

FLORIDA DEPARTMENT OF

RICK SCOTT GOVERNOR

ENVIRONMENTAL PROTECTION BOB MARTINEZ CENTER

2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 CARLOS LOPEZ-CANTERA LT. GOVERNOR

JONATHAN P. STEVERSON SECRETARY

01/30/2015 Troy Woodard, Operations Mgr Moran Environmental Recovery LLC 251 Levy Rd Atlantic Beach, FL 32233-2613

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 **Moran Environmental Recovery LLC** located at **251 Levy Rd, Atlantic Beach , FL32233-2613**

FLD092718576

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

Your facility is **currently registered** for the following activities: **UW Lamp Transporter**, **UW Device Transporter**, **UW Lamp SQH**, **UW Device SQH (reg exp on 03/01/2016)**; **HW Transporter** (reg exp on 06/30/2016) ; **Used Oil Transporter**, **Used Oil Filter Transporter (reg exp on 06/30/2016)**.

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: <u>http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</u>. **To review the details of your status**, visit: <u>http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD092718576</u>. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us .

Sincerely,

Robin K. Pandley For

Glen Perrigan

Environmental Manager Hazardous Waste Regulation Section

ME ID: 44626 , Email Address: compliance@moranenvironmental.com

SOMETEL PROTECTION	A 17	12FL - FLO REGULATE				F	(for	Date Received FDEP Official Use Only)		
FLORIDA REGULATED WASTE ACTIVITY DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707								JAN 212015		
		PGD.	HE LIVE COMPLIANCE							
EPA ID: F L	D 0 9 2 7	1857	6 Please	use the instruc	tions c	locument to	o complet	e this form		
1. Reason for Submittal	Mark 'X' in In provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).									
(all submitters must complete pages 1 and 2	(must choose one To provide subsequent notification (to update status and facility identification information).									
and sign page 5. Pages 3 and 4, - com-	To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)									
plete as applicable)	FL Registration(s)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)								
2. Facility or Business Name	N	loran E	nvironr	nental	R	ecov	ery,	LLC		
3. Facility Operator	Name of Operator: Moran Envi	ronmental	Recoverv	. LLC		Date becar	ne Opera Operator	tor: <u>/_/</u> mm dd yy		
(List additional Opera- tors in the comments	Street or P.O. Box: 75D York Av			,		Phone Nur 781-8	nber:	55		
section).	City or Town: Randolph			State: MA		Zip Code: 02368	(Country (if not USA):		
	Operator Type:									
4. Facility	Physical Street Address:									
Physical Location	251 Levy Rd City or Town: St					State:	Zip Code:			
Information (No P.O. Boxes)	Atlantic Beach					FL 32233				
Same address as #3 above or:	County: Country (if not USA):									
5. Facility North An Classification Sys		<u>а. Б</u> б	<u> 2 5 1 (</u>	<u>)</u> (required)	в.	<u> </u>				
Code(s) (at least 5	· ·	c	<u> _ _</u>		D.		_			
6. Facility or	Same address as	s # <u>3</u> above or: Str	eet or P.O. Box:							
Business Mailing Address	City or Town:	State: Zip/Postal Code:			C	Country (if not USA):				
7. Facility or Business	First Name: Troy	Diffee Operations Mar			Vanager					
RCRA Contact Person	Phone Number: 904-241-22	200	Woodard Ope Extension: E-Mail: compliance@moranenvii			-	Fax:			
	Street or P.O. Box:									
Same address as # <u>4</u> above or:	City or Town: Atlantic Be	State: Zip Code:			Country (if not USA):					
8. Real Property (FL Land) Owner							came Owner:// New Owner mm dd yy			
of the Facility's Physical Location	Street or P.O. Box:					Phone Number:				
(List additional owners in the com- ments section.)	PO Box 330358 City or Town: Atlantic Bea	State: FL	904-249-7607 Zip Code: Country (if not USA): 32233			Country (if not USA):				
Same address as # above or:	Owner Type: Private Federal Municipal State County Other									

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 1 of 5

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No. FLD092718576				
9. R	9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):								
(A) (1)Generator of Hazardous Waste						For Items 2	through	7, mark 'X' in all	that apply.
Tyes No (Do not include Universal Waste or Used Oil)			1)	(2) Treater, Storer, or Disposer of Hazardous Waste					
		-		ving three categories.		(at	your facil	ity) Note: A hazard may be	lous waste permit required for this activity.
 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. Op c. No	erating Commercial	l TSD ercial TSD osure or Corrective Action			
 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 					 (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 				
 (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_LQC f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator 					_LQC	 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 			
	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		2	13	14
15		16		17	18	1	9	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 <u>all</u> 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):									
Same as Facility RCRA First Name: Last Name:				Title:					
Contact on page 1 or enter			Phone Number:		Extension:	E-Mail:	E-Mail:		
	act for: HW Transporter		Street or P.	O. Box:					
Used Oil Handler Universal Waste		City or Town:			<u> </u>	State:(Country): Zip Code:		Zip Code:	

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 2 of 5

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD092718576										
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :										
	A. Federal 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. Pharmacer	iticals								
	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. Flo	rida Universal Pharmaceutical Waste (UPW): one-time registration									
	Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)									
	Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated								
	Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])									
	Florida Universal Pharmaceutical Waste (UPW) Transporter									
C. Flor	ida Annual Mercury Handler Registration:									
[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-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-hire handler									
	Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +								
	Mercury-Containing Lamps $LQH = 2,000 \text{ kg} (4400 \text{ lbs/}8,000 \text{ lamps})$ or more accumulated by for-hire handler	one- time \$1,000 fee+ More Requirements (contact FDEP)								
(2) M	ercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) First time registering Renewal	Annual Registration Required								
Briefly Describe your Universal Waste Activities:										
13. Otł	ner State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transponder Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to R									

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 3 of 5

Hazardous Waste and Used Oil Transporter Registration	ons	EPA ID No. FLD092718576						
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 Was renew their registration. Evidence of casualty/liability insurance Transfer facilities must submit several additional documents as detaile changes. Registered transporters and transfer facilities may only begin Generators of hazardous waste who transport waste only within th	pursuant to 62-730.1 ad on page 5 the first to operations after rece	70(2)(a) is required in addition to this registration. time they register and when the information iving approval from the Department.						
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 (m	ust be completed a	nnually 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 Ru	ıle 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):							
Please enter the EPA ID Number of the HW Transporter who carries the	insurance for this Tra	ansfer 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 annual 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 Filto	er Management (must annually register)						
a. Transporter (off-site) and noncontiguous locations	a. Transp							
b. Transfer Facility	b. Transf	fer Facility ssor (Annual Report Required)						
(2) Collection Center (From businesses, <u>no more than 55 gal per</u> shipment)	d. End U	· ·						
(3) Used Oil Processor (A permit is required.)		equired under the provisions of Rule 62-710.510,						
(4) D Off-Specification Used Oil Burner		t at (check one): ing (business) address						
(5) Used Oil Fuel Marketer 🔲 On-Spec 🗖 Off-Spec								
Please see the top of page 5 for additional items that must be subn exempt Used Oil Transporters.	l	the above registration and fees required for non-						

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Transfer Facility and Used Oil Transporter requirements and required signature page EPA ID No.FLD092718576		
	Transfer Facility and Used Oil Transporter requirements and required signature page	EPA ID No.FLD092718576

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(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 copy of the facility closure plan [Rule 62-730]		/1(5)(a)4., r.A.C.]					
_A copy of the contingency and emergency plan		.A.C.]					
A map or maps of the transfer facility [Rule 62	-/30.1/1(3)(a)/., F.A.C.]	<u> </u>					
(15 cont.) Used Oil Transporters: (Exemptions in							
In addition to the requirements on Page 4 Sect							
 ALL registered UO Handlers must submi their own company. 	t an annual report except ger	erators transporting UO from nonco	ontiguo	us operations within			
UO transporters transporting off-site over	public highways only withi	n their own company must submit p	roof 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.):. 							
		surance pursuant to 62-710.600(2)(e		C. is attached.			
16. Comments (attach a page if more space is need	1 1\	· · · · · · · · · · · · · · · · · · ·					
17. Certification: I certify under penalty of law tha accordance with a system designed to assure that qu submitted is, to the best of my knowledge and belie	lalified personnel properly g	ather and evaluate the information s te. I am aware that there are signific	ubmitte	ed. The information			
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 1	Name and Title	Used Oil	Date Signed (mm-dd-yyyy)			
Robert all	Robert Callahan	- Vice President & CFO		01/16/15			
If the person that filled in this form is not the Facili	ty Contact or Operator, ple	ease complete the information belo	1				
-	ty Contact or Operator, plo 81-815-1115	ease complete the information belo compliance@moranenviro	l pw:	ntal.com			

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 04-23-2013 Page 5 of 5