



Florida Department of Environmental Protection

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

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

01/25/2013
Tracy DePaola, SE Region Mgr
Aerc Com Inc
4317-J Fortune Pl
W Melbourne, FL 32904-1509

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Aerc Com Inc** located at **4317 Fortune Pl Ste J, West Melbourne , FL32904-1509**

FLD984262782

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Large Quantity Generator; and Destination for, Universal Waste Batteries, Universal Waste Battery Transporter, Universal Waste Lamps, Universal Waste Devices, Large Quantity Handler; Commercial HW Recycler.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Device Transfer Facility, UW Lamp LQH, UW Device LQH (reg exp on 03/01/2014); HW Transporter, HW Transfer Facility (reg exp on 06/01/2013).**

Your facility is **currently permitted/active** as: **Operating Commercial TSD (exp on 12/30/2016); Mercury Recovery/Reclamation Facility (exp on 12/30/2016).**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984262782.

For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,



FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 43329 , Email Address: tdepaola@aerc.com



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)

APR 2013

EPA ID

F	L	D	9	8	4	2	6	2	7	8	2
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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

AERC.COM, INC.

FEID No.

2	3	3	0	6	4	8	1	6
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3. Facility Operator
(List additional Operators in the comments section).

Name of Operator:
AERC.COM, INC. d/b/a AERC RECYCLING SOLUTIONS

New Operator
Date became Operator: 11 / 01 / 1993
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	5	3	9
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 Longitude:

8	0	4	1	4	7
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 Method: _____ Datum: _____
d d m m s s . ssss d d m m s s . ssss

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

A. 562211 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 MGR

Phone Number: 321-952-1516 Extension: _____ E-Mail: TDEPAOLA@AERC.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:
FORTUNE COOKIE PARK, 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

Owner Type: Private Federal Municipal State Other

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 89 DRUMS EQUIVALENTS **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"/>	1,088 DRUMS (ALL MATERIALS)
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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,088 DRUMS (ALL MATERIALS)
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,088 DRUMS (ALL MATERIALS)

(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

N/A

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.

FLD984262782

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		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)

TRACY DEPAOLA - FACILITY MGR

01/08/2013

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:

Table 1: Materials Flow: All quantities in Kilograms. If you report quantities on lines 10, 18, or 29, use the lines marked "Specify" below the table to describe the material. Use the codes on page 5 to complete the "Destination Code" column.

	Material	Method	Beginning	Inventory	Quantity	Received	From Out of	Quantity	Shipped	Destination Code	Ending	Inventory
			Number	Kilogramss	Number	Kilograms		State	Number		Kilograms	Number
1	LAMPS											
2	Straight Fluorescent 4 Ft.	03			2,209,181	632,629	15 %	2,209,18	632,629			
3	Straight Fluorescent 8 Ft.	03			131,195	59,634	8 %	131,195	59,634			
4	Straight Fluorescent Other Lengths	03			148,828	16,912	3 %	148,828	16,912			
5	Total Straight Fluorescent	03			2,489,204	709,175	%	2,489,204	709,175			
6	Irregular Fluorescent U , Circular	03			87,499	25,056	18 %	87,499	25,056			
7	Irregular Fluorescent Compact	03			324,685	33,944	11 %	324,685	33,944			
8	Total Irregular Fluorescent	03			412,184	59,000	%	412,184	59,000			
9	High Intensity Discharge (HID)	03			150,667	41,090	8 %	150,667	41,090			
10	Other Whole Lamps (Specify Below)	03			190,164	64,828	2 %	190,164	64,828			
11	Unintentionally Broken Lamps						%					
12	Total Lamps				3,242,219	874,093	%	3,242,219	874,093			
13	Intentionally Crushed Lamps			736,000		210,763	12 %		210,763			
14	DEVICES											
15	Thermostats				100,000	68,181	3 %		68,181	11		
16	Mercury Column Devices				0		%					
17	Other Relays/Switches/Gauges					38,181	3 %		38,181	11		
18	Other Devices (Specify Below)						%					
19	Unintentionally Broken Devices						%					
20	Total Devices				156,000	106,362	3 %		106,362	11		
21	Intentionally Crushed Devices						%					
22	MISCELLANEOUS											
23	Separated Ampoules						%					
24	Separated HID Arc Tubes						%					
25	Liquid Mercury					227	1 %		227	11		
26	Separated Glass						%			04		
27	Separated Aluminum						%			03		
28	Phosphor Powder						%			11		
29	Other (Specify Below)						%					
30	Total Materials					1,191,447	%					

Specify: Describe materials listed in Table 1 above on Line 10, Line 18, and Line 29. For example, laboratory test equipment lamps, filter material, floor sweepings, cardboard, plastic, personal protective equipment, etc.

Line 10 SHATTERSHIELD/COATED LAMPS/ARC/UV LAMPS/INCANDESCENTS/HALOGENS

Line 18 56,000 - relay switches, thermometers, manometers

Line 29

