



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

10/02/2007

Tracy Depaola, Facility Manager
Aerc Com Inc
4317 Fortune PI Ste J
W Melbourne, FL 32904-1509

DEP/EPA ID: **FLD984262782**
LOCATION: **4317 Fortune PI Ste J, West Melbourne.**

Based on information supplied by you, we have processed and accepted your request for the facility identified with the above DEP/EPA identification number. The status of your facility remains:

Treater/Storer/Disposer, HW Transporter, Large Quantity Generator, Universal Waste Handler

Please notify us in writing if there is any change in your operations which would affect your status. For further assistance, please call the Hazardous Waste Notification Coordinator at (850)245-8760 or (850)245-8772.

Sincerely,

A handwritten signature in black ink that reads 'Michael X. Redig'.

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 43329
Email Address: tdepaola@aercycling.com



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

RECEIVED Date Received
 RCRA (for IDEP Official Use Only)
 AUG 24 2007 AUG 24 2007
 Hazardous Waste Regulation

EPA ID: **FLD984262782** MTS: _____ RCRA Info: _____

1. Reason for Submittal
 Check correct box:
 To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
 To provide **subsequent notification** (to update status and facility identification information).

2. Facility or Business Name

3. Facility Operator
 (List additional Operators in the comments section).
 Name of Operator: **AERC.com, In.c** New Operator
 Date became Operator: ___/___/___
 Street or P.O. Box: **4317-J Fortune Place** Phone Number: **(321) 952-1516**
 City or Town: **West Melbourne** State: **FL** Zip Code: **32904**
 Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information
 Physical Street Address: **4317-J Fortune Place**
 City or Town: **West Melbourne** State: **FL** Zip Code: **32904**
 County: **Brevard** Land Type: Private Federal Municipal
 State Other
 Latitude: 28 09 47 39 Longitude: 80 69 75 74 Method:
 d d m m s s . ssss d d m m s s . ssss Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)
 A. **56211** B. _____
 C. _____ D. _____

6. Facility Mailing Address
 Street Address or P.O. Box: **4317-J Fortune Place**
 City or Town: **West Melbourne** State: **FL** Zip Code: **32904**

7. Facility Contact Person
 First Name: **Tracy** Last Name: **DePaola** Title: **Facility Manager**
 Phone Number: **(321) 952-1516** Extension: _____ E-Mail: **tdepaola@aercrecycling.com**
 Street or P.O. Box: **4317-J Fortune Place**
 City or Town: **West Melbourne** State: **FL** Zip Code: **32904**

8. Real Property Owner of the Facility's Physical Location
 (List additional real property owners in the comments section.)
 Name of Real Property Owner: **Fortune Cookie Park, Inc.** New Owner
 Date became Owner: ___/___/___
 Street or P.O. Box: **4310 Woodland Park Drive** Phone Number: **(321) 723-3400**
 City or Town: **West Melbourne** State: **FL** Zip Code: **32904**
 Owner Type: Private Federal Municipal State Other

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):

A. Hazardous Waste Activities:

For Items 2 through 7, check all that apply.

1. Generator of Hazardous Waste

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities (that apply).

- d. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

2. **Treater, Storer, or Disposer of Hazardous Waste** (at your facility) Note: A hazardous waste permit may be required for this activity.

3. **Recycler of Hazardous Waste** (at your facility)
Specify: Commercial; Non-Commercial.
Note: A hazardous waste permit may be required for this activity.

4. **Exempt Boiler and/or Industrial Furnace**
 a. Small Quantity On-site Burner Exemption
 b. Smelting, Melting, and Refining Furnace Exemption

5. **Person Authorized to Manage Conditionally Exempt Waste generated at other facilities** - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

6. **Underground Injection Control**

7. **Transporter of Hazardous Waste** Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. a. For own waste only; b. For Commercial Purposes

c. Hazardous Waste Transporter Insurance Information:

Insurance Company _____
Address _____

Contact: _____ Telephone: _____
Policy Number: _____ Expiration date: _____

d. Transportation Mode: Air; Rail; Highway; Water; Other - specify _____

e. **Hazardous Waste Transfer Facility:** Storage Volume _____

B. Universal Waste (UW) Activities:

1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

	<u>Generate/ Accumulate</u>	<u>Transport</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>
f. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Maximum quantity of UW handled/transported at any time

- a. 5,000 kg or more; Large Quantity Handler (LQH)
- b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
- c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. **Destination Facility for UW**

Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. **Transporter of UW**

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):**C. Used Oil Activities:****1. Used Oil Transporter - Indicate type(s) of activity(ies)**

- a. Transporter
 b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)

- a. Processor
 b. Re-refiner

3. Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)**

- a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner
 b. Marketer who first claims the used oil meets the specifications

5. Used Oil Generator**D. Other State Regulated Waste Activities:**1. Used Oil Filter Handler2. PCW Handler

These activities may require additional submissions.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., DOO1, DOO3, FOO7, U112).Hazardous waste transporters list codes **routinely** or **usually** transported. Use 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
22	23	24	25	26	27	28

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

1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
 2. Waste generated by business has been delisted.
 3. Other (explain) _____.

B. Facility Closed

1. Closed at this location and **moved or moving** to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
2. Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
 Contact _____ Phone _____
 Address _____
 City, State, Zip _____

 C. Property Tax Default D. Petition for Bankruptcy Protection**12. Comments:**

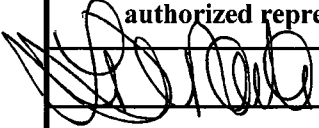
We are looking to add Pharmaceutical Waste to our Universal Waste Activities. We will also be transporting the Pharmaceuticals from businesses. Please call me if you need clarification.
 Thank you,
 Tracy DePaola

13. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative

Name and official title (type or print) of owner, operator, or an authorized representative

Date Signed (mm-dd-yyyy)



TRACY DePaola, Facility Manager

8-22-2007

14. Additional Comments

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility: