



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

03/04/2009

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

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 **760 Talleyrand Ave, Jacksonville, FL 32202-1031** has been registered through **March 1, 2010** with the following status:

Facility ID # **FLD984261412**
Transporter of Universal Waste Lamps and Devices

The registration form for the year **2010** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

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

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



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

RCRA Info

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 Method: Datum:

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

A 562910

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

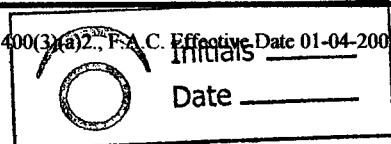
State:

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.)

- Generator categories: a. Large Quantity Generator (LQG), b. Small Quantity Generator (SQG), c. Conditionally Exempt SQG (CESQG)

In addition, indicate other generator activities that apply.

- Other generator activities: 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.

- Treatment/Storage/Disposal options: 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

- Exemption options: 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: 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.):

- Notification requirements: Certification by a responsible corporate officer, Evidence of the transporter's financial responsibility, Brief general description of the transfer facility operations, Copy of the facility closure plan, Copy of the contingency and emergency plan, Map or maps of the transfer facility

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"/>	<i>200</i>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>1300</i>

(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

ACORD CERTIFICATE OF LIABILITY INSURANCE

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

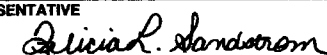
PRODUCER Harden & Associates, Inc. 501 Riverside Ave. Suite 1000 Jacksonville FL 32202 Phone: 904-354-3785 Fax: 904-634-1302	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURED Environmental Remediation Services, Inc. 760 Tallyrand Avenue Jacksonville FL 32202	INSURERS AFFORDING COVERAGE
	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 STATUTORY LIMITS <input type="checkbox"/> OTHER	
		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.

CERTIFICATE HOLDER FLA Dept of Envi. Protection Hazardous Waste Mgmt Section, MS4555, Twin Towers Off. Bldg 2600 Blair Stone Rd. Tallahassee FL 32399-2400	CANCELLATION 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

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OPID FG

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.

<i>Environmental Remediation Svcs. INC</i>	<i>760 Talleyrand Ave</i>	<i>Jax, FL 32202</i>
Facility Name	Street Address	City and State
<i>904-791-9992</i>	<i>904-791-9833</i>	<i>AP@ERSFL.com</i>
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.

- Estimated number of LAMPS handled during the last calendar year. -0-
Types: Fluorescent HID
- Estimated number of DEVICES handled during the last calendar year. -0-
Types: Thermostats Electric Switches/Relays
Thermometers Manometers Other
- Estimated weight of DEVICES handled during the last calendar year. -0- lb.
(NOT ballasts)
- Where do the lamps (L) and devices (D) go for recycling? Check the appropriate box and provide the quantity recycled.

<i>2075</i>	<i>Veolia Environmental</i>	<i>Tallahassee FL</i>	<i>850-878-2259</i>
Number L <input checked="" type="checkbox"/> D <input checked="" type="checkbox"/>	Facility Name	City/State	Phone
Number L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
Number L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
<i>Charles M. OWENS</i>	<i>Charles M. Owens</i>	<i>2/2/09</i>	
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.

Thank you for your cooperation in providing this information.

TransChkl.doc