



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

April 06, 2009

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

## **BE IT KNOWN THAT**

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

## **IS HEREBY REGISTERED AS A USED OIL**

Transporter, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C.)  
The Department of Environmental Protection hereby issues  
Registration Number **FLD984261412** on April 06, 2009

**This registration will expire on 06/30/2010**

This certificate documents receipt of your annual registration  
and annual report. It shall be displayed in a prominent place  
at your facility. This certificate and your cancelled check  
are your receipts.

**Richard C. Neves**  
**Environmental Specialist III**  
**Hazardous Waste Regulation Permitting**



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 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:

AP@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 (List additional real property owners in the comments section.)

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

Initials Date

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 C/O XL Environmental  
520 Eagleview Blvd. EXTON 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"/>	<u>200</u>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1300</u>

**(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

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**

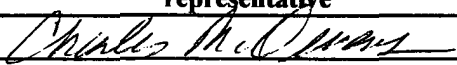
- (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- (2) Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you 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)
	<u>Charles M. Owens</u>	<u>2-2-09</u>

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:**



## Standard Operating Procedure: Used Oil Screening - Halogen

**POLICY:** This policy describes the methods used for the collection of used oil screening samples.

**APPLICABILITY:** This policy applies to all shipments of used oil transported by Environmental Remediation Services, Inc. (ERS).

**PURPOSE:** To provide for the proper handling of used oil in accordance with Federal and State requirements.

### PROCEDURE:

Used oil is defined as "any oil that has been refined from crude oil, or any synthetic oil, that has been used and as a result of such use is contaminated by physical or chemical impurities" (40 CFR 279.1).

1. Samples of used oil will be collected from the used oil holding container prior to transportation.
2. All samples will be labeled, dated and sent to a third party sampling facility for proper halogen screening.
3. Upon acceptable halogen level results **below** 1000 ppm the used oil will be scheduled for transportation. .
4. If halogen level results are equal to or **above** 1000 ppm the transportation of this waste as used oil will be refused.
5. If unacceptable halogen level results are confirmed and refusal of used oil transport is required, ERS will record this information in the generators file.
6. All used oil load accepted for transportation will be accompanied by a waste manifest. A copy of the waste manifest will be left with the used oil generator prior to departing the pickup location.