APPLICATION FOR A MERCURY-CONTAINING LAMP OR DEVICE MERCURY RECOVERY OR MERCURY RECLAMATION FACILITY PERMIT

Part I

TO BE COMPLETED BY ALL APPLICANTS

Please Type or Print

A. General Information

1. Type of facility:

Mercury Recovery	**[✔]**	**Mercury Reclamation**	**[ ]**
Lamps	[✔]	Lamps	[ ]
Devices	[✔]	Devices	[ ]
		Other mercury wastes	[ ]
		Commodity grade mercury	[ ]

2. Type of application: [ ] new construction [✔] operation [ ] modification [ ] transfer

3. Revision Number: 8

4. Date current operation began (or is expected to begin): November 1993

5. Facility name: AERC Acquisition Corporation

6. EPA/DEP ID. No.: FLD984262782

7. Facility location or street address: 4317-J Fortune Place

8. Facility mailing address:

4317-J Fortune Place	West Melbourne	FL	32904
Street or PO. Box	City	State	Zip

9. Contact person: Bryan Jones Telephone: (205) 405.3042

Title: Area EHS Manager

Mailing Address:

402 Webster Chapel Road	Glencoe	AL	35905
Street or PO. Box	City	State	Zip

10. Operator's name: AERC Acquisition Corporation I Telephone: (321) 952.1516

11. Operator's address:

Name: Same as Above

Address:

Same as Above
Street or PO. Box City State Zip

12. Facility owner's name: Clean Earth, LLC Telephone: (215) 734.1400

13. Facility owner's address:

933 First Avenue, Suite 200 King of Prussia PA 19406
Street or PO. Box City State Zip

14. Legal structure: [✔] Corporation [ ] Non-profit Corporation [ ] Partnership [ ] Individual
[ ] Local Government [ ] State Government [ ] Federal Government [ ] Other (specify)

15. If an individual, partnership, or business is operating under an assumed name, specify the county and state where the name is registered.

County: Brevard State: Florida

16. If the legal structure is a corporation, indicate the state of incorporation.

State of incorporation: Delaware

17. If the legal structure is an individual or partnership, list the owners' names and mailing addresses.

Name: N/A - Legal Structure is a Corporation

Address:

Street or PO. Box City State Zip

Name:

Address:

Street or PO. Box City State Zip

Name:

Address:

Street or PO. Box City State Zip

Name:_____

Address:

_____

Street or PO. Box City State Zip

18. Site ownership status: [ ] owned [ ] to be purchased [ ] to be leased_____years

[✔] presently leased; the expiration date of the lease is: 12.31.26

If leased, indicate:

Land owner's name: Fortune Cookie Park, Inc.

Land owner's address:

Name: Fortune Cookie Park, Inc.

Address:

4310 Woodland Park Drive West Melbourne FL 32904

Street or PO. Box City State Zip

19. Name of professional engineer: John P. Smith

Registration no.: 63423

Address:

Name: John P. Smith

Address:

11 Lake Gatlin Road Orlando FL 32806

Street or PO. Box City State Zip

Associated with: HSA Golden, Inc.

20. Facility located on Indian land: [ ] yes [✔] no

21. Existing or pending environmental permits: (attach a separate sheet if necessary)

TYPE OF PERMIT	AGENCY	PERMIT NUMBER	DATE ISSUED	EXPIRATION DATE
				See Attachment #1

B. Site Information

1. Facility location : County: Brevard Nearest Community: West Melbourne

   Latitude: N 28 deg 05' 40.17" Longitude: W 80 deg 41' 52.39"

   Section: 6 Township: 28 South Range: 37 East

   UTM # 32,777 / East / 106,318

2. Area of facility site (acres): Approximately 0.81 acres

3. Attach a topographic map of the facility area and a scale drawing and photographs of the facility showing the location of all past, present, and future material receiving, storage and processing areas. Also show the incoming and outgoing material traffic pattern including estimated volume and controls. **See Attachment #2**

4. Is the site located in a 100-year flood plain? [ ] yes [✓] no
   If yes, describe how facility will be constructed to prevent flooding (labeled as **Attachment** #3).

C. Land Use Information

1. Present zoning of the site. Light Industrial

2. If a zoning change is needed, what should the new zoning be?

   N/A

3. Present land use of site

   Mercury Recovery Facility (Lamp Recycling)

D. Operating Information

1. Is hazardous waste generated on site? [ ] yes [✔] no

List the types and anticipated annual amounts of generation (attach a separate sheet if necessary).

It is not anticipated that the facility will generate any hazardous waste as the facility operates as a universal waste handler and 10-Day transfer facility.

Attachment #3

2. Attach a brief description of the facility operation, nature of the business, and activities.

Attachment #3_AERC receives universal waste medicine, lamps, mercury devices, electronics and other manufactured items. The facility then sends the waste to an approved facility for final disposal. Currently the facility is registered as a universal waste handler and 10-Day transfer facility.

3. Specify below each process used for storing or recycling of lamps or devices (including daily design capacities for recycling operations) at the facility, and annual quantities, to be stored or processed at the facility. (Attach a separate sheet if necessary)

PROCESS	DAILY DESIGN CAPACITY	UNIT OF MEASURE	ANNUAL QUANTITY
Storage	968 Drum (55g equiv)	55gal	N/A

4. Indicate the type of material and total amount of maximum desired storage to be permitted by the facility. This is the maximum amount of raw or unprocessed material, such as lamps or devices, and the total types and amounts of processed material, such as glass or phosphor material, which shall exist at the facility at any time. This shall be the maximum allowed storage by the facility. (attach a separate sheet if necessary)

These sections explain that storage volumes are calculated using drum equivalents

since material is received in different shapes, sizes and containers. Maximum lamp

storage volume if all lamps is 223,200. Max storage if all drums is 968 drums.

See Attachment #4

5. Attach a description of how the facility shall be constructed and operated and the specifics of the technology which shall be utilized to process or recycle lamps and devices. Include any engineering plans, calculations and other related information describing the process to include the design, installation and operation of any air pollution control equipment. All engineering plans and reports shall be signed and sealed by a professional engineer registered in the State of Florida. Describe the specific types of materials the facility shall accept for introduction into its process. (e.g. fluorescent lamps, electrical thermostats etc.)

Construction and Operation Plans are labeled as Attachment #5

6. Attach a description of the facility's Contingency Plan for responding to and dealing with spills or releases of hazardous material to the environment during facility operation or any other emergency conditions. Include the name and 24-hour response telephone number of the facility emergency response coordinator, who is to be contacted in the event of an emergency. Plans should at a minimum conform to the requirements of 40 CFR 264, Subpart D. Attach a description of procedures, structures, or equipment used at the facility to:

(1) Mitigate effects of equipment failure
(2) Prevent hazards in unloading operations (e.g., ramps, special forklifts);
(3) Prevent undue exposure of personnel to hazardous material (e.g., protective clothing);
(4) Prevent releases to soil, water or the atmosphere; and

Attach a description of the preparedness and prevention procedures including required equipment, testing and maintenance of equipment, access to communications or alarm system, required aisle space, and arrangements with local authorities. Procedures should at a minimum conform to the requirements of 40 CFR 264, Subpart C.

Contingency Plan is labeled as Attachment #6

7. Attach a copy of the facility's Worker Health and Safety Plan including training. This plan shall be of sufficient detail to describe how workers will be informed of the hazards present in the workplace and how to protect them from exposure or injury from these conditions. The plan should contain elements to instruct employees in identification of hazards, releases, emergency response conditions and methods to prevent releases of hazardous material.

Worker Health and Safety Plan including training is labeled as Attachment Unchanged

8. Attach a copy of the facility's Quality Control Plan to be approved in accordance with Chapter 62-160, F.A.C. This plan should include detailed description of how the facility shall monitor the conformance to the facility's operational plan, training plan, its methods of determining compliance with permit conditions or Chapter 62-737, F.A.C., (e.g., material sampling and analysis) and the performance of its processing equipment or pollution control equipment (if applicable). The plan shall also contain the measures to monitor conformance with the facility's closure plan.

Quality Control plan to be labeled as Attachment Does not apply **Facility does not process lamps**

9. Attach a copy of the facility's Closure Plan. This plan shall be of adequate detail as to describe how the facility shall properly remove all quantities of raw or unprocessed material and processed materials or wastes in the event of either voluntary or involuntary closure or cessation of operations. The plan must also include programs for clean up or decontamination of process equipment and process areas if applicable and any analytical testing which must be performed to determine the adequate removal of hazardous materials. The plan must also include the estimated costs involved in carrying out each aspect of the closure of the facility.

Attach the following information to meet the closure performance standard which requires removing all hazardous wastes and hazardous constituents and controlling, minimizing, or eliminating, to the extent necessary to protect human health and the environment, closure related releases of hazardous waste, hazardous constituents, leachate, contaminated run-off, or hazardous waste decomposition products to the soil, ground water, surface waters or to the atmosphere. The closure plan must include the following information:

a. A description of how the applicant will close the facility.

b. An estimate of the maximum inventory of unprocessed and processed materials and wastes on site at any one time over the active life of the facility and a detailed description of the methods to be used during closure. The methods may include methods for removing, transporting, treating, storing, recycling or disposing of all processed and unprocessed materials and all hazardous wastes. Identify the type(s) of the off site recycling or hazardous waste management units the applicant will use, if applicable;

c. A detailed description of the steps needed to remove or decontaminate all hazardous waste residues and contaminated containment system components, equipment, structures, and soils during closure. The steps include procedures for cleaning equipment and removing contaminated materials, methods for sampling and testing contaminated operational areas of the facility, and criteria for determining the extent of decontamination required to satisfy the closure plan standard;

d. A schedule for closure of each facility. The schedule must include, at a minimum, the total time required to close each facility and the time required for intervening closure activities which will allow tracking of the progress of final closure ; and

e. A detailed description of the costs of closure. Attach the most recent closure cost estimates for the facility and a copy of the financial mechanism used to establish financial assurance for closure of the facility. The financial information must be submitted using forms specified in 62-737.80-0(4), F.A.C.

Closure Plan is labeled as Attachment No Change

Financial Assurance Form is labeled as Attachment #7

10. Attach a copy of the documents used to demonstrate both general and pollution liability insurance coverage of at least $1,000.000 as required in 62-737.800 F.A.C.. Proof of this coverage must be provided to the Department on an annual basis

Certificate of Insurance is labeled Attachment #8

11. Attach a list of the destinations and uses of processed material shipped off site for disposal or recycling. This is to include the markets for recycled glass or metal end caps or the recovered mercury from reclamation operations. For mercury recovery facility applications, identify the mercury reclamation facility which accepts your material for recovery of the mercury. Iif this is an out of state facility, include the facility's certification of compliance to the provisions identified in 62-737.840 (4), F.A.C.

List of Destinations Facilities and Uses labeled as Attachment Unchanged

12. Attach a copy of the facility's Inspection Plan. This plan shall include the measures the facility shall take to monitor and inspect the performance of process operations and pollution control equipment. Indicate the methods and frequency of these inspections and the types of logs or records which shall be maintained.

Inspection Plan is labeled as Attachment Unchanged

APPLICATION FOR A MERCURY-CONTAINING LAMP OR DEVICE MERCURY RECOVERY OR MERCURY RECLAMATION FACILITY PERMIT

Part II - CERTIFICATION

TO BE COMPLETED BY ALL APPLICANTS

Facility Name: AERC Acquisition Corporation EPA ID# FLD984262782

1. **Operator**

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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. Further, I agree to comply with the provisions of Chapter 403, Florida Statutes, Chapter 62-737, F.A.C., and all rules and regulations of the Department of Environmental Protection. It is understood that the permit is only transferable in accordance with Chapter 62-737, F.A.C., and, if granted a permit, the Department of Environmental Protection will be notified prior to the sale or legal transfer of the permitted facility.

Jeffrey Diaz

Signature of the Operator or Authorized Representative*

Jeffrey Diaz, Vice President/Treasurer

Name and Title (Please type or print)

Date: 6/22/2021 Telephone :(215) 734-1400

*** If authorized representative, attach letter of authorization.**

2. **Facility Owner**

This is to certify that I understand that this application is submitted for the purpose of obtaining a permit to construct, or operate a mercury-containing lamp or device mercury recovery or mercury reclamation facility . As owner of the facility, I understand fully that the facility operator and I are jointly responsible for compliance with the provisions of Chapter 403, Florida Statutes, Chapter 62-737, F.A.C. and all rules and regulations of the Department of Environmental Protection.

Jeffrey Diaz

Signature of the Facility Owner or Authorized Representative*

Jeffrey Diaz, Vice President/Treasurer

Name and Title (Please type or print below signature)

Date: 6/22/2021 Telephone:(215) 734-1400

*** If authorized representative, attach a letter of authorization**

3. **Land Owner**

This is to certify that I, as land owner, understand that this application is submitted for the purpose of obtaining a permit to construct or operate a mercury-containing lamp or device mercury recovery or mercury reclamation facility on the property as described.

Signature of the Land Owner or Authorized Representative*

Aaron Anderson VP

Name and Title (Please type or print)

Date: 6/21/21 Telephone: (321) 723-3400

*** If authorized representative, attach letter of authorization.**

4. **Professional Engineer Registered in Florida**

[Complete when not exempted by Chapter 62-737, F.A.C.]

This is to certify that the engineering features of this mercury-containing lamp or device mercury recovery or mercury reclamation facility have been designed and examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, this facility, when properly constructed, maintained and operated, or closed, will comply with all applicable statutes of the State of Florida and rules of the Department of Environmental Protection.

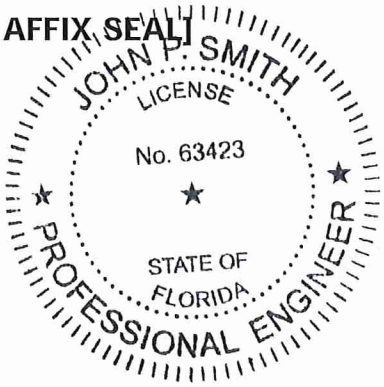
Signature

John P. Smith, PE
Name (please type)

Florida Registration Number: 63423

Mailing Address: HSA Golden, 11 Lake Gatlin Road
Street or PO. Box

Orlando FL 32806
City State Zip

Date: 06/29/2021 Telephone(407) 649-5475

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