

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

11/07/2014 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 **4972 Woodville Hwy (South Lot), Tallahassee , FL32305-0903**

FLR000124917

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Non-Handler of Hazardous Waste.

Your facility is currently registered for the following activities: UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility (reg exp on 03/01/2015).

Your facility is currently permitted/active as: No Active Hazardous Waste Treatment, Storage, or Disposal Permit.

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:

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

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000124917. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us

Sincerely,

Glen Perrigan

Environmental Manager

Hazardous Waste Regulation Section

Kobin K. Pandley

ME ID: 62668, Email Address: linda.dunwoody@veoliaes.com

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 FDEP Official Use Offly)

OCT 202014

PERMITTING & COMPLIANCE ASSISTANCE PROGETAR

EPA ID: F L	R 0 0 0 1	. 2 4	9 1	7	Please	e use	the instru	ctions	docume	ent to co	omplet	te this fo	rm	17 17 17 17 17 17 17 17
1. Reason for Submittal (all submitters must	Mark 'X' in the correct box: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).													
complete pages 1 and 2 and sign page 5.	(must choose one if a notification) 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)													
Pages 3 and 4, - complete as applicable)	TL 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-	Name of Operator: Veolia ES Technical Solutions, L.L.C.								Date became Operator: 08 /17 / 1994 ☐ New Operator mm dd yy					
tors in the comments	Street or P.O. Box: 342 Marpan Lane								Phone Number: 850/877-8299					
section).	City or Town: Tallahassee						State: FL		Zip Co 3230	ode:	(Country (if not U	JSA):
	Operator Type:													
4. Facility Physical Location Information (No P.O. Boxes)	Physical Street Address: 4972 Woodville Hwy, South Lot								□Vessel					
	City or Town: Tallahassee						State: Zip Code: 32305							
Same address as #3 above or:	Country: Country (if not USA): Leon													
5. Facility North An Classification Sys		а. <u>Б</u>	6	<u>1 2</u>	11	<u>2</u>	(required)) В.	L					
Code(s) (at least 5	digits)	c. <u> </u>	_ _		_			D.					l_	
6. Facility or	Same address as #_3 above or: Street or P.O. Box:													
Business Mailing Address	City or Town: Tallahassee			State:			: :	Zip/P 323				Country (if not USA):		
7. Facility or Business RCRA Contact Person					Last Name: Dunwoody			Operations Manager						
	850/877-8299				Extension: E-Mail: linda.dunwood			y@veolia.com Fax: 850/878-3349			349			
Same address as #above or:	Street or P.O. Box: 342 Marpan Lane													
	City or Town: Tallahassee					St F	ate: L			Zip Code: 32305		Country (if not USA):		
8. Real Property (FL Land) Owner of the Facility's	er H.M. Williams Properties													
Physical Location (List additional														
owners in the comments section.)	,					Sta FL	ite:		Zip Code: Country (if not USA): 32316			t USA):		
Same address as # above or:	Owner Type: Private Federal Municipal State County Other													

RCRA Hazardous Waste Status Notification or Out of Business Notification						EPA ID No. FLR000124917					
9. 1	P. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):										
(A)	(A) (1)Generator of Hazardous Waste For Items 2 through 7, mark 'X' in all that apply.										
	Yes 🗖 No	(Do no	ot include Univ	versal Waste or Used Oi	l)	(2) Trea	ter, Store	r, or Disposer of	Hazardous V	Waste	
If YES, Choose only one of the following three categories. a. Large Quantity Generator (LQG):					(at your facility) Note: A hazardous waste permit may be required for this activity.						
	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)				 a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) 						
	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)			 (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 							
In	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					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					
In addition, indicate other generator activities that apply. OR the authorization you received from FDEP. 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											
	☐ (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):											
	Same as Facility ontact on page 1		First Name:			Last Name:	· · · · · · · · · · · · · · · · · · ·		Title:		
Conta	act for:		Phone Num		;	Extension:	E-Mail:	·			
	HW Transporter		Street or P.C). Box:							
Used Oil Handler Universal Waste			City or Town:				State:(C	ountry):	Zip Code:	Zip Code:	

Universal Waste Notification and Mercury Transporter/Handler Registration	EPA ID No.FLR00(0124917					
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. Pharmaceu	iticals					
d. Mercury Containing Devices	e. Mercury Contain	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 Universal Pharmaceutical Waste (UPW): one-time registration	•• •						
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accur	mulated (at any one time)						
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") ph	armaceutical waste (UPW) accumulated					
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the	Florida Department of Heal	th [DOH])					
Florida Universal Pharmaceutical Waste (UPW) Transporter							
C. Florida Annual Mercury Handler Registration:							
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 Priest time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached							
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices							
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices		Annual Registration					
Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler Required							
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-h							
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time	by for-hire handler	Annual Registration +					
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler More Requirements (contact FDEP)							
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for First time registering Renewal	this activity)	Annual Registration Required					
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s).							
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Note: A water facility permit may be required for this activity. An annual report is required for a rec	•						

Hazardous Waste and Used Oil Transporter Registration	EPA ID No. FLR000124917						
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 c	changes					
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 comp	olete 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)	(6) Used Oil Filte	er Management (must annually register)					
☐ a. Transporter (off-site) and noncontiguous locations	a. Transpo	orter					
☐ b. Transfer Facility	☐ b. Transfe	•					
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End Us	sor (Annual Report Required) ser					
(3) Used Oil Processor (A permit is required.)		quired under the provisions of Rule 62-710.510,					
(4) Gff-Specification Used Oil Burner	_	at (check one): ng (business) address The site (facility) address					
(5) Used Oil Fuel Marketer	Uu mami	ig (business) address — The she (facility) address					
Please see the top of page 5 for additional items that must be subm exempt Used Oil Transporters.	itted in addition to t	he above registration and fees required for non-					

Transfer Facility and Used Oil Transporter requirem	ients and required signature page	EPA ID No. FLR000)124917				
(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 responsil	· · · · ·	-					
A brief general description of the transfer facili							
A copy of the facility closure plan [Rule 62-730		•					
_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 In addition to the requirements on Page 4 Secti ALL registered UO Handlers must submit	ion 15:	nsporting UO from noncont	iguous 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 pur	suant to 62-710.600(2)(e)., I	F.A.C. is attached.				
17. Certification: I certify under penalty of law that	t this document and all attachments we	re prepared under my directi	on or supervision in				
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		Oil Date Signed (mm-dd-yyyy)				
mah	Thomas Baker, Director	r Envir & Trans	10/16/2014				
V							
		ا	-				
If the person that filled in this form is not the Facility		ete the information below:	·				
Thomas Baker 97	73/691-7330 tom.	baker@veolia.com					
(Name of person completing this form)	(Phone Number)	(E-mail Address)					