

FLORIDA DEPARTMENT OF

Environmental Protection

BOB MARTINEZ CENTER 2600 BLAIR STONE ROAD TALLAHASSEE, FLORIDA 32399-2400 RICK SCOTT GOVERNOR

CARLOS LOPEZ-CANTERA LT. GOVERNOR

JONATHAN P. STEVERSON SECRETARY

02/23/2015

Linda Dunwoody Veolia ES Technical Solutions LLC 342 Marpan Ln Tallahassee, FL 32305-0904

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 **4972 Woodville Hwy (South Lot), Tallahassee, FL 32305-903** has been registered through **March 1, 2016** with the following status:

Facility ID # **FLR000124917**

Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Large Quantity Handler Facility for 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

FLORIDA PLOTECTION

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

REE RECEIVED

EXFOREDED OFFICIAL USECONDS

FEB 0 9 2015

PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

EPA ID: F L	R 0 0 0 1 2 4 9 1 7 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, - complete 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, LLC														
3. Facility Operator (List additional Operators in the comments section).	Name of Operator: Veolia ES Technical Solutions, LLC Street or P.O. Box: 342 Marpan Lane									Date became Operator:// New Operator mm dd yy Phone Number: 850/877-8299					
section).	City or Town: Tallahassee Operator Type:	State: FL						e 🗖	Zip Code: Country (if not USA): 32305 County Other					SA):	
4. Facility Physical Location Information (No P.O. Boxes) Same address as #3 above or:	Physical Street Address: 4972 Woodville Hwy, South Lot City or Town: Tallahassee County: Leon						State: Zip Code: FL 32305 Country (if not USA):					□Vessel			
5. Facility North An Classification Sys Code(s) (at least 5	tem (NAICS)	A. C.	5 <u> 6</u> 	<u> 2 2</u> 	1	1	(required)) В. D.	<u>'</u>		_		_		
6. Facility or Business Mailing Address	Same address as #3/4 above or: Street or P.O. City or Town: Tallahassee					Sta		Zip/Postal Code: Country (if not USA): 32305					SA):		
7. Facility or Business RCRA Contact Person Same address as #above or:	First Name: Linda Dunwoody Phone Number: 850/877-8299 Street or P.O. Box: Tallahassee Last Name: Dunwoody Extension: City or Town: Tallahassee						E-Mail: linda.dunwoody State: 2			Title: Operations Manager y@veolia.com Fax: 850/878-3349 Zip Code: 32305 Country (if not USA):					
8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.) Same address as # above or:	Name of Owner: H.W. Williams Properties Street or P.O. Box: P.O. Box 2068 City or Town: Tallahassee Owner Type: Private OFederal Omunicipal						:L		Date became Owner:// New Owner mm dd yy hone Number: Zip Code: Country (if not USA): 32316 County Other						

RCRA Hazardous Waste Status Notification or Out of Business Notification						EPA ID No. FLR000124917								
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):														
(A) ((1)Generator	of Hazar	rdous Waste			For Items 2 through 7, mark 'X' in all that apply.								
	res 🗖 No	(Do no	t include Univ	versal Waste or Used Oil	l)	(2) Treater, Storer, or Disposer of Hazardous Waste								
If `	•	-		wing three categories.		(at your facility) Note: A hazardous waste permit may be required for this activity.								
_	☐ a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or						a. Operating Commercial TSD							
	greater	per mont	th (kg/mo) (2	2,200 lbs.) of non-acut		b. Operating Non-Commercial TSD								
				than 1 kg (2.2 lbs) least once a year)		c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)								
			Generator (S			(3) Recycler of Hazardous Waste (at your facility)								
				onth greater than 0 kg/mo (>220 to <2,2	200	Specify:								
	lbs.) of	non-acut	e hazardous	waste and/or 1 kg	200	Note: A permit is required for storage prior to recycling.								
	(2.2 lbs	s) or less o	of acute haza			(4) Exempt Boiler and/or Industrial Furnace								
	(at ieasi	t once a y	ear)			 a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption 								
			xempt SQG				D. 511	neiting, Meiting, an	d Refining Furnace Exemption					
	Generat	tes in any	calendar mo	onth 100 kg/mo or les	s	(5) Person Authorized to Manage Conditionally Exempt								
			-acute hazare of acute haza	dous waste and 1 kg				Generated at Other	Facilities tivity ONLY if you attach					
	ν) 0	/1				EITHER	a copy of your app	olication for such authorization					
In ٤	addition, indi	cate othe	r generator	activities that apply	•	OR the authorization you received from FDEP.								
				ne, not on-going)		(6) Receives Hazardous Waste from Off-Site								
	•			me per year:SQG_	_LQC	3 (7) D Walington Web (1) Control								
	f. United Sta	-				(7) Underground Injection Control								
	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).													
	Hazardou		ransporters l						l 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. C)ther Statu	ıs Chan	ges (If no	longer handling waste	e or cl	losed, sections 9	and 10 sh	ould be blank and s	kip Section 12-16):					
(A)	Non-Handle	r of Regu	ılated Wasto	e at This Facility (Se	ections	s 9, 10 and 12-1	6 should b	e blank.)						
	(1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.													
(B)	(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):														
	ame as Facility l	or enter	First Name:	Linda			unwoo		Title: Operations Manager					
Contac				^{ber:} 850/877-82		Extension:	E-Mail:	linda.dunw	oody@veolia.com					
_	HW Transporter Used Oil Handler		Street or P.C	^{O. Box:} 342 Mar	rpar	n Lane	Lane							
Universal Waste			City or Tow	Tallahas	see	Э	State:(C	ountry): FL	Zip Code: 32305					

Universal Waste Notification and Mercury Transporter/Handler Registration EPAID No. FLR000	124917									
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) 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 Healt	th [DOH])									
Florida Universal Pharmaceutical Waste (UPW) Transporter										
C. Florida Annual Mercury Handler Registration:										
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 reg	istration is attached									
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual									
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Registration									
—	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 + one-time \$1,000 fee+									
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 this activity) □ First time registering □ Renewal	Annual Registration Required									
Briefly Describe your Universal Waste Activities: Use use Drum Top Bulb Crusher(s).										
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport Note: 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 Registrati	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 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)	(6) Used Oil Filte	r Management (must annually register)						
a. Transporter (off-site) and noncontiguous locationsb. Transfer Facility	□ a. Transpo □ b. Transfo □ c. Process							
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End Us							
(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						
(5) Used Oil Fuel Marketer	Our mailing (business) address The site (facili							
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 requiren	nents and required signature page	EPA ID No. FLRO	012	4917				
(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.]								
A map or maps of the transfer facility [Rule 62	-/30.1/1(3)(a)/., F.A.C.J	 _						
(15 cont.) Used Oil Transporters: (Exemptions in	n 40 CFR 279.40(a)(1-4))							
In addition to the requirements on Page 4 Sect								
 ALL registered UO Handlers must submit their own company. 	t an annual report except generators tra	nsporting UO from noncor	ntiguoı	us operations within				
 UO transporters transporting off-site over 	public highways only within their owr	company must submit pro	oof 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).	., F.A.0	C. is attached.				
17. Certification: I certify under penalty of law tha								
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	Print Name and	Title	Used Oil	Date Signed				
authorized representative				(mm-dd-yyyy)				
JAM I	Thomas M Baker, Director, Enviror	nment & Transportation		2/5/2015				
•								
If the person that filled in this form is not the Facilit	y Contact or Operator, please compl	ete the information below	v:					
Denise Krous 9	73/691-7321 deni	se.krous@veolia.co	m					
(Name of person completing this form)	(Phone Number)	(E-mail Address)						