



# Appendices

1342 Marpan Lane / Tallahassee, FL 32305

Revised 11/2021

[www.veolianorthamerica.com](http://www.veolianorthamerica.com)



## Table of Contents

<b>Appendix A- Facility Specific Information.....</b>	<b>3</b>
Facility Overview.....	4
Facility Organizational Chart.....	4
Facility Key Contacts.....	4
<b>Appendix B- Process Flow Diagrams.....</b>	<b>6</b>
Figure #1 - Mercury Bearing Lamp Material Process Flow.....	7
Figure #2 - HID Lamp Material Process Flow.....	7
Figure #3 - CFL Lamp Material Process Flow.....	7
Figure #4 - Lamp Ballast Process Flow.....	8
Figure #5 - PCB Ballast Recycling, Disposal or Incineration Process Flow*.....	8
Figure #6 - Mercury Contained in Articles Processing Flow Chart.....	9
Figure #7 - Battery Processing Flow Chart.....	9
Figure #8 - Electronics Processing Flow Chart.....	9
Figure #9 - Electrical Equipment Containing PCBs <50 PPM Processing Flow Chart.....	10
Figure #10 - Electrical Equipment Containing PCBs >50 PPM and <500 PPM Processing Flow Chart.....	11
Figure #11 - PCB Transformers Containing PCBs >50 PPM and <500 PPM Processing Flow Chart.....	11
Figure #12 - Electrical Equipment Containing PCBs >500 PPM Processing Flow Chart.....	12
Figure #13 - Cable Recycling Process Flow Chart.....	12
Figure #14 - Mercury Compounds Process Flow Chart.....	13
<b>Appendix C- Approved Facilities.....</b>	<b>15</b>
Approved Facilities.....	15
<b>Appendix D- Compliance History.....</b>	<b>18</b>
Facility Compliance.....	18
<b>Appendix E- Certificate of Insurance.....</b>	<b>20</b>
<b>Appendix F- Facility Permits.....</b>	<b>23</b>



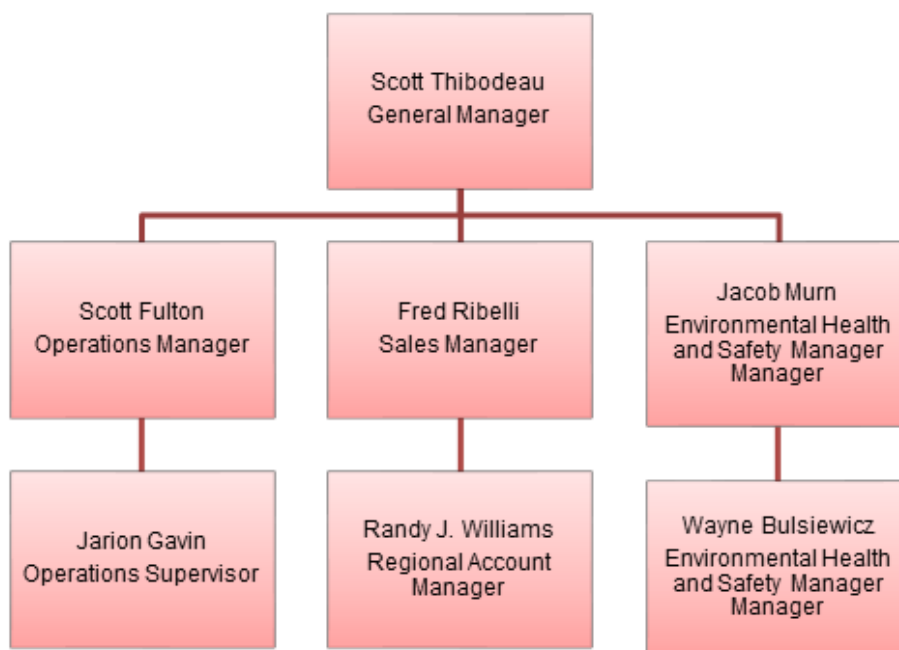
## **Appendix A- Facility Specific Information**



## Facility Overview

Veolia ES Technical Solutions, L.L.C  
Electronics Recycling Division  
342 Marpan Lane  
Tallahassee, FL 32305  
USEPA ID#: FLO000207449  
Tel: (850) 877-8299  
Fax: (850) 878-3349

## Facility Organizational Chart



## Facility Key Contacts

Name	Title	Phone	Email
Scott Fulton	<i>Operations Manager</i>	(850) 877-8299	scottfulton2@veolia.com
Jarion Gavion	<i>Operations Supervisor</i>	(866) 877-8299	jarion.gavin@veolia.com
Wayne Bulsiewicz	<i>EHS Manager</i>	(602) 233-6883	wayne.bulsiewicz@veolia.com
Randy J. Williams	<i>Regional Account Manager</i>	(850) 408-6082	randall.williams@veolia.com



## Facility Background

### Tallahassee, FL

Facility Contact: Scott Fulton  
 Facility Phone: 850-877-8299  
 Facility Fax: 850-878-3349  
 Location: 342 Marpan Lane  
 City: Tallahassee  
 Country: USA  
 State: FL  
 Zip Code: 32305  
 USEPA ID#: FL0000207449  
 State Regulatory Agency: <http://www.dep.state.fl.us>

### Facility Permit Summary:

Part B Permit or Solid Waste Permit Number, Date of Issuance, and Expiration Date	Air Permit Number, Date of Issuance, and Expiration Date	NPDES Permit Number, Date of Issuance, and Expiration Date	Wastewater Discharge Permit Number, Date of Issuance, and Expiration Date	TSCA Permit Number, Date of Issuance, and Expiration Date
<b>Permit Number</b>  <b>71455-HO-014</b>  <b>Issued: 8/4/2021</b>  <b>Expires: 9/26/2026</b>	<b>0730094-009-AG</b>  <b>Issued: 10/15/21</b>  <b>Expires: 10/15/26</b>	<b>FLR05F873-004</b>  <b>Expires: 4/28/2024</b>	<b>NA</b>	<b>NA</b>

### Facility Description:

The facility is located on a 3.2 acre site within an industrial park located to the south of the City of Tallahassee. Prior to construction of the industrial park the property was undeveloped. The nearest residential property is greater than ½ mile north of the facility. There are two churches located within ½ mile of the facility and the nearest school is greater than one mile from the facility. There are several small ponds in the area of the facility with the closest pond being approximately ¼ mile to the south of the facility. The facility is bordered to the north and west by the Apalachicola National Forest and to the south and east by industrial properties. Due to the sites location south of the City of Tallahassee, a small population (~250 people) live within one mile of the facility.

The facility is comprised of two buildings with the primary building occupying a total of 10,000 square feet of processing and office space. The building is used to receive and process lamps and mercury containing devices for recycling. There are separate rooms for lamp processing and mercury retort operations. South of the main building is an additional 2500 square feet dedicated to computer electronics and battery sorting, consolidation and storage. The SIC code for the facility is 4953, Refuse Systems and the NAICS for the facility is 562211, Hazardous Waste Treatment and Disposal.

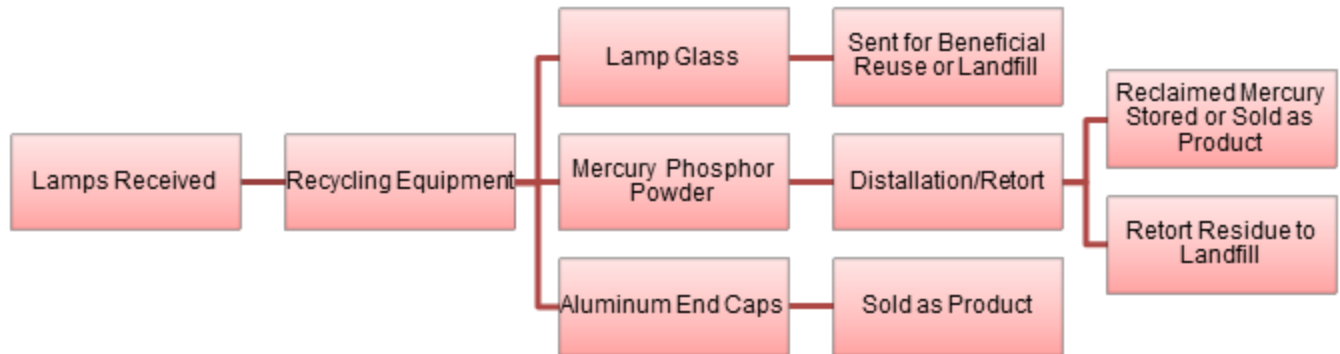
The Tallahassee facility can handle the following types of waste: Mercury bearing lamps, mercury devices, mercury compounds, mercury debris, mercury soil, mercury contaminated phosphor, lamp ballast, small PCB capacitors (<9lbs), all types of batteries, computers and electronics.



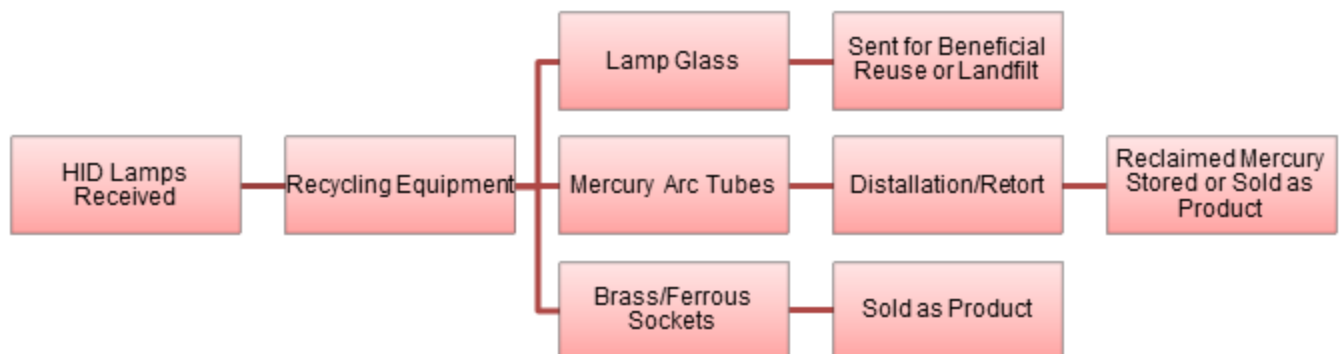
## **Appendix B- Process Flow Diagrams**



**Figure #1 - Mercury Bearing Lamp Material Process Flow**

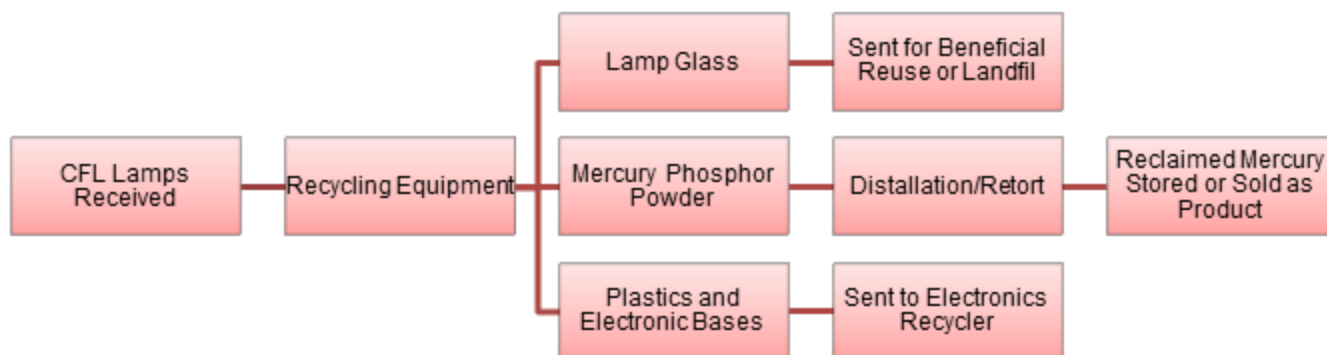


**Figure #2 - HID Lamp Material Process Flow**

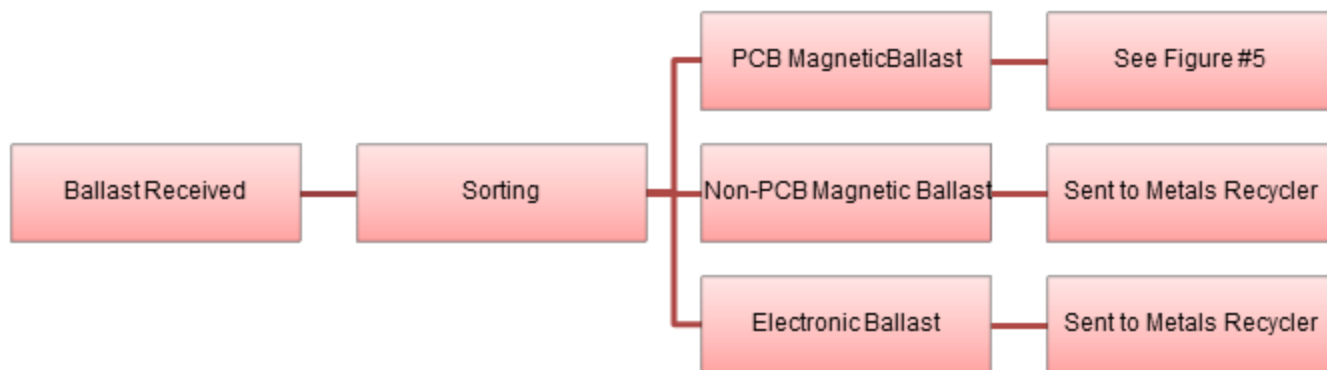




**Figure #3 - CFL Lamp Material Process Flow**

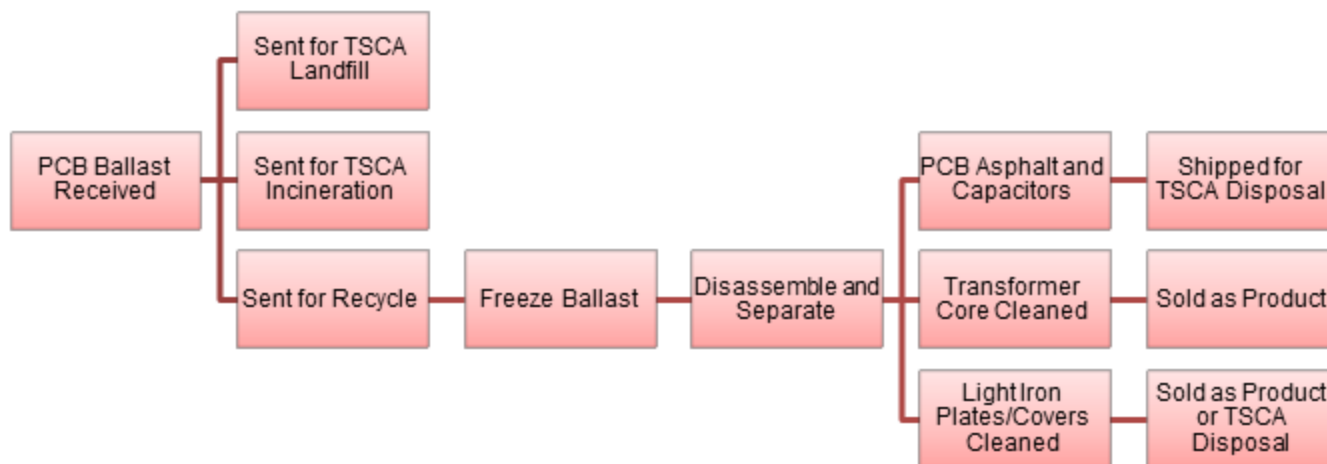


**Figure #4 - Lamp Ballast Process Flow**



**Figure #5 - PCB Ballast Recycling, Disposal or Incineration Process Flow\***

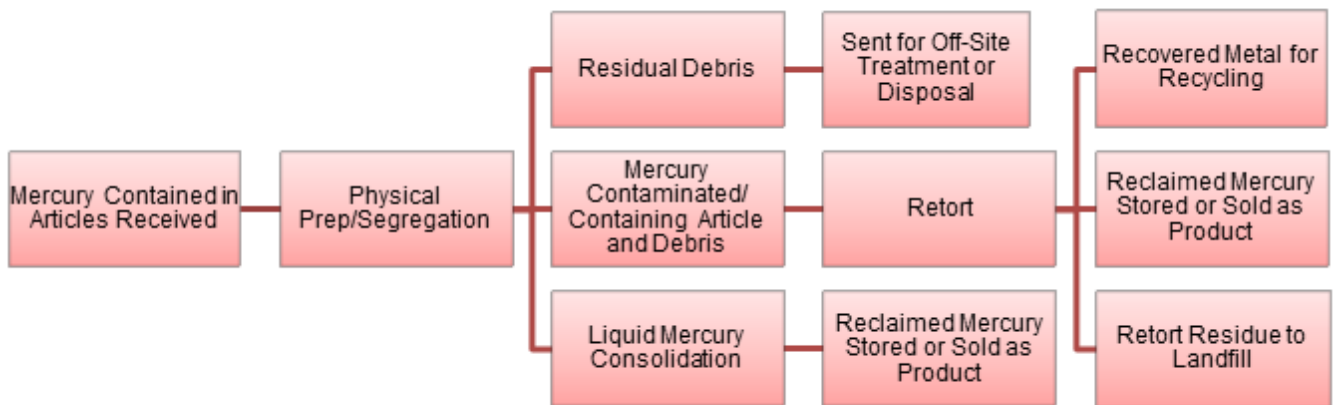
Materials processed at Veolia ES Technical Solutions, L.L.C Phoenix AZ or West Bridgewater MA facilities.



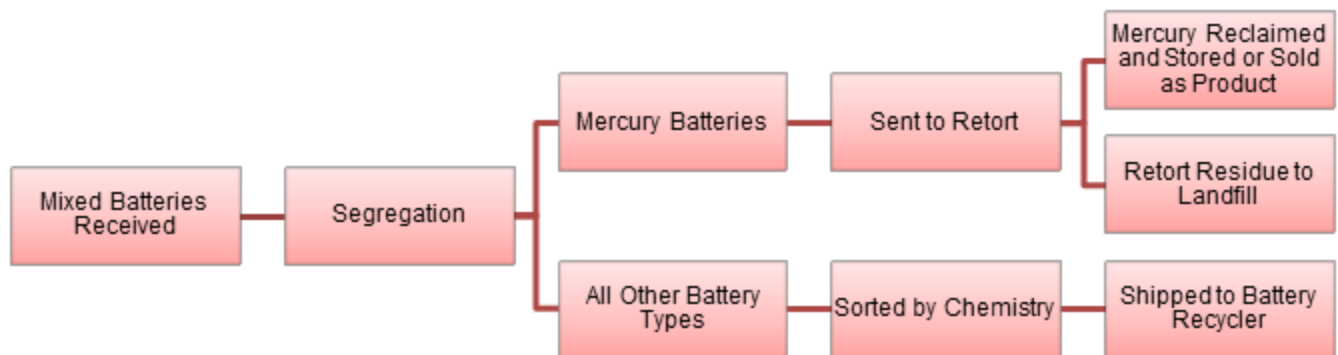




**Figure #6 - Mercury Contained in Articles Processing Flow Chart**

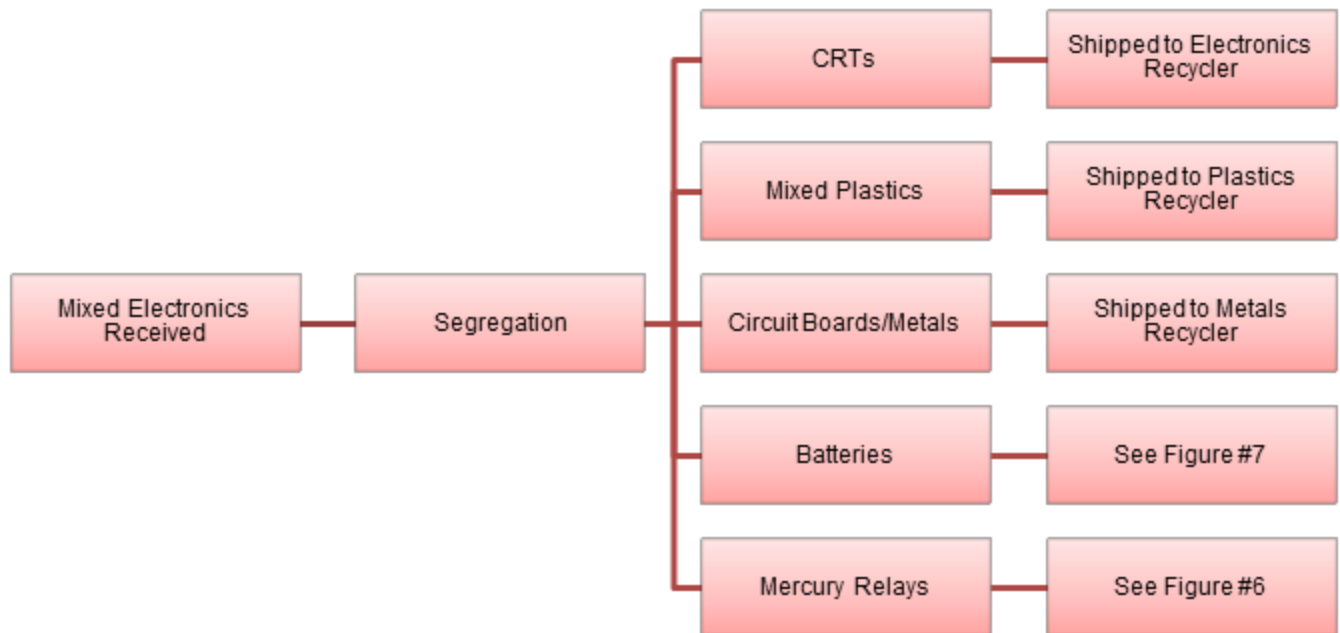


**Figure #7 - Battery Processing Flow Chart**





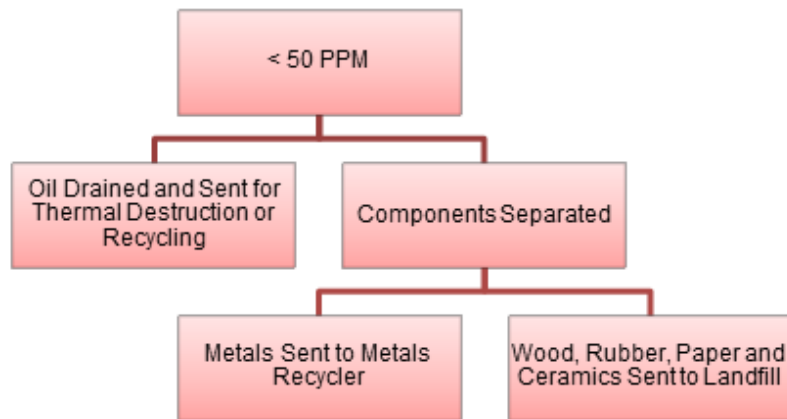
**Figure #8 - Electronics Processing Flow Chart**





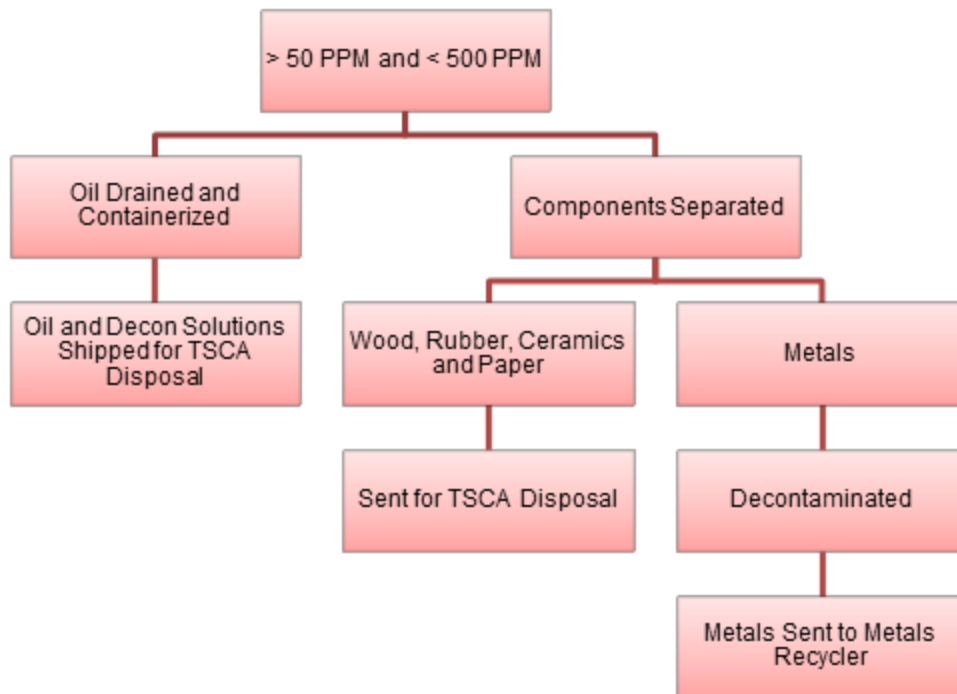
**Figure #9 - Electrical Equipment Containing PCBs <50 PPM Processing Flow Chart**

*(Recycling)* Materials processed at Veolia ES Technical Solutions, L.L.C Phoenix AZ facility.



**Figure #10 - Electrical Equipment Containing PCBs >50 PPM and <500 PPM Processing Flow Chart**

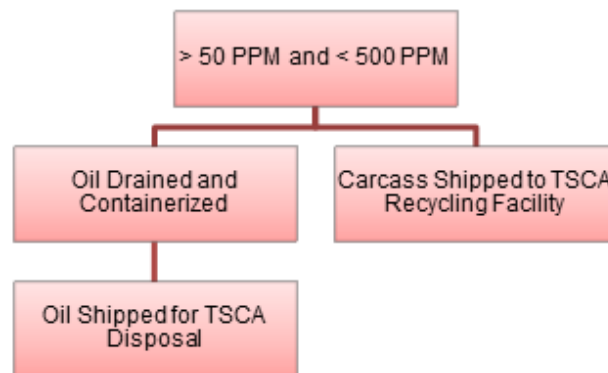
*(Recycling/Landfill/Incineration)* Materials processed at Veolia ES Technical Solutions, L.L.C Phoenix AZ facility





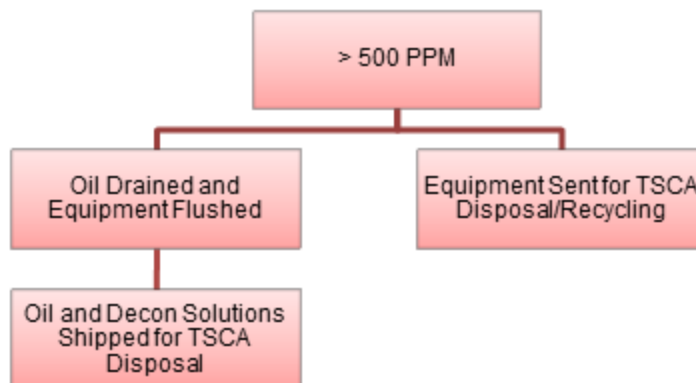
### Figure #11 - PCB Transformers Containing PCBs >50 PPM and <500 PPM Processing Flow Chart

(Recycling/Landfill/Incineration) Materials processed at Veolia ES Technical Solutions, L.L.C Phoenix AZ facility.



### Figure #12 - Electrical Equipment Containing PCBs >500 PPM Processing Flow Chart

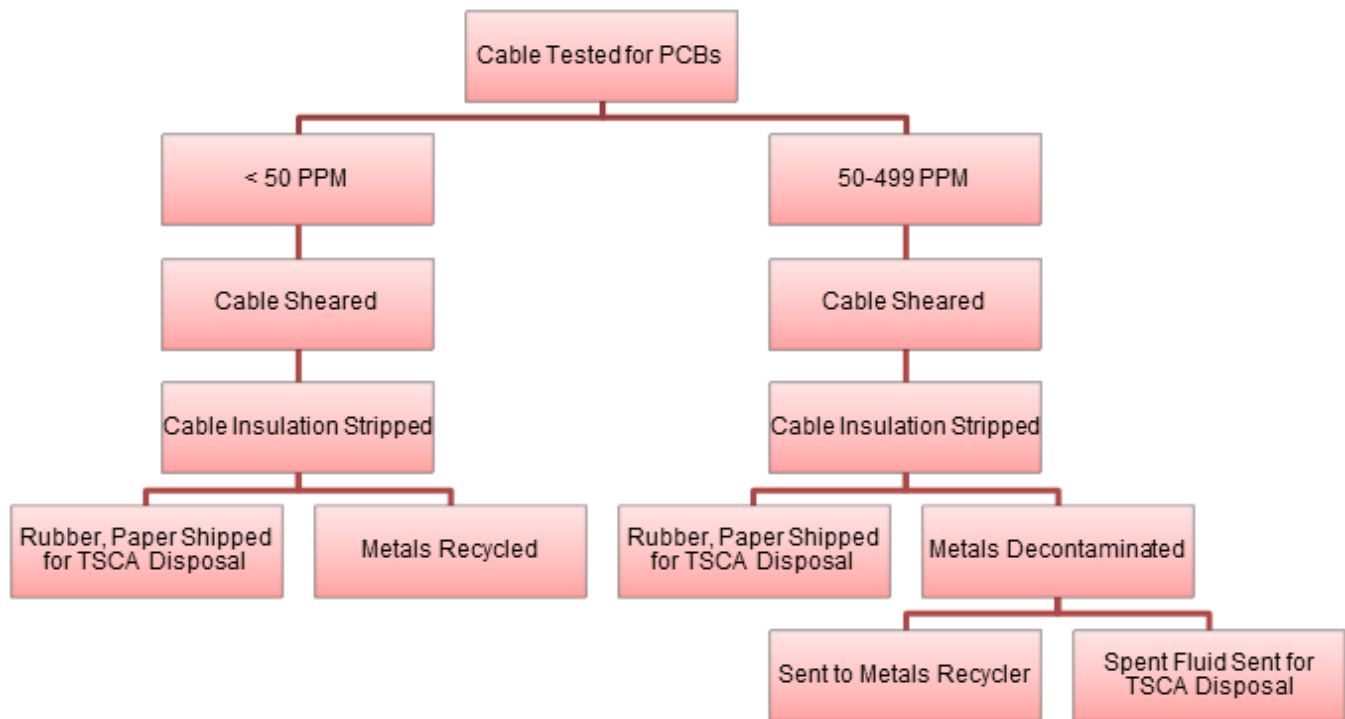
(Recycling/Landfill/Incineration) Materials processed at Veolia ES Technical Solutions, L.L.C Phoenix AZ facility



### Figure #13 - Cable Recycling Process Flow Chart



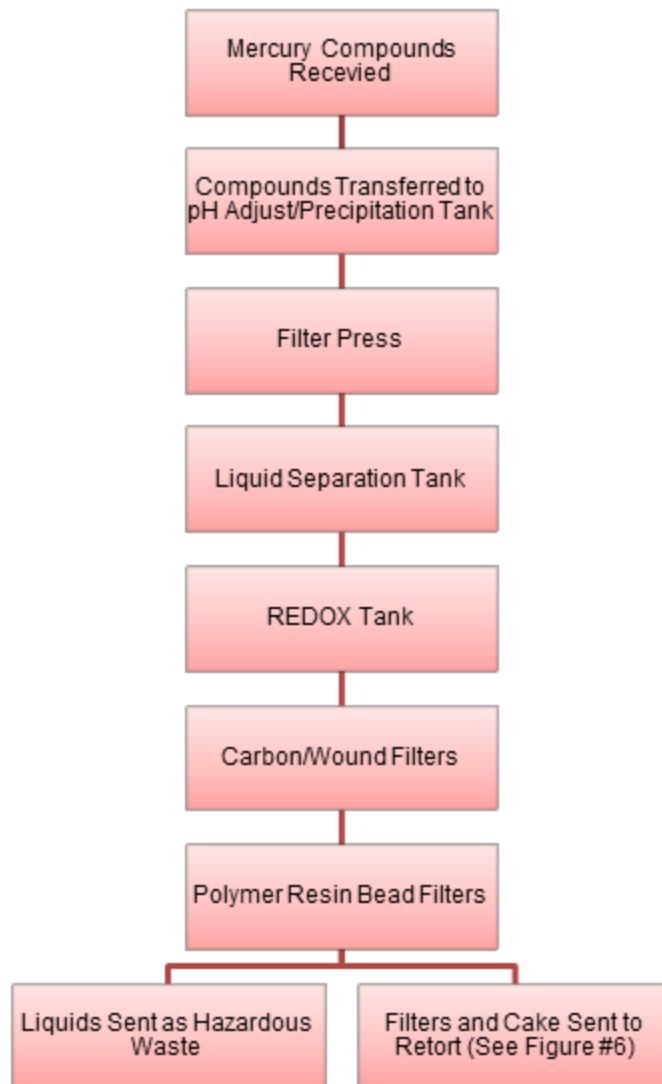
## Materials processed at Veolia ES Technical Solutions, L.L.C Phoenix AZ facility



**Figure #14 - Mercury Compounds Process Flow Chart**



**Materials processed at Veolia ES Technical Solutions, L.L.C Phoenix AZ facility**





## **Appendix C- Approved Facilities**



## Approved Facilities

Veolia has evaluated, approved, and entered into written agreements with the sites listed below to dispose of all toxic, hazardous and non-hazardous waste. These treatment, storage, and disposal facilities are fully permitted and/or approved by the US EPA and, where appropriate, by respective state/or local agencies.

Disposal by Incineration	Materials Managed
Veolia ES Technical Solutions, L.L.C. Highway 73, 3.5 Miles West of Taylor Bayou, Port Arthur, TX 77640	<i>PCB Debris, Capacitors, PCB Oil, Potting Compound, Non PCB Oil, Non PCB Debris.</i>

Disposal by Secured Landfill:	Materials Managed
Evergreen Landfill 2995 Wetherington Lane, Valdosta, GA 31601	<i>Non- Hazardous Solid Wastes</i>

Disposal by Treatment	Materials Managed
CWM – Emelle 36964 AL Highway 17, Emelle, AL 35459	<i>Micro encapsulation</i>

Computer Recycling	Materials Managed
Stream Recycling Solutions 9203 King Palm Dr., Tampa, Florida 33619	<i>Metals, Plastics, Boards, Chips</i>

Phosphor Powder	Materials Managed
Evergreen Landfill 2995 Wetherington Lane, Valdosta, GA 31601	<i>Phosphor Powder (Processed)</i>





Glass Recycling/Reuse	Materials Managed
Evergreen Landfill 2995 Wetherington Lane, Valdosta, GA 31601	<i>Glass Cullet used as ADC</i>

Metal/Cardboard/Plastics/Pallets	Materials Managed
D.F. Goldsmith 909 Pitner Ave, Evanston, IL 60202	<i>Elemental Mercury</i>

Batteries	Materials Managed
Battery Solutions 4930 Holtz Dr., Wixom, MI 48393	<i>Lithium Metal, Lithium Ion, Nicad, Alkaline, and Carbon Zinc Batteries</i>
Exide Technologies 4005 N Pace Blvd., Pensacola, FL 32505	<i>Lead Acid Batteries</i>
Retriev Technologies (Formerly Toxco) 265 Quarry Road, Lancaster, OH 43130	<i>Lithium Metal and Lithium Ion Batteries</i>

PCB Electrical Equipment	Material Managed
Veolia ES Technical Solutions, L.L.C. 5736 West Jefferson, Phoenix, AZ 85043	<i>PCB Electrical Equipment</i>



## **Appendix D- Compliance History**

### **Facility Compliance**

**Tallahassee, FL**



Veolia is permitted to store hazardous waste. Associated with this permit, Veolia is inspected periodically by the Florida Department of Environmental Protection (DEP).

**Agency Contacts:**

Hazardous Waste:	Air:
Monica Hardin FLDEP Phone: (850) 595-0620 monica.hardin@FloridaDEP.gov	Carol Melton FLDEP Phone: 850-595-0616 carol.melton@FloridaDEP.gov

Date	Agency	Program	Description of Violations	Corrective Actions	Status of Corrective Actions	Penalty Assessed
9/15/16	FL DEP	RCRA	No violations, follow up to confirm corrective actions implemented following 12/15 inspection	None	None	None
8/14/18	FL DEP	RCRA	No Violations	None	None	None
1/16/19	City of Tallahassee	Environ.	No Violations	None	None	None
1/24/20	Tallahassee Fire	Site Walk	No Violations	None	None	None
2/6/20	US EPA	PCB	No Violations	None	None	None
11/18/20	FDEP	RCRA	No Violations	None	None	None
3/11/21	Tallahassee	RCRA	No Violations	None	None	None



## **Appendix E- Certificate of Insurance**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh USA, Inc. 540 W. Madison Street Chicago, IL 60661 Attn: Veolia.CertRequest@marsh.com   Fax: 212-948-5053		<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>FAX</b> (A/C, No): <b>E-MAIL ADDRESS:</b>	
<b>TALLA</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Veolia ES Technical Solutions, LLC 342 Marpan Lane Tallahassee, FL 32305		<b>INSURER A:</b> National Union Fire Insurance Company Of Pittsburgh, 19445 <b>INSURER B:</b> New Hampshire Insurance <b>INSURER C:</b> AIG Specialty Insurance Company 26883 <b>INSURER D:</b> N/A N/A <b>INSURER E:</b> Lexington Insurance Company 19437 <b>INSURER F:</b> Illinois National Insurance Company 23817	

## COVERAGES

CERTIFICATE NUMBER:

CHI-007109008-81

REVISION NUMBER: 6

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GL5425835	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
A	AUTOMOBILE LIABILITY			CA9767418 (AOS)	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			CA9767419 (MA)	01/01/2020	01/01/2021	BODILY INJURY (Per person) \$
A	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CA9767420 (VA)	01/01/2020	01/01/2021	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC 046-91-2802 (AOS)	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	WC 046-91-2803 (AZ, IL, KY, NC, NH, NJ, PA, UT, VA, VT)	01/01/2020	01/01/2021	E.L. EACH ACCIDENT \$ 1,000,000
F	If yes, describe under DESCRIPTION OF OPERATIONS below			WC 046-91-2804 (FL)	01/01/2020	01/01/2021	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
C	CPL - SIR \$500,000			CPO29329661	01/01/2020	01/01/2021	Occurrence/Aggregate \$ 5,000,000
E	E&O - SIR: \$2,000,000			065703643	01/01/2020	01/01/2021	Per Claim/Aggregate \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

Veolia ES Technical Solutions, LLC  
 342 Marpan Lane  
 Tallahassee, FL 32305

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
 of Marsh USA Inc.

Manashi Mukherjee

*Manashi Mukherjee*

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ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: CN102584993

LOC #: Chicago

**ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

AGENCY Marsh USA, Inc.		NAMED INSURED Veolia ES Technical Solutions, LLC 342 Marpan Lane Tallahassee, FL 32305
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

## Workers Compensation (Cont.)

Carrier: Insurance Company of the State of Pennsylvania  
Policy Number: WC 046-91-2805 (MA, ND, OH, WA, WI, WY)  
Effective Date: 01/01/2020  
Expiration Date: 01/01/2021  
Limit: SEE ABOVE

Carrier: American Home Assurance (NAIC # 19380)  
Policy Number: WC 046-91-2806 (CA)  
Effective Date: 01/01/2020  
Expiration Date: 01/01/2021  
Limit: SEE ABOVE

## Pollution Legal Liability

Policy Number: W1D4C8200401  
Carrier: Lloyd's Syndicates 623/2623  
Effective Date: 01/01/2020  
Expiration Date: 01/01/2021  
Limit: \$5,000,000  
SIR: \$750,000



## **Appendix F- Facility Permits**



FLORIDA DEPARTMENT OF  
Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Ron DeSantis  
Governor

Jeanette Nuñez  
Lt. Governor

Noah Valenstein  
Secretary

April 26, 2019

Wayne Bulsiewicz  
Veolia ES Technical Solutions LLC  
700 E Butterfield Rd Ste 201  
Lombard, IL 60148 5671

**RE: Facility ID: FLR05F873-004**  
Veolia ES Technical Solutions, L.L.C.  
County: Leon

Dear Permittee:

The Florida Department of Environmental Protection has received and processed your *Notice of Intent to Use Multi-Sector Generic Permit for Stormwater Discharge Associated with Industrial Activity* (NOI) and the accompanying processing fee. This letter acknowledges that:

- your NOI is complete;
- your processing fee is paid-in-full; and
- you are covered under the *Multi-Sector Generic Permit for Stormwater Discharge Associated with Industrial Activity* (MSGP).

Your project identification number is **FLR05F873-004**. Please include this number on all future correspondence to the department regarding this permit.

This letter is **not** your permit; however, this letter does serve as **verification of permit coverage**. A copy of the permit language is available online at <http://www.dep.state.fl.us/water/stormwater/npdes/industrial5.htm> or by contacting the NPDES Stormwater Notices Center. Your facility falls under Sector(s) **K** of the MSGP.

Your permit coverage becomes effective **April 29, 2019** and will expire **April 28, 2024**. To terminate your coverage prior to this expiration date, you must file a *National Pollutant Discharge Elimination System (NPDES) Stormwater Notice of Termination*, DEP Form 62-621.300(6). To renew your coverage beyond





the expiration date, you must submit a new NOI and processing fee to the department no later than two days before coverage expires.

Until your permit coverage is terminated, modified, or revoked, you are authorized to discharge stormwater from your facility to surface waters in accordance with the terms and conditions of the MSGP. Three key conditions of the MSGP are:

- implementing your stormwater pollution prevention plan (SWPPP);
- retaining the records required by the permit (including your SWPPP) at your facility; and
- conducting your required monitoring.

#### **Required Monitoring:**

##### ***Analytical Monitoring***

Analytical samples of your stormwater discharge(s) must be collected and analyzed at least once each calendar quarter after a qualifying rain event during the periods of January through March, April through June, July through September, and October through December during years two and four of your permit cycle for the parameters specified in your Sector(s).

Analytical monitoring must be conducted in accordance with the following schedule:

- Year two monitoring period begins January 1, 2020 and ends December 31, 2020
- Year four monitoring period begins January 1, 2022 and ends December 31, 2022

The samples must be analyzed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). At the end of the monitoring year, you must average your quarterly Discharge Monitoring Report (DMR) results and record the quarterly average on an annual DMR form. If there is no stormwater discharged from your facility after a qualifying rain event during a calendar quarter, you must still complete and sign a DMR form for that quarter indicating "No Discharge" by checking the box at the top of the form.

##### ***Compliance Monitoring***

Your facility may also be subject to numerical effluent limitations and **annual compliance monitoring** requirements. Facilities that have runoff from wet deck storage areas, phosphate fertilizers manufacturing, asphalt or roofing emulsions production, cement manufacturing, or coal pile storage are subject to numeric stormwater effluent limitations. If any of these activities occur at your facility, a compliance monitoring DMR must be completed and submitted for monitoring results obtained in each calendar year required by your MSGP permit.

##### ***DMR Submission Requirements***

The permittee shall use the electronic DMR system approved by the department (EzDMR) and shall electronically submit the completed DMR forms using the DEP Business Portal. This system is available online at: <https://prodenv.dep.state.fl.us/DepEzDMR>, unless the permittee has a waiver from the department in accordance with 40 CFR 127.15. These requirements were adopted on November 16, 2017 in Rule 62-621.250, F.A.C. is available online at <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=62-621>. Reports shall be submitted to the department by March 31st of the year following your monitoring period or year. For example, analytical monitoring results for 2014 would be due no later than March 31, 2015.

If you have any questions concerning this Acknowledgment Letter, please contact the NPDES Stormwater



Notices Center at (866) 336-6312 or [NPDES-stormwater@dep.state.fl.us](mailto:NPDES-stormwater@dep.state.fl.us).

Sincerely,

NPDES Stormwater Program  
Florida Department of Environmental Protection

### NOTICE OF RIGHTS

This action is final and effective on the date filed with the Clerk of the Department unless a petition for an administrative hearing is timely filed under Sections 120.569 and 120.57, F.S., before the deadline for filing a petition. On the filing of a timely and sufficient petition, this action will not be final and effective until further order of the department. Because the administrative hearing process is designed to formulate final agency action, the hearing process may result in a modification of the agency action or even denial of the application.

#### Petition for Administrative Hearing

A person whose substantial interests are affected by the department's action may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, F.S. Pursuant to Rules 28-106.201 and 28-106.301, F.A.C., a petition for an administrative hearing must contain the following information:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests are or will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts that the petitioner contends warrant reversal or modification of the agency's proposed action;
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

The petition must be filed (received by the Clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, or via electronic correspondence at [Agency\\_Clerk@dep.state.fl.us](mailto:Agency_Clerk@dep.state.fl.us). Also, a copy of the petition shall be mailed to the applicant at the address indicated above at the time of filing.

#### Time Period for Filing a Petition

In accordance with Rule 62-110.106(3), F.A.C., petitions for an administrative hearing by the applicant and persons entitled to written notice under Section 120.60(3), F.S., must be filed within 14 days of receipt of this written notice. Petitions filed by any persons other than the applicant, and other than those entitled to written notice under Section 120.60(3), F.S., must be filed within 14 days of publication of the notice or within 14 days of receipt of the written notice, whichever occurs first. The failure to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, F.S., or to intervene in this proceeding and



participate as a party to it. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, F.A.C.

#### Extension of Time

Under Rule 62-110.106(4), F.A.C., a person whose substantial interests are affected by the department's action may also request an extension of time to file a petition for an administrative hearing. The department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, or via electronic correspondence at [Agency\\_Clerk@dep.state.fl.us](mailto:Agency_Clerk@dep.state.fl.us), before the deadline for filing a petition for an administrative hearing. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon.

#### Mediation

Mediation is not available in this proceeding.

#### Judicial Review

Once this decision becomes final, any party to this action has the right to seek judicial review pursuant to Section 120.68, F.S., by filing a Notice of Appeal pursuant to Florida Rules of Appellate Procedure 9.110 and 9.190 with the Clerk of the Department in the Office of General Counsel (Station #35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000) and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice must be filed within 30 days from the date this action is filed with the Clerk of the Department.





## FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Noah Valenstein  
Secretary

01/04/2019

Matthew Melott  
Veolia ES Technical Solutions LLC  
342 Marpan Lane  
Tallahassee, FL 32305-

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 **342 Marpan Ln, Tallahassee, FL 32305-904** has been registered through **March 1, 2020** with the following status:

Facility ID # **FL0000207449**  
**Transporter of Universal Waste Lamps and Devices**  
**Large Quantity Handler Facility for Universal Waste Lamps and Devices**

Requirements for packaging, training and recordkeeping for transporters and handlers of universal waste lamps or devices destined for recycling are contained in Chapter 62-737, Florida Administrative Code (F.A.C.). These requirements are simple, flexible, and make good business and environmental sense. The requirements and fact sheets summarizing them can be found on the following website: <http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm>

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or any 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, Florida Administrative Code (F.A.C.).

The renewal notice for this registration will be sent to the contact person on your application. If any of your facility's information changes, please notify the Department using the Florida Notification of Regulated Waste Activity, DEP Form 62-730.900(1)(b), F.A.C.

If you have any questions, you may contact me at (850)245-8705 or [Glen.Perrigan@dep.state.fl.us](mailto:Glen.Perrigan@dep.state.fl.us).


Sincerely,

*Susan L. Harlick*  
*for*

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

Enclosure: Florida Notification of Regulated Waste Activity



		<b>8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY</b> DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707		<div>RECEIVED Florida Department of Environmental Protection Date Received (for FDEP Official Use Only) <b>DEC 14 2018</b> Permitting &amp; Compliance Assistance Program</div>	
<b>EPA ID:</b> F L 0 0 0 0 2 0 7 4 4 9		Please use the instructions document to complete this form			
<b>1. Reason for Submittal</b> (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)	<b>Mark 'X' in the correct box:</b> (must choose one if a notification) <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) <b>FL Registration(s)</b> <input checked="" type="checkbox"/> UW Mercury (see page 3) <input type="checkbox"/> HW Transporter (see page 4) <input type="checkbox"/> Used Oil (see page 4)				
<b>2. Facility or Business Name</b>	<b>Veolia ES Technical Solutions, LLC</b>				
<b>3. Facility Operator</b> (List additional Operators in the comments section).	Name of Operator: <b>Veolia ES Technical Solutions, LLC</b>		Date became Operator: ____/____/____		
	Street or P.O. Box: <b>342 Marpan Lane</b>		Phone Number: <b>850/877-8299</b>		
	City or Town: <b>Tallahassee</b>	State: <b>FL</b>	Zip Code: <b>32305</b>	Country (if not USA):	
	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				
<b>4. Facility Physical Location Information</b> (No P.O. Boxes) <input checked="" type="checkbox"/> Same address as #3 above or:	Physical Street Address: <input type="checkbox"/> Vessel <b>342 Marpan Lane</b>				
	City or Town: <b>Tallahassee</b>	State: <b>FL</b>	Zip Code: <b>32305</b>		
	County: <b>Leon</b>	Country (if not USA):			
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b> (at least 5 digits)	A. <b>562211</b> (required)		B. _____		
	C. _____		D. _____		
<b>6. Facility or Business Mailing Address</b>	<input checked="" type="checkbox"/> Same address as #3 above or: Street or P.O. Box: City or Town: <b>Tallahassee</b> State: <b>FL</b> Zip/Postal Code: <b>32305</b> Country (if not USA):				
<b>7. Facility or Business RCRA Contact Person</b>	First Name: <b>Matthew</b>	Last Name: <b>Melott</b>	Title: <b>Operations Manager</b>		
	Phone Number: <b>850/877-8299</b>	Extension:	E-Mail: <b>matthew.melott@veolia.com</b>	Fax: <b>850/878-3349</b>	
	Street or P.O. Box: <b>342 Marpan Lane</b>				
<input type="checkbox"/> Same address as #3 above or:	City or Town: <b>Tallahassee</b>	State: <b>FL</b>	Zip Code: <b>32305</b>	Country (if not USA):	
<b>8. Real Property (FL Land) Owner of the Facility's Physical Location</b> (List additional owners in the comments section.) <input type="checkbox"/> Same address as #3 above or:	Name of Owner: <b>H.W. Williams Properties</b>		Date became Owner: ____/____/____ <input type="checkbox"/> New Owner mm dd yy		
	Street or P.O. Box: <b>PO BOX 2068</b>		Phone Number:		
	City or Town: <b>Tallahassee</b>	State: <b>FL</b>	Zip Code: <b>32316</b>	Country (if not USA):	
	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				

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 April 23,2013 Page 1 of 5



<b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b>		EPA ID No. <b>FL0000207449</b>				
<b>9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):</b>						
<b>(A) (1) Generator of Hazardous Waste</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not include Universal Waste or Used Oil) If YES, Choose only one of the following three categories. <input type="checkbox"/> <b>a. Large Quantity Generator (LQG):</b> Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year) <input type="checkbox"/> <b>b. Small Quantity Generator (SQG):</b> Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste (at least once a year) <input type="checkbox"/> <b>c. Conditionally Exempt SQG (CESQG):</b> Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste  <b>In addition, indicate other generator activities that apply.</b> <input type="checkbox"/> d. Short-Term Generator (one-time, not on-going) <input type="checkbox"/> e. Episodic: Not more than one-time per year: <input type="checkbox"/> SQG <input type="checkbox"/> LQG <input type="checkbox"/> f. United States Importer of hazardous waste <input type="checkbox"/> g. Mixed Waste (hazardous and radioactive) Generator		<b>For Items 2 through 7, mark 'X' in all that apply.</b> <b>(2) Treater, Storer, or Disposer of Hazardous Waste</b> (at your facility) Note: A hazardous waste permit may be required for this activity. <input type="checkbox"/> a. Operating Commercial TSD <input type="checkbox"/> b. Operating Non-Commercial TSD <input type="checkbox"/> c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) <b>(3) <input type="checkbox"/> Recycler of Hazardous Waste (at your facility)</b> Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling. <b>(4) <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace</b> <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption <b>(5) <input type="checkbox"/> Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities</b> Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP. <b>(6) <input type="checkbox"/> Receives Hazardous Waste from Off-Site</b> <b>(7) <input type="checkbox"/> Underground Injection Control</b>				
<b>10. Waste Codes for Federally Regulated Hazardous Wastes:</b> List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
<b>11. Other Status Changes</b> (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):						
<b>(A) Non-Handler of Regulated Waste at This Facility</b> (Sections 9, 10 and 12-16 should be blank.) <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. <b>(B) Facility Closed</b> (Complete this section only if <u>all</u> business activities at this facility have ceased.) <input type="checkbox"/> (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will <input type="checkbox"/> (2) Out of Business - Business closed on _____ (date)  <input type="checkbox"/> <b>(C) Property Tax Default</b> <input type="checkbox"/> <b>(D) Petition for Bankruptcy Protection</b>						
<b>12-14 — Registration Activities Contact Information</b> (only if this submission is a registration or registration information update):						
<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:  Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input checked="" type="checkbox"/> Universal Waste	First Name: <b>Matthew</b>		Last Name: <b>Melott</b>		Title: <b>Operations Manager</b>	
	Phone Number: <b>850/877-8299</b>		Extension:		E-Mail: <b>matthew.melott@veolia.com</b>	
	Street or P.O. Box: <b>342 Marpan Lane</b>					
	City or Town: <b>Tallahassee</b>		State:(Country): <b>FL</b>		Zip Code: <b>32305</b>	

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 April 23,2013 Page 2 of 5



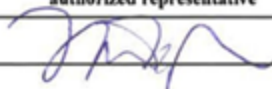


<b>Universal Waste Notification and Mercury Transporter/Handler Registration</b>		EPA ID No. FL0000207449
<b>12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :</b>		
<b>A. Federal Notification</b>	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time)  Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps <input type="checkbox"/> 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>B. Florida Universal Pharmaceutical Waste (UPW): one-time registration</b>		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])		
<b>C. Florida Annual Mercury Handler Registration:</b>		
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 <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 <input type="checkbox"/> First time registering <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required	
<input checked="" type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input checked="" type="checkbox"/> 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 <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities:		<input type="checkbox"/> We use Drum Top Bulb Crusher(s).
<b>13. Other State Regulated Waste Activities:</b> Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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)]		

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 April 23,2013 Page 3 of 5

<b>Hazardous Waste and Used Oil Transporter Registrations</b>	EPA ID No. <b>FL0000207449</b>
<b>14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)</b>	
<p><b>Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration.</b> 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. <b>Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.</b></p>	
<b>A. HW Transporter Registration Information (must be completed annually and when this information changes)</b>	
<p><b>This facility is a registered transporter of hazardous waste.</b></p> <p><b>This form is:</b>   <input type="checkbox"/> <b>Initial Registration</b>   <input type="checkbox"/> <b>Renewal</b>   <input type="checkbox"/> <b>Notification of changes</b>   <input type="checkbox"/> <b>Cancel Registration</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>1. For own waste only</b>   <input type="checkbox"/> <b>2. For commercial purposes</b>   <input type="checkbox"/> <b>3. Both commercial and own waste</b></p> <p><b>4. Transportation Mode</b>   <input type="checkbox"/> <b>Air</b>   <input type="checkbox"/> <b>Rail</b>   <input type="checkbox"/> <b>Highway</b>   <input type="checkbox"/> <b>Water</b>   <input type="checkbox"/> <b>Other - specify _____</b></p>	
<b>B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)</b>	
<p><input type="checkbox"/> <b>This facility is a Hazardous Waste Transfer Facility: (at this location)</b>   Storage Volume _____</p> <p><b>This form is:</b>   <input type="checkbox"/> <b>Initial Registration</b>   <input type="checkbox"/> <b>Renewal</b>   <input type="checkbox"/> <b>Notification of changes</b>   <input type="checkbox"/> <b>Cancel Registration</b></p> <p><b>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.</b></p> <p><b>The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Our mailing (business) address</b>   <input type="checkbox"/> <b>The site (facility) address</b></p> <p><b>Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:</b>   <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span></p> <p><b>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.):]:</b></p>	
<b>15. Used Oil and Oil Filter Activities: (Mark 'X' and complete all that apply if you need to register your used oil activities),</b>	
<p><b>Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers <u>must 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.</b></p> <p><b>This form is:</b>   <input type="checkbox"/> <b>Initial Registration</b>   <input type="checkbox"/> <b>Renewal</b>   <input type="checkbox"/> <b>Notification of changes</b>   <input type="checkbox"/> <b>Cancel Registration</b></p> <p><input type="checkbox"/> <b>If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.</b></p>	
<p><b>(1) Used Oil Transporter - mark activities: (occurring in Florida)</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>a. Transporter (off-site) and noncontiguous locations</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>b. Transfer Facility</b></p> <p><b>(2) <input type="checkbox"/> Collection Center (From businesses, <u>no more than 55 gal</u> per shipment)</b></p> <p><b>(3) <input type="checkbox"/> Used Oil Processor (A permit is required.)</b></p> <p><b>(4) <input type="checkbox"/> Off-Specification Used Oil Burner</b></p> <p><b>(5) Used Oil Fuel Marketer   <input type="checkbox"/> On-Spec   <input type="checkbox"/> Off-Spec</b></p>	<p><b>(6) Used Oil Filter Management (must annually register)</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>a. Transporter</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>b. Transfer Facility</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>c. Processor (Annual Report Required)</b></p> <p style="padding-left: 20px;"><input type="checkbox"/> <b>d. End User</b></p> <p><b>(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> <b>Our mailing (business) address</b>   <input type="checkbox"/> <b>The site (facility) address</b></p>
<p><b>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.</b></p>	



Transfer Facility and Used Oil Transporter requirements and required signature page	EPA ID No. FL0000207449		
<b>(14 cont.) Hazardous Waste Transfer Facilities:</b> 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.)]:			
<input type="checkbox"/> 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.]			
<input type="checkbox"/> Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]			
<input type="checkbox"/> A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]			
<input type="checkbox"/> A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]			
<input type="checkbox"/> A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]			
<input type="checkbox"/> A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]			
<b>(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))</b> In addition to the requirements on Page 4 Section 15:			
<ul style="list-style-type: none"> <li>ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.</li> <li>UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.</li> <li>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.).</li> </ul>			
<input type="checkbox"/> The used oil annual report is attached <input type="checkbox"/> Evidence of Liability Insurance pursuant to 62-710.600(2)(c), F.A.C. is attached.			
<b>16. Comments (attach a page if more space is needed):</b>     			
<b>17. Certification:</b> 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.			
<input type="checkbox"/> 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  Thomas M Baker, VP, EHS&T, Technical & Performance	Used Oil  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Date Signed (mm-dd-yyyy)  12/13/2018
If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:			
Denise Krous (Name of person completing this form)	973/691-7321 (Phone Number)	denise.krous@veolia.com (E-mail Address)	



## FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Noah Valenstein**  
Secretary

March 12, 2019

Matthew Melott  
Veolia ES Technical Solutions LLC  
342 Marpan Lane  
Tallahassee, FL 32305

Re: Florida Hazardous Waste Transporter Approval

Dear Matthew Melott:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171 of Chapter 62-730, Florida Administrative Code, <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=62-730>. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.
6. RENEWAL DATE: If you are also a registered used oil handler, you must submit the 8700-12FL - Florida Notification of Regulation Waste Activity [Form 62-730.900(1)(b)] and evidence of casualty/liability insurance by **March 1** of each year, with your annual used oil registration. If you are not a registered used oil handler, you must submit these documents by **September 1** of each year.



Matthew Melott

March 12, 2019

Page Two

This letter does not authorize you to operate a hazardous waste transfer facility. Please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C.

If you have any questions, please contact me at 850/245-8778.

Sincerely,

Susan Horlick  
Environmental Specialist III  
Hazardous Waste Regulation Section

SH

Enclosures: Hazardous Waste Transporter Approval Certificate  
Insurance Verification



## FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Noah Valenstein**  
Secretary

\*\*\*\*\*  
HAZARDOUS WASTE TRANSPORTER  
CERTIFICATE OF APPROVAL  
\*\*\*\*\*

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Veolia ES Technical Solutions LLC

FACILITY ID NO: FL0000207449


FACILITY ADDRESS: 342 Marpan Ln  
Tallahassee, FL 32305-904

EXPIRATION DATE: June 30, 2020

APPROVED TRANSFER FACILITY: YES

APPROVAL ISSUED BY: *Susan L. Horlick* DATE: March 12, 2019  
Susan Horlick  
Environmental Specialist III  
Hazardous Waste Regulation Section  
850/245-8778



		<b>8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY</b> DEP Waste Management Division—HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707		<b>RECEIVED</b> Florida Department of Environmental Protection (for FDEP Official Use Only) <b>FEB 19 2019</b> Permitting & Compliance Assistance Program	
<b>EPA ID:</b> F L 0 0 0 0 2 0 7 4 4 9		Please use the instructions document to complete this form			
<b>1. Reason for Submittal</b> (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)		<b>Mark 'X' in the correct box:</b> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) <b>FL Registration(s)</b> <input type="checkbox"/> UW Mercury (see page 3) <input checked="" type="checkbox"/> HW Transporter (see page 4) <input type="checkbox"/> Used Oil (see page 4)			
<b>2. Facility or Business Name</b>		<b>Veolia ES Technical Solutions, LLC</b>			
<b>3. Facility Operator</b> (List additional Operators in the comments section).		<b>Name of Operator:</b> <b>Veolia ES Technical Solutions, LLC</b>		<b>Date became Operator:</b> ___/___/___	
		<b>Street or P.O. Box:</b> <b>342 Marpan Lane</b>		<b>Phone Number:</b> <b>850/877-8299</b>	
		<b>City or Town:</b> <b>Tallahassee</b>	<b>State:</b> <b>FL</b>	<b>Zip Code:</b> <b>32305</b>	<b>Country (if not USA):</b>
		<b>Operator Type:</b> <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			
<b>4. Facility Physical Location Information</b> (No P.O. Boxes) <input checked="" type="checkbox"/> Same address as #3 above or:		<b>Physical Street Address:</b> <input type="checkbox"/> Vessel <b>342 Marpan Lane</b> <b>City or Town:</b> <b>Tallahassee</b> <b>State:</b> <b>FL</b> <b>Zip Code:</b> <b>32305</b> <b>County:</b> <b>Leon</b> <b>Country (if not USA):</b>			
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b> (at least 5 digits)		<b>A.</b> <b>151622111</b> (required)		<b>B.</b> _____	
		<b>C.</b> _____		<b>D.</b> _____	
<b>6. Facility or Business Mailing Address</b>		<input checked="" type="checkbox"/> Same address as #__ above or: Street or P.O. Box: <b>City or Town:</b> _____ <b>State:</b> _____ <b>Zip/Postal Code:</b> _____ <b>Country (if not USA):</b> _____			
<b>7. Facility or Business RCRA Contact Person</b>		<b>First Name:</b> <b>Matthew</b> <b>Last Name:</b> <b>Melott</b> <b>Title:</b> <b>Operations Manager</b>		<b>Phone Number:</b> <b>850/877-8299</b> <b>Extension:</b> _____ <b>E-Mail:</b> <b>matthew.melott@veolia.com</b> <b>Fax:</b> <b>850/878-3349</b>	
		<b>Street or P.O. Box:</b> <b>342 Marpan Lane</b> <b>City or Town:</b> <b>Tallahassee</b> <b>State:</b> <b>FL</b> <b>Zip Code:</b> <b>32305</b> <b>Country (if not USA):</b>			
<input type="checkbox"/> Same address as #__ above or:					
<b>8. Real Property (FL Land) Owner of the Facility's Physical Location</b> (List additional owners in the comments section.) <input type="checkbox"/> Same address as #__ above or:		<b>Name of Owner:</b> <b>H.W. Williams Property</b>		<b>Date became Owner:</b> ___/___/___ <input type="checkbox"/> New Owner mm dd yy	
		<b>Street or P.O. Box:</b> <b>PO BOX 2068</b>		<b>Phone Number:</b> <b>630/218-1647</b>	
		<b>City or Town:</b> <b>Tallahassee</b>	<b>State:</b> <b>FL</b>	<b>Zip Code:</b> <b>32316</b>	<b>Country (if not USA):</b>
		<b>Owner Type:</b> <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			

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 April 23,2013 Page 1 of 5





<b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b>		EPA ID No. <b>FL0000207449</b>				
<b>9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):</b>						
<b>(A) (1) Generator of Hazardous Waste</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not include Universal Waste or Used Oil) If YES, Choose only one of the following three categories. <input type="checkbox"/> <b>a. Large Quantity Generator (LQG):</b> Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year) <input type="checkbox"/> <b>b. Small Quantity Generator (SQG):</b> Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste (at least once a year) <input type="checkbox"/> <b>c. Conditionally Exempt SQG (CESQG):</b> Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste  <b>In addition, indicate other generator activities that apply.</b> <input type="checkbox"/> d. Short-Term Generator (one-time, not on-going) <input type="checkbox"/> e. Episodic: Not more than one-time per year: __SQG __LQG <input type="checkbox"/> f. United States Importer of hazardous waste <input type="checkbox"/> g. Mixed Waste (hazardous and radioactive) Generator		<b>For Items 2 through 7, mark 'X' in all that apply.</b> <b>(2) Treater, Storer, or Disposer of Hazardous Waste</b> (at your facility) Note: A hazardous waste permit may be required for this activity. <input type="checkbox"/> a. Operating Commercial TSD <input type="checkbox"/> b. Operating Non-Commercial TSD <input type="checkbox"/> c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) <b>(3) Recycler of Hazardous Waste</b> (at your facility) Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling. <b>(4) Exempt Boiler and/or Industrial Furnace</b> <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption <b>(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities</b> Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP. <b>(6) Receives Hazardous Waste from Off-Site</b> <b>(7) Underground Injection Control</b>				
<b>10. Waste Codes for Federally Regulated Hazardous Wastes:</b> List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.						
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
<b>11. Other Status Changes</b> (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):						
<b>(A) Non-Handler of Regulated Waste at This Facility</b> (Sections 9, 10 and 12-16 should be blank.) <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. <b>(B) Facility Closed</b> (Complete this section only if <u>all</u> business activities at this facility have ceased.) <input type="checkbox"/> (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will <input type="checkbox"/> (2) Out of Business - Business closed on _____ (date) <input type="checkbox"/> <b>(C) Property Tax Default</b> <input type="checkbox"/> <b>(D) Petition for Bankruptcy Protection</b>						
<b>12-14 — Registration Activities Contact Information</b> (only if this submission is a registration or registration information update):						
<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:  <input type="checkbox"/> Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name: <b>Matthew</b>		Last Name: <b>Melott</b>		Title: <b>Operations Manager</b>	
	Phone Number: <b>850/877-8299</b>		Extension: _____		E-Mail: <b>matthew.melott@veolia.com</b>	
	Street or P.O. Box: <b>342 Marpan Lane</b>					
	City or Town: <b>Tallahassee</b>		State:(Country): <b>FL</b>		Zip Code: <b>32305</b>	

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 April 23, 2013 Page 2 of 5



<b>Universal Waste Notification and Mercury Transporter/Handler Registration</b>		EPA ID No. FL0000207449
<b>12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :</b>		
<b>A. Federal Notification</b>	<input type="checkbox"/> <b>Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time)</b>  <div style="display: flex; justify-content: space-between;"> <span>Accumulates: <input type="checkbox"/> a. UW Batteries</span> <span><input type="checkbox"/> b. Pesticides</span> <span><input type="checkbox"/> c. Pharmaceuticals</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> d. Mercury Containing Devices</span> <span><input type="checkbox"/> e. Mercury Containing Lamps</span> </div> <input type="checkbox"/> <b>Destination Facility for UW</b> Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.	
<b>B. Florida Universal Pharmaceutical Waste (UPW): one-time registration</b>		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])		
<b>C. Florida Annual Mercury Handler Registration:</b>		
<p><b>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).</b></p> <p><b>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</b></p>		
<p><b>(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities</b></p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> First time registering         <input type="checkbox"/> Renewal         <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached       </div>		
<input type="checkbox"/> For-hire <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> 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)
<p><b>(2) Mercury Recovery and/or Reclamation Facility</b> (A <u>hazardous waste permit</u> is required for this activity)</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> First time registering         <input type="checkbox"/> Renewal       </div>		Annual Registration Required
Briefly Describe your Universal Waste Activities: <span style="float: right;"><input type="checkbox"/> We use Drum Top Bulb Crusher(s).</span>		
<p><b>13. Other State Regulated Waste Activities:</b> Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> Transport [62-740 F.A.C.]</p> <p style="font-size: small;">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)]</p>		

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 April 23, 2013 Page 3 of 5




<b>Hazardous Waste and Used Oil Transporter Registrations</b>		EPA ID No. FL0000207449
<b>14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)</b>		
<p>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.</p>		
<b>A. HW Transporter Registration Information (must be completed annually and when this information changes)</b>		
<p>This facility is a registered transporter of hazardous waste.</p> <p>This form is: <input type="checkbox"/> Initial Registration <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Notification of changes <input type="checkbox"/> Cancel Registration</p> <p><input type="checkbox"/> 1. For own waste only <input checked="" type="checkbox"/> 2. For commercial purposes <input type="checkbox"/> 3. Both commercial and own waste</p> <p>4. Transportation Mode <input type="checkbox"/> Air <input type="checkbox"/> Rail <input checked="" type="checkbox"/> Highway <input type="checkbox"/> Water <input type="checkbox"/> Other - specify _____</p>		
<b>B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)</b>		
<p><input type="checkbox"/> This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume <u>88-55 gal drms</u></p> <p>This form is: <input type="checkbox"/> Initial Registration <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Notification of changes <input type="checkbox"/> Cancel Registration</p> <p>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.</p> <p>The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):</p> <p><input type="checkbox"/> Our mailing (business) address <input checked="" type="checkbox"/> The site (facility) address</p> <p>Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility: <span style="border: 1px solid black; padding: 2px;">N J D 0 8 0 6 3 1 6 3 9</span></p> <p>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.)]:</p>		
<b>15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),</b>		
<p>Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers <u>must 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.</p> <p>This form is: <input type="checkbox"/> Initial Registration <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Notification of changes <input type="checkbox"/> Cancel Registration</p> <p><input checked="" type="checkbox"/> If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.</p>		
<p>(1) Used Oil Transporter - mark activities: (occurring in Florida)</p> <p><input checked="" type="checkbox"/> a. Transporter (off-site) and noncontiguous locations</p> <p><input checked="" type="checkbox"/> b. Transfer Facility</p> <p>(2) <input type="checkbox"/> Collection Center (From businesses, <u>no more than 55 gal</u> per shipment)</p> <p>(3) <input type="checkbox"/> Used Oil Processor (A permit is required.)</p> <p>(4) <input type="checkbox"/> Off-Specification Used Oil Burner</p> <p>(5) Used Oil Fuel Marketer <input type="checkbox"/> On-Spec <input type="checkbox"/> Off-Spec</p>	<p>(6) Used Oil Filter Management (must annually register)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p><input type="checkbox"/> c. Processor (Annual Report Required)</p> <p><input type="checkbox"/> d. End User</p> <p>(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):</p> <p><input type="checkbox"/> Our mailing (business) address <input checked="" type="checkbox"/> The site (facility) address</p>	
<p>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.</p>		

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 April 23,2013 Page 4 of 5





Transfer Facility and Used Oil Transporter requirements and required signature page		EPA ID No. FL0000207449	
<b>(14 cont.) Hazardous Waste Transfer Facilities:</b> 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.]			
<b>(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))</b> In addition to the requirements on Page 4 Section 15: <ul style="list-style-type: none"><li>• ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.</li><li>• UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.</li><li>• 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.).</li></ul> <input type="checkbox"/> The used oil annual report is attached <input type="checkbox"/> Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.			
<b>16. Comments (attach a page if more space is needed):</b> Veolia ES Technical Solutions has a 10 day hazardous waste facility at: 342 Marpan Lane, Tallahassee, FL and a transfer facility for universal waste lamps and devices at 4972 Woodville Hwy (South Lot), Tallahassee, FL			
<b>17. Certification:</b> 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.			
<input checked="" type="checkbox"/> 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)
	Thomas M Baker, VP, EHS&T, Technical & Performance	<input checked="" type="checkbox"/>	2/5/2019
		<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:			
Denise Krous	973/691-7321	denise.krous@veolia.com	
(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 April 23, 2013 Page 5 of 5



Mail original completed form to: Department of Environmental Protection  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707  
Florida Department of Environmental Protection

FEB 19 2019

Permitting & Compliance  
Assistance Program

**STATE OF FLORIDA  
CERTIFICATE OF LIABILITY INSURANCE  
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

1. National Union Fire Insurance Company of Pittsburgh, PA

(Name of Insurer)

(the "Insurer"), of 525 W. Monroe Street, Suite 700, Chicago, IL 60661

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Veolia ES Technical Solutions, LLC

(Name of Insured)

(the "Insured"), of 700 E. Butterfield Road, Suite 201 Lombard, IL 60148

(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

EPA/DEP I.D. No.

Name

Physical Address

NJD080631369 Veolia ES Technical Solutions, LLC 1 Eden Lane, Flanders, NJ

FL0000207449 Veolia ES Technical Solutions, LLC 342 Marpan Lane,

Tallahassee, FL

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number CA 978-74-18, issued on 1/1/2019.  
(date)

The effective date of said policy is 1/1/2019 and the expiration date of said policy is 1/1/2020.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 5,000,000 for each accident in excess of the underlying limit of \$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number XOO G27927895 004, issued on 1/1/2019. The effective date of said policy is 1/1/2019 and the expiration date of said policy is 1/1/2020.  
(date)

Page 1 of 2

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13



Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus-lines insurer, in one of more States including Florida.

(Signature of Authorized Representative of Insurer)

**Christine M. Robinson**

(Typed name)

**Assistant Vice President**

(Title)

Authorized Representative of

**National Union Fire Insurance Company of Pittsburgh, PA**

(Name of Insurer)

**701 Market St. St. Louis, MO 63101**

(Address of Representative)

Page 2 of 2

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(c), F.A.C., Effective Date 4-23-13



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/20/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh USA, Inc. 540 W. Madison Street Chicago, IL 60661 Attn: Veolia.CertRequest@marsh.com   Fax: 212-948-5053	<b>CONTACT</b> NAME: PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL: ADDRESS:
<b>INSURED</b> Veolia ES Technical Solutions, LLC 1 Eden Lane Flanders, NJ 07836	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> National Union Fire Insurance Company Of Pittsburgh, 19445 <b>INSURER B:</b> New Hampshire Insurance <b>INSURER C:</b> ACE Property and Casualty Insurance Company, 20699 <b>INSURER D:</b> Lloyd's Syndicates 623/2623 <b>INSURER E:</b> Illinois National Insurance Company, 23817 <b>INSURER F:</b>

Florida Department of Environmental Protection

FEB 19 2019

Permitting & Compliance Assistance Program

**COVERAGES** **CERTIFICATE NUMBER:** CHI-008065386-57 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (INSR. VOIR)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL 542-58 35	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 25,000,000 PRODUCTS - COMPIOP AGG \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO  <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		CA 976-74-18 (AOS) CA 976-74-19 (MA) CA 976-74-20 (VA)	01/01/2019 01/01/2019 01/01/2019	01/01/2020 01/01/2020 01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		X00 G27927865 004	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC 046-91-2802 (AOS) WC 046-91-2803 (AZ,IL,KY,NC,NH,NJ,PA,UT,VA,VT) WC 046-91-2804 (FL)	01/01/2019 01/01/2019 01/01/2019	01/01/2020 01/01/2020 01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	<b>Pollution Legal Liability</b> Claims Made Form		W1D4C8190301 SIR \$750,000	01/01/2019	01/01/2020	AGGREGATE 5,000,000 PER OCCURRENCE 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> State of Florida Attn: Secretary of Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee, FL 32399-2400	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980**

# FORM MCS-90

Issued to Veolia ES Technical Solutions LLC of New Jersey  
(Motor Carrier name) (Motor Carrier state or province)

Dated at 11:45 am on this 31st day of December, 2018

Amending Policy Number: 9767418 Effective Date: 01/01/2019

Name of Insurance Company: Nat'l Union Fire Ins Co

Countersigned by: \_\_\_\_\_  
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 5,000,000.00 for each accident.  
☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 913-495-4269

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.

(continued on next page)