



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

January 07, 2010

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 January 07, 2010
Insurance Carrier: **GREENWICH INSURANCE**

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.

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Permitting



Initials _____
Date _____

Poor Original



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 **FLD9E4261412**

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: / /
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

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@ERS.FL.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: / /
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:

(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 Greenwich Insurance Company
 Address C/O XL Environmental
520 Eagleview Blvd. EXTON PA. 19341
 Contact JANET HICKEY Telephone 800-823-7351
 Policy Number PEC 000450309 Expiration date 8/01/10

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. FLD984261412

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, 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:

| | | |
|---------------------------------------|---------------------|-----------------------------|
| <u>John Anderson</u> | <u>904-791-9992</u> | <u>J.Anderson@ERSFL.COM</u> |
| (Name of person completing this form) | (Phone Number) | (E-mail Address) |

13. Comments:

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID A7
ENVIR-7

DATE (MM/DD/YYYY)
07/22/09

| | | |
|---|---|------------------------------------|
| 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: XL Specialty Insurance Company | 37885 |
| | INSURER C: Indian Harbor Insurance Co | 36940 |
| | INSURER D: Bridgefield Casualty Ins Co | 10701 |
| | 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 | GEC000450109 | 08/01/09 | 08/01/10 | EACH OCCURRENCE | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 |
| | | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC | |
| B | | AUTOMOBILE LIABILITY | AEC000450209 | 08/01/09 | 08/01/10 | 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 | \$ |
| C | | EXCESS/UMBRELLA LIABILITY | UEC000450409 | 08/01/09 | 08/01/10 | 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 | | | | | \$ |
| D | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 830-38233 | 08/01/09 | 08/01/10 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | 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 | PEC000450309 | 08/01/09 | 08/01/10 | Per Claim | 1,000,000 |
| | | Professional Liabi | PEC000450309 | 08/01/09 | 08/01/10 | Aggregate | 2,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Insurer E: Federal Insurance Co., Policy#: 4546-48-36, 8/1/09-10 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 <i>Ashley Blackledge</i> |
|--|---|

NOTEPAD:

HOLDER CODE FLADEPT
INSURED'S NAME Environmental Remediation

ENVIR-7
OPID A7

PAGE 2
DATE 07/22/09

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.