



## 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

03/24/2016

Matthew Melott, Ops Mgr  
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 **342 Marpan Ln, Tallahassee , FL 32305-0904**

**FL0000207449**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Large Quantity Generator; and Destination for, HW Burner/Blender, HW Burner/Blender; Commercial HW Recycler.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp LQH, UW Device LQH (reg exp on 03/01/2017); HW Transporter, HW Transfer Facility (reg exp on 06/30/2016) ; Used Oil Transporter, Used Oil Transfer Facility (reg exp on 06/30/2016).**

Your facility is **currently permitted/active** as: **Operating Commercial TSD (exp on 09/26/2016); Mercury Recovery/Reclamation Facility (exp on 09/26/2016).**

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:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

[https://fldeploc.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FL0000207449](https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FL0000207449).

For further assistance, please contact me at (850) 245-8749 or email at

[Glen.Perrigan@dep.state.fl.us](mailto:Glen.Perrigan@dep.state.fl.us) .

Sincerely,

*Robin K. Pandley*  
*For*

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 6716 , Email Address: [matthew.melott@veolia.com](mailto:matthew.melott@veolia.com)



8700-12FL - FLORIDA NOTIFICATION OF  
REGULATED WASTE ACTIVITY  
DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8760

Date Received  
(for FDEP Official Use Only)  
MAR 02 2016

EPA ID FL0000207449

DEPARTMENT OF COMPLIANCE  
REGULATORY

1. Reason for Submittal	<input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).		
	<input checked="" type="checkbox"/> To provide subsequent notification <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
<input type="checkbox"/> Is this the final notification (see instructions) for the facility?			
FL Registration(s) <input checked="" type="checkbox"/> UW Mercury (page 3) <input checked="" type="checkbox"/> HW Transporter (page 4) <input type="checkbox"/> Used Oil (page 4)			
2. Facility or Business Name	VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.		
3. Facility Operator (List additional Operators in the comments section).	A. Name of Operator: VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.		Date Became Operator : 08/17/1994 <input type="checkbox"/> New Operator mm dd yy
	Street or P.O. Box: 342 MARPAN LANE		Phone Number: (850) 878-2259
	City or Town: TALLAHASSEE	State: FL	Zip Code: 32305- Country (if not USA): US
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other		
4. Facility Physical Location (No P.O. Boxes)	Physical Street Address: 342 MARPAN LANE		
	City or Town: TALLAHASSEE	State: FL	Zip Code: 32305-
	County: LEON	Country (if not USA):	
5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)	A. 562211 (required)		B.
	C.		D.
6. Facility or Business Mailing Address	Street or P.O. Box: 342 MARPAN LANE		
	City or Town: TALLAHASSEE State: FL Zip Code: 32305-		
7. Facility or Business RCRA Contact Person	First Name: MATTHEW		Last Name: MELOTT
	Phone Number: (850) 877-8299 Extension: 3776		Title: OPERATIONS MANAGER
	Email: MATTHEW.MELOTT@VEOLIA.COM		
	Street or P.O. Box: 342 342 MARPAN LANE		
8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section).	Name of Owner: H.M. WILLIAMS PROPERTIES		Date Became Owner : 01/01/1991 <input type="checkbox"/> New Owner mm dd yy
	Street or P.O. Box: P.O BOX 2068		Phone Number:
	City or Town: TALLAHASSEE	State: FL	Zip Code: 32305- Country (if not USA): US
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other		

**9. RCRA Hazardous Waste Activities at this Facility (Mark 'X' in all that apply):****A. (1) Generator of Hazardous Waste**

(Do not include Universal Waste or Used Oil)

If YES, Choose only one of the following three categories.

- ☒ a. Large Quantity Generator (LQG):  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of nonacute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste

- ☐ 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

- ☐ c. Conditionally Exempt SQG (CESQG):  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 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 \_\_ LQG  
☐ f. United States Importer of Hazardous Waste  
☐ g. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity

- ☒ a. Operating Commercial TSD  
☐ b. Operating Non-commercial TSD  
☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

**(3) ☒ Recycler of Hazardous Waste (at your facility)**Specify: ☐ Commercial; ☐ Non-Commercial.

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 -**

Check 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****(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, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

D006	D007	D008	D009	D011	U151	

**☐ 11. Other Status Changes (Mark 'X' in the appropriate boxes):****A. Non-Handler of Regulated Waste at this facility**

- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.

**B. Facility Closed**

- ☐ 1. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.  
☐ 2. Out of Business - Business closed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date).

**☐ C. Property Tax Default****☐ D. Petition for Bankruptcy Protection**Same as Facility RCRA  
Contact on page 1 or enter:

First Name:

Last Name:

Title:

Phone Number:

Extension:

E-Mail:

Street or P.O. Box:

City or Town:

State:(Country):

Zip Code:

**12 Universal Waste (UW) Activities ( Mark 'X' in all that apply) ("accumulated" means at any one time):****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. Pharmaceuticals  
☒ d. Mercury Containing Devices ☒ e. Mercury Containing 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 Health [DOH])  
☐ Florida Universal Pharmaceutical Waste (UPW) Transporter

**C. Florida 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-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices  
☒ For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices  
☐ Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler  
☐ Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler

Annual  
Registration  
Required

- ☒ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler  
☒ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler

Annual Registration +  
one-time \$1,000 fee+  
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:

☐ We use Drum Top Bulb Crusher(s).

**13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) ☐ Recovery ☐ Transport [62-740 F.A.C.]**

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

**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.

☐ 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 100.00

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, FAC, and Rule 62-730.182, FAC.**

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: **NJD080631369**

**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)**

- ☐ a. Transporter  
☐ b. Transfer Facility

**(2) ☐ Collection Center** (From businesses, no more than 55 gal per shipment)

**(3) ☐ Used Oil Processor** (A permit is required)

**(4) ☐ Off-Specification Used Oil Burner**

**(5) Used Oil Fuel Marketer** ☐ ☐

**(6) Used Oil Filter Management (must annually register)**

- ☐ a. Transporter  
☐ b. Transfer Facility  
☐ c. Processor  
☐ d. End User

**(7) The Transfer Facility records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):**

☐ 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 no exempt Used Oil Transporters.**

**(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 40 CFR 279.40(a)(1-4))**

In addition to the requirements on Page 4 Section 15:

ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous 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 pursuant to 62-710.600(2)(e), F.A.C. is attached.

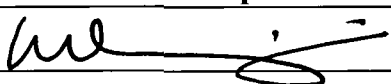
**16. Comments** (attach a page if more space is needed):

**Land Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. HAS THE POTENTIAL TO TRANSPORT ALL EPA WASTE CODES, INCLUDING THE CHARACTERISTIC CODES (D) AND LISTED CODES (F, K, U, P)

**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 Title	Used Oil	Date Signed (mm-dd-yyyy)
	WAYNE R BULSIEWICZ EHS MANAGER	<input type="checkbox"/>	03/01/2016
		<input type="checkbox"/>	
		<input type="checkbox"/>	

**If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:**

Wayne Bulsiewicz

6022332955

wayne.bulsiewicz@veolia.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

U.S. ENVIRONMENTAL  
PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305EPA ID NO: FL0000207449

2015 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>SPENT CARBON</b>			
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)		
D. Source Code <u>G25</u> Management Method code for Source code G25 <u>H010</u>		E. Form Code <u>W310</u>	F. Quantity Generated in 2015 <u>4,099.00</u> UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>N</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2015		On-site Management Method code
				Quantity treated, disposed, or recycled on-site in 2015

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <u>WID988566543</u>	C. Off-site Management Method code shipped to <u>H010</u>	D. Total quantity shipped in 2015 <u>4,099.00</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

**Comments** Filters, solid adsorbents, ion exchange resins and spent carbon (usually from remediation, production, or FROM: Hazardous waste management - indicate management method (residuals from regulated HW treatment processes - show the H code) Waste Min: Unsuccessful

U.S. ENVIRONMENTAL  
PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305EPA ID NO: FL0000207449

2015 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>CONDENSATE WATER</b>			
B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)		
D. Source Code <b>G25</b> Management Method code for Source code G25 <b>H010</b>		E. Form Code <b>W113</b>	F. Quantity Generated in 2015 <b>4,300.00</b> UOM <b>1</b> Density <b>0.00 lb./gal.</b>	G. Waste minimization code <b>N</b>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2015		On-site Management Method code
				Quantity treated, disposed, or recycled on-site in 2015

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <b>AZ0000337360</b>	C. Off-site Management Method code shipped to <b>H010</b>	D. Total quantity shipped in 2015 <b>4,300.00</b>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

<b>Comments</b>	Other aqueous waste or wastewaters (fluid, not sludgy) FROM: Hazardous waste management - indicate management method (residuals from regulated HW treatment processes - show the H code) Waste Min: Unsuccessful
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U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2015 Hazardous Waste Report

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305EPA ID NO: FL0000207449GM  
FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1	A. Waste Description MERCURY CONTAMINATED DEBRIS			
	B. EPA Hazardous Waste Code(s) D009		C. State Hazardous Waste Code(s)	
D. Source Code G25 Management Method code for Source code G25 H010	E. Form Code W002	F. Quantity Generated in 2015 1,413.00	G. Waste minimization code N	
		UOM 1 Density 0.00 lb./gal.		

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
	ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015

Sec. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)			
	Site 1	B. EPA ID No. of facility to which waste was shipped ALD000622464	C. Off-site Management Method code shipped to H132	D. Total quantity shipped in 2015 1,413.00
	Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
	Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

**Comments** Contaminated debris: paper, clothing, rags, wood, empty fiber or plastic containers, glass, piping, othe FROM: Hazardous waste management - indicate management method (residuals from regulated HW treatment processes - show the H code) Waste Min: Unsuccessful

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2015 Hazardous Waste Report

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305EPA ID NO: FL0000207449GM  
FORMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <u>CRUSHED/BROKEN LAMPS</u>			
B. EPA Hazardous Waste Code(s) <u>D009</u>		C. State Hazardous Waste Code(s)		
D. Source Code <u>G15</u> Management Method code for Source code G25	E. Form Code <u>W320</u>	F. Quantity Generated in 2015 <u>20,972.00</u> UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>X</u>	

<b>Sec. 2</b>	Was any of this waste managed on-site? <input checked="" type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> No (SKIP TO SEC. 3)			
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site Management Method code <u>H010</u>	Quantity treated, disposed, or recycled on-site in 2015 <u>20,972.00</u>	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015	

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input type="checkbox"/> Yes (CONTINUE TO ITEM B) <input checked="" type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

**Comments** Electrical devices (lamps, thermostats, CRTs, etc) (fluorescents, etc usually Mercury or lead containing FROM: Process equipment change-out or discontinue use of equipment (final materials and residuals removal including cleaning) Waste Min: No minimization

U.S. ENVIRONMENTAL  
PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
OR ENTER:SITE NAME VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305EPA ID NO: FL0000207449

2015 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1	A. Waste Description <b>MERCURY CONTAINING MANUFACTURED ARTICLES</b>			
	B. EPA Hazardous Waste Code(s) <b>D009</b>		C. State Hazardous Waste Code(s)	
D. Source Code <b>G15</b> Management Method code for Source code G25	E. Form Code <b>W320</b>	F. Quantity Generated in 2015 <b>22.00</b>	G. Waste minimization code <b>X</b>	
		UOM <b>1</b> Density <b>0.00 lb./gal.</b>		

Sec. 2	Was any of this waste managed on-site? <input checked="" type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> No (SKIP TO SEC. 3)			
	ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code <b>H010</b>		Quantity treated, disposed, or recycled on-site in 2015 <b>22.00</b>	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2015	

Sec. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input type="checkbox"/> Yes (CONTINUE TO ITEM B) <input checked="" type="checkbox"/> No (FORM IS COMPLETE)			
	Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015	

Comments	Electrical devices (lamps, thermostats, CRTs, etc) (fluorescents, etc usually Mercury or lead containing FROM:Process equipment change-out or discontinue use of equipment (final materials and residuals removal including cleaning) Waste Min: No minimization
----------	--

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
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342 MARPAN LANE  
TALLAHASSEE, FL 32305EPA ID NO: FL0000207449U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2015 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

Sec. 1	A. Waste Description <b>PHOSPHOR POWDER</b>		
	B. EPA Hazardous Waste Code(s) <u>D009</u>		
C. State Hazardous Waste Code(s)			
D. Source Code <u>G27</u> Management Method code for Source code G25	E. Form Code <u>W316</u>	F. Quantity Generated in 2015 <u>30,000.00</u> UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>X</u>

Sec. 2	Was any of this waste managed on-site? <input checked="" type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> No (SKIP TO SEC. 3)								
	<table border="1"> <thead> <tr> <th colspan="2">ON-SITE PROCESS SYSTEM 1</th> <th colspan="2">ON-SITE PROCESS SYSTEM 2</th> </tr> </thead> <tbody> <tr> <td>On-site Management Method code <u>H010</u></td> <td>Quantity treated, disposed, or recycled on-site in 2015 <u>30,000.00</u></td> <td>On-site Management Method code</td> <td>Quantity treated, disposed, or recycled on-site in 2015</td> </tr> </tbody> </table>		ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		On-site Management Method code <u>H010</u>	Quantity treated, disposed, or recycled on-site in 2015 <u>30,000.00</u>	On-site Management Method code
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2							
On-site Management Method code <u>H010</u>	Quantity treated, disposed, or recycled on-site in 2015 <u>30,000.00</u>	On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015						

Sec. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input type="checkbox"/> Yes (CONTINUE TO ITEM B) <input checked="" type="checkbox"/> No (FORM IS COMPLETE)																	
	<table border="1"> <thead> <tr> <th></th> <th>B. EPA ID No. of facility to which waste was shipped</th> <th>C. Off-site Management Method code shipped to</th> <th>D. Total quantity shipped in 2015</th> </tr> </thead> <tbody> <tr> <td>Site 1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Site 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Site 3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015	Site 1				Site 2				Site 3		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015															
Site 1																		
Site 2																		
Site 3																		

**Comments** Metal salts or chemicals not containing cyanides FROM: Hazardous residual from processing Universal Waste Waste Min: No minimization

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PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
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342 MARPAN LANE  
TALLAHASSEE, FL 32305EPA ID NO: FL0000207449GM  
FORM

2015 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description ARC TUBES FROM HID PROCESSING		
B. EPA Hazardous Waste Code(s) D009		C. State Hazardous Waste Code(s)	
D. Source Code G27 Management Method code for Source code G25	E. Form Code W320	F. Quantity Generated in 2015 200,387.00 UOM <u>1</u> Density <u>0.00</u> lb./gal.	G. Waste minimization code <u>X</u>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input checked="" type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> No (SKIP TO SEC. 3)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>
On-site Management Method code H010	Quantity treated, disposed, or recycled on-site in 2015 126,500.00	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2015

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped WID988566543	C. Off-site Management Method code shipped to H010	D. Total quantity shipped in 2015 11,876.00
Site 2	B. EPA ID No. of facility to which waste was shipped AZ0000337360	C. Off-site Management Method code shipped to H010	D. Total quantity shipped in 2015 62,011.00
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

**Comments** Electrical devices (lamps, thermostats, CRTs, etc) (fluorescents, etc usually Mercury or lead containing FROM:Hazardous residual from processing Universal Waste Waste Min: No minimization

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OR ENTER:SITE NAME VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305EPA ID NO: FL0000207449U.S. ENVIRONMENTAL  
PROTECTION AGENCY

2015 Hazardous Waste Report

GM  
FORMWASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>NEON LAMP GLASS</b>			
B. EPA Hazardous Waste Code(s) <b>D008</b>		C. State Hazardous Waste Code(s)		
D. Source Code <b>G25</b> Management Method code for Source code G25 <b>H010</b>		E. Form Code <b>W320</b>	F. Quantity Generated in 2015 <b>1,390.00</b> UOM <b>1</b> Density <b>0.00 lb./gal.</b>	G. Waste minimization code <b>N</b>

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)			
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site Management Method code		Quantity treated, disposed, or recycled on-site in 2015		On-site Management Method code
				Quantity treated, disposed, or recycled on-site in 2015

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <b>ALD000622464</b>	C. Off-site Management Method code shipped to <b>H132</b>	D. Total quantity shipped in 2015 <b>1,390.00</b>	
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015	
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015	

<b>Comments</b>	Leaded glass from post processing of neon lamps Mercury or lead containing FROM: Hazardous waste management - indicate management method (residuals from regulated HW treatment processes - show the H code) Waste Min: Unsuccessful Electrical devices (lamps, thermostats, CRTs, etc) (fluorescents, etc usually
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U.S. ENVIRONMENTAL  
PROTECTION AGENCYBEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL  
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342 MARPAN LANE  
TALLAHASSEE, FL 32305EPA ID NO: FL0000207449GM  
FORM

2015 Hazardous Waste Report

WASTE GENERATION  
AND MANAGEMENT

<b>Sec. 1</b>	A. Waste Description <b>MERCURY CONTAMINATED DEBRIS WITH LEAD</b>			
B. EPA Hazardous Waste Code(s) <b>D009 D008</b>		C. State Hazardous Waste Code(s)		
D. Source Code <b>G25</b> Management Method code for Source code G25 <b>H010</b>	E. Form Code <b>W002</b>	F. Quantity Generated in 2015 <b>1,338.00</b> UOM <b>1</b> Density <b>0.00 lb./gal.</b>	G. Waste minimization code <b>N</b>	

<b>Sec. 2</b>	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>
On-site Management Method code	Quantity treated, disposed, or recycled on-site in 2015	On-site Management Method code Quantity treated, disposed, or recycled on-site in 2015

<b>Sec. 3</b>	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO ITEM B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped <b>ALD000622464</b>	C. Off-site Management Method code shipped to <b>H132</b>	D. Total quantity shipped in 2015 <b>1,338.00</b>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

<b>Comments</b>	Contaminated debris: paper, clothing, rags, wood, empty fiber or plastic containers, glass, piping, othe FROM: Hazardous waste management - indicate management method (residuals from regulated HW treatment processes - show the H code) Waste Min: Unsuccessful
-----------------	--

## SITE NAME

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305

EPA ID NO: FL0000207449

U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2015 Hazardous Waste Report

**WR**  
**FORM**

**WASTE RECEIVED  
FROM OFF SITE**

Waste 1	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number ALD002904506
E. Quantity received in 2015 1,000.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

Waste 2	A. Description of Hazardous Waste MERCURY CONTAINING MANUFACTURED ARTICLES		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number FLCESQG
E. Quantity received in 2015 12.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

Waste 3	A. Description of Hazardous Waste HID LAMP AMPULES		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number FLD004073516
E. Quantity received in 2015 10.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010



## SITE NAME

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305

EPA ID NO: FL0000207449

U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2015 Hazardous Waste Report

**WR**  
**FORM**

**WASTE RECEIVED  
FROM OFF SITE**

Waste 1	A. Description of Hazardous Waste CRUSHED/BROKEN LAMPS FOR RECYCLING		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number FLD980729610
E. Quantity received in 2015 400.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010
Waste 2	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number GACESQG
E. Quantity received in 2015 4,600.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010
Waste 3	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number GACESQG
E. Quantity received in 2015 1,500.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

## SITE NAME

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305

EPA ID NO: FL0000207449

U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2015 Hazardous Waste Report

**WR**  
**FORM**

**WASTE RECEIVED  
FROM OFF SITE**

Waste 1	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number LACESQG
E. Quantity received in 2015 450.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

Waste 2	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number NCCESQG
E. Quantity received in 2015 550.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

Waste 3	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number NCCESQG
E. Quantity received in 2015 572.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

## SITE NAME

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305

EPA ID NO: FL0000207449

U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2015 Hazardous Waste Report

**WR**  
**FORM**

**WASTE RECEIVED  
FROM OFF SITE**

Waste 1	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number NCCESQG
E. Quantity received in 2015  3,000.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

Waste 2	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number NCCESQG
E. Quantity received in 2015  1,500.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

Waste 3	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number NCCESQG
E. Quantity received in 2015  500.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

## SITE NAME

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305

EPA ID NO: FL0000207449

U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2015 Hazardous Waste Report

**WR**  
**FORM**

**WASTE RECEIVED  
FROM OFF SITE**

Waste 1	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number NCCESQG
E. Quantity received in 2015 300.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

Waste 2	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number NCD003184488
E. Quantity received in 2015 1,000.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

Waste 3	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number NCD986166338
E. Quantity received in 2015 3,300.00	F. UOM 1 Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

## SITE NAME

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
342 MARPAN LANE  
TALLAHASSEE, FL 32305

EPA ID NO: FL0000207449

U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2015 Hazardous Waste Report

**WR**  
**FORM**

**WASTE RECEIVED  
FROM OFF SITE**

Waste 1	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number NCD986180586
E. Quantity received in 2015  1,500.00	F. UOM 1  Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

Waste 2	A. Description of Hazardous Waste CRUSHED/BROKEN FLUORESCENT LAMPS		
B. EPA Hazardous Waste Code D009		C. State Hazardous Waste Code(s)	D. Off-site source EPA ID number NCR000138776
E. Quantity received in 2015  800.00	F. UOM 1  Density 0.00 sg	G. Waste form code W320	H. Management Method Code H010

## SITE NAME

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.

MARPAN LANE

TALLAHASSEE

FL 32305

EPA ID NO: FL0000207449



U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2015 Hazardous Waste Report

**FORM  
OI**

**OFF-SITE  
IDENTIFICATION**

Form 31	A. EPA ID No. of off-site installation or transporter ALD002904506	B. Name of off-site installation or transporter U.S. STEEL FAIRFIELD WORKS
C. Handler Type		D. Address of off-site installation
Y Generator		Street 5700 VALLEY ROAD
N Transporter		City FAIRFIELD
N TSDR		State AL Zip 35064-

Form 32	A. EPA ID No. of off-site installation or transporter FLCESQG	B. Name of off-site installation or transporter BLAKE ACADEMY
C. Handler Type		D. Address of off-site installation
Y Generator		Street 510 HARTSELL AVENUE
N Transporter		City LAKELAND
N TSDR		State FL Zip 33815-

Form 33	A. EPA ID No. of off-site installation or transporter FLD004073516	B. Name of off-site installation or transporter IFF CHEMICAL HOLDINGS INC.
C. Handler Type		D. Address of off-site installation
Y Generator		Street 2051 NORTH LANE AVENUE
N Transporter		City JACKSONVILLE
N TSDR		State FL Zip 32254-

Form 34	A. EPA ID No. of off-site installation or transporter FLD980729610	B. Name of off-site installation or transporter CLEAN HARBORS FLORIDA LLC
C. Handler Type		D. Address of off-site installation
Y Generator		Street 170 BARTOW MUNICIPAL AIRPORT
N Transporter		City BARTOW
N TSDR		State FL Zip 33830-

Form 35	A. EPA ID No. of off-site installation or transporter GACESQG	B. Name of off-site installation or transporter ATHENS CLARKE COUNTY RECYCLING DIVISION
C. Handler Type		D. Address of off-site installation
Y Generator		Street 699 HANCOCK INDUSTRIAL WAY
N Transporter		City ATHENS
N TSDR		State GA Zip 30605-

## SITE NAME

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
 MARPAN LANE  
 TALLAHASSEE FL 32305

EPA ID NO: FL0000207449



U.S. ENVIRONMENTAL  
 PROTECTION AGENCY  
 2015 Hazardous Waste Report

FORM  
 OI

OFF-SITE  
IDENTIFICATION

Form 36	A. EPA ID No. of off-site installation or transporter GACESQG	B. Name of off-site installation or transporter COLUMBUS STATE UNIVERSITY
C. Handler Type		D. Address of off-site installation
Y Generator		Street 4225 UNIVERSITY AVENUE
N Transporter		City COLUMBUS
N TSDR		State GA Zip 31907-5645

Form 37	A. EPA ID No. of off-site installation or transporter LACESQG	B. Name of off-site installation or transporter OPELOUSAS GENERAL HEALTH SYSTEM
C. Handler Type		D. Address of off-site installation
Y Generator		Street 3983 I-49 SOUTH SERVICE ROAD
N Transporter		City OPELOUSAS
N TSDR		State LA Zip 70570-

Form 38	A. EPA ID No. of off-site installation or transporter NCCESQG	B. Name of off-site installation or transporter CASCO SIGNS INC - CONCORD
C. Handler Type		D. Address of off-site installation
Y Generator		Street 199 WILSHIRE AVENUE SW
N Transporter		City CONCORD
N TSDR		State NC Zip 28025-

Form 39	A. EPA ID No. of off-site installation or transporter NCCESQG	B. Name of off-site installation or transporter FILTEX NORTH
C. Handler Type		D. Address of off-site installation
Y Generator		Street 160 FASHION AVENUE
N Transporter		City RUTHERFORD COLLEGE
N TSDR		State NC Zip 28671-

Form 40	A. EPA ID No. of off-site installation or transporter NCCESQG	B. Name of off-site installation or transporter CW ELECTRIC COMPANY, INC
C. Handler Type		D. Address of off-site installation
Y Generator		Street 118 WOODLYN DRIVE
N Transporter		City YADKINVILLE
N TSDR		State NC Zip 27055-

00036 00037 00038 00039 00040

## SITE NAME

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
 MARPAN LANE  
 TALLAHASSEE FL 32305

EPA ID NO: FL0000207449



U.S. ENVIRONMENTAL  
 PROTECTION AGENCY  
 2015 Hazardous Waste Report

FORM  
 OI

OFF-SITE  
 IDENTIFICATION

Form 41	A. EPA ID No. of off-site installation or transporter NCCESQG	B. Name of off-site installation or transporter MT OLIVE PIKLE COMPANY INC.
C. Handler Type		D. Address of off-site installation
Y Generator		Street 1 CUCUMBER BLVD.
N Transporter		City MOUNT OLIVE
N TSDR		State NC Zip 28365-

Form 42	A. EPA ID No. of off-site installation or transporter NCCESQG	B. Name of off-site installation or transporter MYERS PARK UNITED METHODIST CHURCH
C. Handler Type		D. Address of off-site installation
Y Generator		Street 1501 QUEENS ROAD
N Transporter		City CHARLOTTE
N TSDR		State NC Zip 28207-

Form 43	A. EPA ID No. of off-site installation or transporter NCCESQG	B. Name of off-site installation or transporter SALEM TOWNE
C. Handler Type		D. Address of off-site installation
Y Generator		Street 1000 SALEM TOWNE DRIVE
N Transporter		City WINSTON SALEM
N TSDR		State NC Zip 27106-

Form 44	A. EPA ID No. of off-site installation or transporter NCD003184488	B. Name of off-site installation or transporter 436 CONE AVENUE, LLC
C. Handler Type		D. Address of off-site installation
Y Generator		Street 436 CONE AVENUE
N Transporter		City PINEVILLE
N TSDR		State NC Zip 28134-

Form 45	A. EPA ID No. of off-site installation or transporter NCD986166338	B. Name of off-site installation or transporter VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.
C. Handler Type		D. Address of off-site installation
Y Generator		Street 2176 WILL SUITT ROAD
N Transporter		City CREEDMOOR
Y TSDR		State NC Zip 27522-



## SITE NAME

VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.  
MARPAN LANE  
TALLAHASSEE FL 32305

EPA ID NO: FL0000207449



U.S. ENVIRONMENTAL  
PROTECTION AGENCY  
2015 Hazardous Waste Report

FORM  
OI

OFF-SITE  
IDENTIFICATION

Form 46	A. EPA ID No. of off-site installation or transporter NCD986180586	B. Name of off-site installation or transporter MEREDITH COLLEGE
C. Handler Type		D. Address of off-site installation
Y Generator		Street 3800 HILLSBOROUGH ST
N Transporter		City RALEIGH
N TSDR		State NC Zip 27607-

Form 47	A. EPA ID No. of off-site installation or transporter NCR000138776	B. Name of off-site installation or transporter ASHEVILLE CITY SCHOOLS
C. Handler Type		D. Address of off-site installation
Y Generator		Street 172 SOUTH CHARLOTTE STREET
N Transporter		City ASHEVILLE
N TSDR		State NC Zip 28801-

Form 48	A. EPA ID No. of off-site installation or transporter AZ0000337360	B. Name of off-site installation or transporter VEOLIA ES TECHNICAL SOLUTIONS LLC
C. Handler Type		D. Address of off-site installation
N Generator		Street 5736 W JEFFERSON ST
N Transporter		City PHOENIX
Y TSDR		State AZ Zip 85043-

Form 49	A. EPA ID No. of off-site installation or transporter WID988566543	B. Name of off-site installation or transporter VEOLIA ES TECHNICAL SOLUTIONS, L.L.C.
C. Handler Type		D. Address of off-site installation
Y Generator		Street 1275 MINERAL SPRINGS DR.
N Transporter		City PORT WASHINGTON
Y TSDR		State WI Zip 53074-

Form 50	A. EPA ID No. of off-site installation or transporter ALD000622464	B. Name of off-site installation or transporter CHEMICAL WASTE MANGEMENT
C. Handler Type		D. Address of off-site installation
N Generator		Street HIGHWAY 17 MILE MARKER 163
N Transporter		City EMELLE
Y TSDR		State AL Zip 35459-