

FLORIDA DEPARTMENT OF

RICK SCOTT GOVERNOR

ENVIRONMENTAL PROTECTION BOB MARTINEZ CENTER 2600 BLAIR STONE ROAD

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

JONATHAN P. STEVERSON SECRETARY

02/23/2015

Denise Krous Veolia ES Technical Solutions LLC 1 Eden Ln Flanders, NJ 07836-8950

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **1 Eden Lane, Flanders, NJ 7836** has been registered through **March 1, 2016** with the following status:

Facility ID # NJD080631369 Transporter of Universal Waste Lamps and Devices

The registration form for the year **2016** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Florida Notification of Regulated Waste Activity [form 62-730.900(1)(b)] changes, please notify the Department using that form. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY						(1	Darencegived (Fir Fiber Chinicki Restortyon			
DEP Waste Management I				ent Division–HWRS, MS4560 . Tallahassee, FL 32399-2400				FEB 0 9 2015		
FLORIDA (850) 245-8							P	PERMITTING & COMPLIANCE ASSISTANCE PROGRAM		
EPA ID: N J	D 0 8 0 6	3 1 3 6	9 Pleas	e use the in	nstructio	ons document to	comp			
1. Reason for	Mark 'X' in	To provide in	itial notificatio	n (to obtair	an FPA	ID Number for h	azardo	115		
Submittal	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)									
(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-	if a notification) To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)									
plete 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										
3. Facility	Name of Operator:					Date became Operator://				
Operator	Veolia ES	Technical	Solution	ns, LL	C		New Operator mm dd yy			
(List additional Opera- tors in the comments section)	Street or P.O. Box: 1 Eden Lane					Phone Number: 973/691-7321				
	City or Town: Flanders			Star NJ	te:	Zip Code: 07836	Country (if not USA):			
	Operator Type: Private Federal Municipal State County Other									
4. Facility	-	Physical Street Address:								
Physical	1 Eden Lane									
Location Information	5					State:				
(No P.O. Boxes)							NJ 07836			
Same address as #3 above or:	Country: Country (if not USA): Morris									
5. Facility North Au Classification Sys		<u>а. Б</u> 6	<u> 2 2 1</u>	1 (requ	uired)	в.	_	_		
Code(s) (at least 5		C.				D.				
6. Facility or	Same address as # <u>3/4</u> above or: Street or P.O. Box:									
Business Mailing Address	City or Town: State: Zip/Postal Code: Country (if not USA):					Country (if not USA):				
	Flanders First Name:	Last Name:	NJ	0	7836 Title:					
7. Facility or Business	Denise		Krous			Co	ordinator			
RCRA Contact Person	Phone Number: 973/691-7321		Extension: E-Mail: denise.krous@		s@veolia.cor	n	Fax: 973/691-3978			
_	Street or P.O. Box: 1 Eden Lane									
Same address as #above or:	City or Town: Flanders	State: NJ		Zip Code: 07836		Country (if not USA):				
8. Real Property	Name of Owner://					ner://				
(FL Land) Owner of the Facility's	Veolia ES Technical Solutions, LLC New Owner mm dd yy									
Physical Location (List additional	Street or P.O. Box: Phone Number: 700 E Butterfield Rd 630/218-1647									
owners in the com- ments section.)	City or Town:		State: Zi			Cip Code: Country (if not USA):				
Same address as #above or:	Lombard IL 60148 Owner Type: Private Federal Municipal State County									
	L									

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. NJD080631369			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):							
(A) (1)Generator of Haza	rdous Waste	For Items 2	through 7, mark	'X' in all	that apply.		
Yes No (Do no	Yes No (Do not include Universal Waste or Used Oil) (2) Treater, Storer, or Disposer of Hazardous Waste						
	of the following three categories.	(at	(at your facility) Note: A hazardous waste permit may be required for this activity.				
 a. Large Quantity Generates in any greater per mon hazardous waste of acute hazardo b. Small Quantity of Generates in any 100kg/mo but le Ibs.) of non-acur (2.2 lbs) or less (at least once a y c. Conditionally E Generates in any (220 lbs.) of nor (2.2 lbs) or less In addition, indicate other d. Short-Term Gener e. Episodic: Not mor f. United States Import 	e [(3) (3) (4) (4) (5) (5) (6) (6) (6) (1) (6) (1) (6) (1) (6) (1) (6) (1) (6) (1) (1) (1) (1) (1) (1) (1) (1	 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 					
 g. Mixed Waste (hazardous and radioactive) Generator 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). 							
	ransporters list codes routinely or						
1 2	3	4		6	7		
8 9	10		2	13	14		
15 16	17	18	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 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 De	D (D) Peti	(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 Contact on page 1 or enter:	Contact on page 1 or enter:		Last Name: Krous				
Contact for:	Phone Number: 973/691-73	B21 Extension:	Extension: E-Mail: denise.krous@veolia.com				
HW Transporter Street or P.O. Box: 1 Eden Lane							
Universal Waste	City or Town: Flanders		State:(Country):	٧J	^{Zip Code:} 07836		

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

Univer	rsal Waste Notification and Mercury Transporter/Handler Registr	ation EPA ID No. NJD08	80631369				
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. Pest	icides 🔲 c. Pharmac	euticals				
	d. Mercury Containing Devices	e. Mercury Conta	aining Lamps				
	Destination Facility for UW Note: For this activity, a facility A permit is required to	v must treat, dispose or recycle a for storage prior to recycling.	UW.				
B. Fl	orida Universal Pharmaceutical Waste (UPW): one-time registra	ition					
	Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UP	W) accumulated (at any one time	e)				
	Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-line acutely hazardous ("	sted") pharmaceutical waste (UP)	W) accumulated				
	Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered	d with the Florida Department of He	alth [DOH])				
	Florida Universal Pharmaceutical Waste (UPW) Transporter						
C Flo	rida Annual Mercury Handler Registration:						
	re transporters, transfer facilities, handlers, reclamation and recovery f		<u> </u>				
If you <u>only</u> 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 <u>for-hire</u> 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	3					
	For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or De		Annual Registration				
	Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumula	ted 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 $LQH = 2,000 \text{ kg} (4400 \text{ lbs/8,000 lamps})$ or more according to the second s	2	one- time \$1,000 fee+ More Requirements (contact FDEP)				
(2) N	Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is requested on the second secon	nired for this activity)	Annual Registration Required				
Briefly Describe your Universal Waste Activities:							
13. Ot	her State Regulated Waste Activities: Petroleum Contact Water (PC Note: A water facility permit may be required for this activity. An annual report is require	CW) CRecovery CTransp					

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 Registrati	ons	EPA ID No. NJD080631369				
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 I. For own waste only 2. For commercial purposes 3. Both commercial and own waste						
4. Transportation Mode 🗖 Air 🗖 Rail 📮 Highwa	ay 🖸 Water 🖸 Ot	her - specify				
B. HW Transfer Facility Registration Information (r	nust be completed an	inually and when this information changes)				
This facility is a Hazardous Waste Transfer Fa	cility: (at this locatio	n) Storage Volume				
This form is: 🗅 Initial Registration 🛛 Renewal	Notification of cl	hanges 🛛 Cancel Registration				
Note: Hazardous Waste transfer facilities must comply with th	e requirements of Rul	le 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	e insurance for this Trar	nsfer 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	plete 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 <u>must</u> <u>annually register</u> 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						
If applicable, a check or money order, in the amount of \$100	0, payable to Florida De	epartment of Environmental Protection is enclosed.				
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filter	r Management (must annually register)				
□ a. Transporter (off-site) and noncontiguous locations	a. Transpo.	orter				
D b. Transfer Facility	b. Transfer	-				
(2) Collection Center (From businesses, <u>no more than</u> 55 gal per shipment)	C. Process	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	FAC, are kept a	at (check one): ng (business) address				
(5) Used Oil Fuel Marketer 🔲 On-Spec 🗔 Off-Spec		ig (business) address 🗳 The site (facinity) 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.						

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 4 of 5

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No. NJD08	3063	31369			
(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 In addition to the requirements on Page 4 Sect ALL registered UO Handlers must submitheir own company. UO transporters transporting off-site over UO transporters transporting more than 5 submission as a certified used oil transport The used oil annual report is attached 16. Comments (attach a page if more space is need) 	ion 15: t an annual report except generators tra public highways only within their own 00 gallons/year must submit proof of in ter in section 17 (except those exempted Evidence of Liability Insurance pu	n company must submit pro- nsurance annually, and must by Rule 62-710.600(1), F.A.C	oof of : st sign	insurance. and certify this			
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 transpor- tation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsi- bility 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)			
Man pro-	Thomas M Baker, Director, Enviro	nment & Transportation		2/5/2015			
If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:							
	· · · · · · · · · · · · · · · · · · ·	se.krous@veolia.co	om				
(Name of person completing this form)	(Phone Number)	(E-mail Address)					

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