



# 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

02/20/2009

Charles Owens, President  
Environmental Remediation Services  
760 Talleyrand Ave  
Jacksonville, FL 32202-1031

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Environmental Remediation Services located at **760 Talleyrand Ave, Jacksonville.**

**FLD984261412**

Your facility has been registered with the following requested status/activities:

**HW Transporter, Non-handler  
Used Oil Transporter  
Universal Lamp Transporter, Universal Device Transporter**

**THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.**

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,



for Michael Redig

Michael X. Redig  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 37410 , Email Address: [AP@ersfl.com](mailto:AP@ersfl.com)

Link: [http://approd.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLD984261412](http://approd.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984261412)



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
(for FDEP Official Use Only)

EPA ID FLD 984261412

MTS

RCRAInfo

1. Reason for Submittal

Mark 'X' in 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).
Is this the final notification (see instructions) for the facility?

2. Facility or Business Name

Environmental Remediation Svcs. Inc.

FEID No.

59-3012256

3. Facility Operator (List additional Operators in the comments section).

Name of Operator:

Charles M. OWENS

New Operator

Date became Operator: 1/1 mm dd yy

Street or P.O. Box:

760 Talleyrand Ave

Phone Number:

904-791-9992

City or Town:

JACKSONVILLE FL

State:

FL

Zip Code:

32202

Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information

Physical Street Address:

760 Talleyrand Ave

City or Town:

JACKSONVILLE

State:

FL

Zip Code:

32202

County: Choose Duval

If available, please attach a map or sketch of the facility boundaries.

Latitude: dd mm ss.ssss Longitude: dd mm ss.ssss Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)

A 562910

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box: 760 Talleyrand Ave

City or Town: JACKSONVILLE

State: FL

Zip Code: 32202

7. Facility or Business Contact Person

First Name:

Charles

Last Name:

OWENS

Title:

President

Phone Number:

904-791-9992

Extension:

E-Mail:

APC@ERSFL.com

Street or P.O. Box: 760 Talleyrand Ave

City or Town: JACKSONVILLE

State: FL

Zip Code: 32202

8. Real Property (Land) Owner of the Facility's Physical Location

Name of Real Property (Land) Owner:

Talleyrand Properties

New Owner

Date became Owner: 1/1 mm dd yy

Street or P.O. Box:

P.O. BOX 47663

Phone Number:

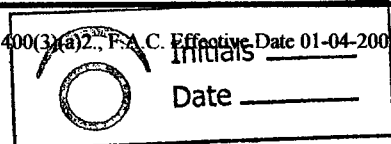
904-306-0081

City or Town: JACKSONVILLE

State: FL

Zip Code: 32202

Owner Type: Private Federal Municipal State Other



9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):

A. Hazardous Waste Activities:

For Items 2 through 7, mark 'X' in 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 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.

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

(3) Recycler of Hazardous Waste (at your facility)

Specify: Commercial Non-Commercial. A permit is required for storage prior to recycling.

(4) Exempt Boiler and/or Industrial Furnace

- a. Small Quantity On-site Burner Exemption
b. Smelting, Melting, and Refining Furnace Exemption

(5) Person Authorized to Manage Conditionally Exempt Waste

Generated at Other Facilities - Choose 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 - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.

(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 Greenwich Insurance Company
Address 10 XL Environmental
520 Eagleview Blvd. PXTON PA. 19341
Contact Janet Hickey Telephone 800-823-7351
Policy Number PEC 000450308 Expiration date 8/01/09

d. Transportation Mode Air Rail Highway Water Other - specify

e. Hazardous Waste Transfer Facility: Storage Volume

Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [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.]
Notification of changes in above items
Annual update notification

**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):**

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
  - Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
  - Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
  - Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
  - Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
  - Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
  - Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
  - Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	200
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1300

(3) **Mercury Recovery and/or Reclamation Facility**  Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]  
[Chapter 62-737, F.A.C.]

(4) **Reverse Distributor of UW**       Pharmaceuticals       Lamps       Devices

(5) **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.

**C. Used Oil Activities:**

- (1) **Used Oil Transporter - indicate type(s) of activity(ies):**
- a. Transporter
  - b. Transfer Facility
- (2)  **Collection Center**
- (3)  **Used Oil Processor** (A permit is required for this activity.)
- (4)  **Off-Specification Used Oil Burner**
- (5)  **Used Oil Fuel Marketer**
- (6) **Used Oil Filter**
- a. Transporter
  - b. Transfer Facility
  - c. Processor
  - d. End User

**(8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Charles M. Owens  
 Signature of Authorized Person

Charles M. Owens  
 Print Name of Authorized Person

(7) **Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.**

A check is enclosed.

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

- our mailing (business) address
- The site (facility) address

EPA ID No. FCD984261412

**D. Other State Regulated Waste Activities:** **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]  
Note: A water facility permit may be required for this activity.

**10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).  
Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

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 all that apply):**

**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**

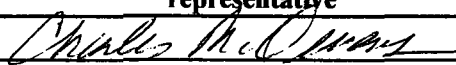
- (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- (2) Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you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

Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**C. Property Tax Default**

**D. Petition for Bankruptcy Protection**

**12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	Charles M. Owens	2-2-09

**If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:**  
John Anderson 904-791-9992 J.Anderson@ERSFL.COM  
(Name of person completing this form) (Phone Number) (E-mail Address)

**13. Comments:**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID FG ENVIR-7 DATE (MM/DD/YYYY) 08/01/08

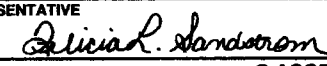
<b>PRODUCER</b> Harden & Associates, Inc. 501 Riverside Ave. Suite 1000 Jacksonville FL 32202 Phone: 904-354-3785 Fax: 904-634-1302	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURED</b> Environmental Remediation Services, Inc. 760 Tallyrand Avenue Jacksonville FL 32202	<b>INSURERS AFFORDING COVERAGE</b>
	INSURER A: Greenwich Insurance Company	22322
	INSURER B: Indian Harbor Insurance Co	36940
	INSURER C: Bridgefield Casualty Ins Co	10701
	INSURER D: XL Specialty Insurance Company	37885
	INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	GEC000450108	08/01/08	08/01/09	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY	\$ 1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
D		AUTOMOBILE LIABILITY	AEC000450208	08/01/08	08/01/09	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
B		EXCESS/UMBRELLA LIABILITY	UEC000450408	08/01/08	08/01/09	EACH OCCURRENCE	\$ 4,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 4,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$10000					\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	830-38233	08/01/08	08/01/09	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A		Pollution Liab	PEC000450308	08/01/08	08/01/09	Per Claim	1,000,000
A		Professional Liabi	PEC000450308	08/01/08	08/01/09	Aggregate	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Insurer D: Great American Ins. Co., Policy#: MAC135-94-99-07, 8/1/07-08 provides Equipment Leased or Rented in the amount of \$200,000 on any one item or \$400,000 on all such equipment, subject to \$1,000 Deductible.  
 See Attached Notepad for Additional Insured Information.

<b>CERTIFICATE HOLDER</b> FLA Dept of Envi. Protection Hazardous Waste Mgmt Section, MS4555, Twin Towers Off. Bldg 2600 Blair Stone Rd. Tallahassee FL 32399-2400	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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**NOTEPAD:**

HOLDER CODE FLADEPT  
INSURED'S NAME Environmental Remediation

ENVIR-7  
OPID FG

PAGE 2  
DATE 08/01/08

Florida Department of Environmental Protection is Additional Insured on the General Liability and Auto Liability subject to all terms, conditions and exclusions of the policies.



# Department of Environmental Protection

Jeb Bush  
Governor

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

## UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

*Environmental Remediation Svs. INC 760 Talleyrand Ave Jax, FL 32202*  
 Facility Name Street Address City and State  
*904-791-9992 904-791-9833 AP@ERSFL.COM*  
 Phone Fax E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

1. Estimated number of LAMPS handled during the last calendar year.

- 0 -

Types: Fluorescent  HID

2. Estimated number of DEVICES handled during the last calendar year. - 0 -

Types: Thermostats  Electric Switches/Relays   
Thermometers  Manometers  Other

3. Estimated weight of DEVICES handled during the last calendar year. - 0 - lb.  
(NOT ballasts)

4. Where do the lamps (L) and devices (D) go for recycling? Check the appropriate box and provide the quantity recycled.

2075 Veolia Environmental Tallahassee FL 850-878-2259  
 Number L  D  Facility Name City/State Phone

Number L  D  Facility Name City/State Phone

Number L  D  Facility Name City/State Phone

Charles M. Owens Charles M. Owens 2/2/09  
 Print Name of Authorized Agent Signature of Authorized Agent Date



Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously \_\_\_\_\_ Submitted in What Year? \_\_\_\_\_

---

Print Name of Authorized Agent

Signature of Authorized Agent

Date

**Complete, sign and return this checklist along with your registration form to:**

Laurie Tenace, MS 4555  
Hazardous Waste Management Section  
Florida Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**Your transporter registration will not be issued until you complete and return this checklist.**

**QUESTIONS OR COMMENTS?**

If you have any questions or comments, please contact Laurie Tenace at (850) 488-0300 or via e-mail at [laurie.tenace@dep.state.fl.us](mailto:laurie.tenace@dep.state.fl.us).

**Thank you for your cooperation in providing this information.**

TransChkl.doc