup>3</sup> D006	<sup>4</sup> D00	18	5	D009	<sup>6</sup> D011		<sup>7</sup> U151	
<sup>8</sup> D001	<sup>9</sup> U010	)	<sup>10</sup> U026	<sup>11</sup> U0	35		<sup>2</sup> U058	<sup>13</sup> U05	9	14	
15	16		17	18		19	9	20		21	
11. Other	Status Chai	nges (If no	longer handling was	ste or clo	sed, section	ns 9 a	nd 10 should be	blank and s	kip Section	12-16 ):	
(1) (B) Facilit	) Business no l	onger genera nplete this se s location and	e at This Facility (Stes, transports, treats ction only if all busing moved or moving to see closed on	, stores, ness acti	disposes o	f, or of is facil	therwise handle ity have ceased	s any regula .)		f you will	
(C) Pr	operty Tax De	efault	-		(D)	Petiti	on for Bankru	ptcy Protec	tion		
12-14 — R	egistration		Contact Inform				ission is a regis	tration or reg		ormation update):	
Same as Facility RCRA Michael		Last Name	Ма	liska		Title: Actin	ng Facility Manager				
Contact for:			<sup>ber:</sup> 321-952-1			7416		aliska(	@aerc	.com	
HW Trans	•		<sup>O. Box:</sup> 4317-J	Fort	une Pl	$\overline{}$					
Universal Waste City or Town: West Melbou				urne		State:(Country)	"FL	Zip Code:	32904-1509		

Djiwasal Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD984	4262782						
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	accuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)	,						
Pharma	accuticals 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	ry-Containing Devices (thermostats, etc) <b>SQH</b> = less than 100 kg accumulated by for-hire handler	Required						
☐ Mercı	ry-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
Merci	ry-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one-time \$1,000 fee+						
☐ Mercu	ry-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).								
13. Other Sta	te Regulated Waste Activities: Petroleum Contact Water (PCW)   Recovery   Transpo	ort [62-740 F.A.C.]						
	A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Ru	- "						

Hazardous Waste and Used Oil Transporter Registrat	ions EPA ID No. FLD984262782					
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 hazard	dous 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 Fa	cility: (at this location) Storage Volume					
This form is:  Initial Registration  Renewal	Notification of changes					
Note: Hazardous Waste transfer facilities must comply with th	ne 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 com	uplete 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	0, payable to Florida Department of Environmental Protection is enclosed.					
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filter Management (must annually register)					
☐ a. Transporter (off-site) and noncontiguous locations	a. Transporter					
☐ b. Transfer Facility	□ b. Transfer Facility					
(2) Collection Center (From businesses, no more than 55 gal per shipment)	☐ c. Processor (Annual Report Required) ☐ d. End User					
(3) Used Oil Processor (A permit is required.)	(7) The records required under the provisions of Rule 62-710.510,					
(4) Gff-Specification Used Oil Burner	FAC, are kept at (check one):					
(5) Used Oil Fuel Marketer	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.						

Transfer Facility and Used Oil Transporter requirer	nents and required signature page	EPA ID No. FLD9842	62782
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the in subsequent submission [Rule 62-730.171(3), Florida Ad	itial notification for a transfer facility a	d for Transfer Facilities on Page and any changed items must be s	e 4, Section 14, the submitted with any
Certification by a responsible corporate officer Section 403.7211(2), Florida Statu	of the transporter that the proposed locates (F.S.) [Rule 62-730.171(3)(a)1., F.A		
Evidence of the transporter's financial responsi	, , -	_	
A brief general description of the transfer facili	ity operations [Rule 62-730.171(3)(a)4.,	F.A.C.]	
A copy of the facility closure plan [Rule 62-73	0.171(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	1 40 CFR 279.40(a)(1-4))		
In addition to the requirements on Page 4 Section	ion 15:		
<ul> <li>ALL registered UO Handlers must submitheir own company.</li> </ul>	t an annual report except generators tra	nsporting UO from noncontigue	ous operations within
<ul> <li>UO transporters transporting off-site over</li> <li>UO transporters transporting more than 50</li> </ul>	00 gallons/year must submit proof of in	surance annually, and must sign	
submission as a certified used oil transpor	-		
The used oil annual report is attached	Evidence of Liability Insurance pur	suant to 62-710.600(2)(e)., F.A	.C. is attached.
17. Certification: I certify under penalty of law tha accordance with a system designed to assure that que submitted is, to the best of my knowledge and belie false information, including the possibility of fine a	nalified personnel properly gather and e f, true, accurate, and complete. I am aw	valuate the information submitt are that there are significant per	ed. The information
I certify as a Used Oil Transporter that I am tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter (	ng program in place covering the applic	able used oil rules. Evidence of	
Signature of owner, operator, or an authorized representative	Print Name and	Title Used Oil	Date Signed (mm-dd-yyyy)
Cobert V James	Robert Szany	i-CFO 🗆	8/20/2014
If the person that filled in this form is not the Facilit	y Contact or Operator, please compl	ete the information below:	<u> </u>
-	·	n@aerc.com	
(Name of person completing this form)	(Phone Number)	(E-mail Address)	