



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

03/11/2009

Tracy DePaola
Aerc Com Inc
4317 Fortune Pl
W Melbourne, FL 32904-1509

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 **4317 Fortune PI Ste J, West Melbourne, FL 32904-1509** has been registered through **March 1, 2010** with the following status:

Facility ID # **FLD984262782**
Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Devices
Large Quantity Handler Facility for 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

RECEIVED

Date Received
 (for FDEP Official Use Only)

FEB 1 2011

EPA ID **F L D 9 8 4 2 6 2 7 8 2**

MTS

RCRAInfo

BY: *ASAM*

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 **AERC.com, Inc.**

FEID No. **2 3 3 0 6 4 8 1 6**

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

Name of Operator: **AERC.com, Inc.** **New Operator**
Date became Operator: ___/___/___
 mm dd yy

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

Latitude: **2 8 . 0 9 | 4 7 . 3 9** **Longitude:** **8 0 | 6 9 | 7 5 . 7 4** **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 or Business Mailing Address

Street Address or P.O. Box: **4317-J Fortune Place**

City or Town: **West Melbourne** **State:** **FL** **Zip Code:** **32904**

7. Facility or Business 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 (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner: **CIA, Inc.** **New Owner**
Date became Owner: ___/___/___
 mm dd yy

Street or P.O. Box: **4310 Woodland Park Drive** **Phone Number:** **321-723-3400**

City or Town: **West Melbourne** **State:** **FL** **Zip Code:** **32904**
Initials _____

Owner Type: Private Federal Municipal State Other **Date** _____

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

For Items 2 through 7, mark 'X' in all that apply.

(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 _____ See Attached Certificate of Insurance _____

Address _____

Contact _____ Telephone _____

Policy Number _____ Expiration date _____

d. **Transportation Mode** Air Rail Highway Water Other - specify _____e. **Hazardous Waste Transfer Facility:** Storage Volume 15,000 lbs. **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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45,000 lbs.
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2,000 lbs.
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5,000 lbs.
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100,000 lbs.

(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.

Signature of Authorized Person

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

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	D001	2	D002	3	D003	4	D006	5	D008	6	D009	7	D011
8	U151	9	U035	10	U026	11	U058	12	U010	13	U059	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

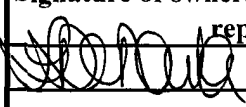
- (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can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

Contact _____ Phone _____
 Address _____
 City, State, Zip _____

C. Property Tax Default

D. Petition for Bankruptcy Protection

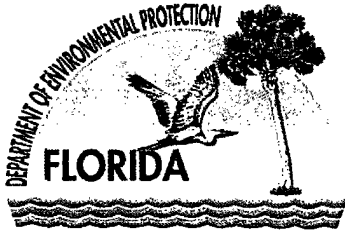
12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the 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)
	Tracy DePaola- Facility Manager	2-24-2009

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form) _____ (Phone Number) _____ (E-mail Address) _____

13. Comments:



Florida Department of Environmental Protection

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

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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.

AERC.com, Inc.		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">FL</td><td style="padding: 2px;">D</td><td style="padding: 2px;">9</td><td style="padding: 2px;">8</td><td style="padding: 2px;">4</td><td style="padding: 2px;">2</td><td style="padding: 2px;">6</td><td style="padding: 2px;">2</td><td style="padding: 2px;">7</td><td style="padding: 2px;">8</td><td style="padding: 2px;">2</td></tr></table>		FL	D	9	8	4	2	6	2	7	8	2
FL	D	9	8	4	2	6	2	7	8	2				
(Facility Name)		(EPA id)												
4317-J Fortune Place	West Melbourne	FL	32904											
(Street Address)	(City)	(State)	(Zip)											
321-952-1516	321-952-1060	tdepaola@aercycling.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. 4,900,000
 Types: Fluorescent HID
2. Estimated number of DEVICES handled during the last calendar year. 78,500
 Types: Thermostats Electric Switches/Relays
 Thermometers Manometers Other
3. Estimated weight of DEVICES handled during the last calendar year. 90,300 lb.
4. Estimated number of lamps or devices you shipped to each lamp recycling facility. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

Number	L	D	Facility Name	City	State	Phone
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Tracy DePaola		02/24/2009
Print Name of Authorized Agent	Signature of Authorized Agent	Date



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2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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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:

EPA ID Notification Coordinator
Hazardous Waste Regulation Section MS 4560
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

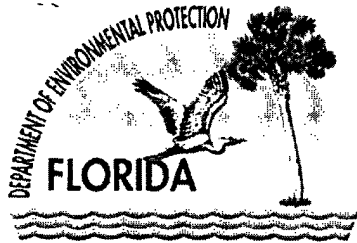
Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.

TransChkl.doc



Florida Department of Environmental Protection

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2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

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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: Aerc Com Inc
FACILITY ID NO: FLD984262782
FACILITY ADDRESS: 4317 Fortune Pl Ste J
West Melbourne, FL 32904-1509

INSURANCE CARRIER: GREENWICH INSURANCE

INSURANCE POLICY#: PEC0018695

EFFECTIVE DATE: June 01, 2008

EXPIRATION DATE: June 01, 2009

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Richard Neves DATE: June 05, 2008

Richard Neves
Hazardous Waste Management Section
850/245-8755

Are your services commercially available? No

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: AERC.com, Inc.
Transporter EPA ID: FLD 984 262 782
Location Address: 4317-J Fortune Place
West Melbourne, FL 32904-1509
Contact: Jeffery W. Smith, PE Telephone: 610-797-7608 Ext. 149
Mailing Address: 2591 Mitchell Ave
Allentown, PA 18103

II. Insurance Information:

Insurance Company: Greenwich Insurance Company
Address: 520 Eagleview Boulevard, P.O. Box 636
Exton, PA 19341-0636
Contact: Matthew Gartner Telephone: 800-327-1414
Policy Number: AEPEC00185695
Expiration date: 06/01/09 Renewal pending

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D002, D003, D006, D008, D009, D011, U151, D001

Comments: _____

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Jeffery W. Smith, PE

Print/Type Name

Signature

Director of Regulatory
Affairs & Compliance

Title

Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 06/01/09.

Date

APPROVED by Sebrena L. Bolton, changes approved by the Certifier by phone 6/4/2008

Signature of Florida Department of Environmental Protection Representative Date Signed