



## Florida Department of Environmental Protection

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

Rick Scott  
Governor

Carlos Lopez-Cantera  
Lt. Governor

Jonathan P. Steverson  
Secretary

03/23/2016  
Mark Larsen, Operations Mgr  
Aerc Com Inc  
1921 Jacques Dr  
Melbourne, FL 32940

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, FL 32904-1509**

**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 Lamps, Universal Waste Devices; Petroleum Contact Water Management; Commercial HW Recycler.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp LQH, UW Device LQH (reg exp on 03/01/2017); HW Transporter, HW Transfer Facility (reg exp on 11/30/2016).**

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:**

[https://fldeploc.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLD984262782](https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984262782).

For further assistance, please contact me at (850) 245-8749 or email at

[Glen.Perrigan@dep.state.fl.us](mailto:Glen.Perrigan@dep.state.fl.us).

Sincerely,

*Robin K. Pandley*  
For

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 43329, Email Address: [mlarsen@aerc.com](mailto:mlarsen@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) 245-8707

RECEIVED
Date Received
ENVIRONMENTAL PROTECTION
(for FDEP Official Use Only)
FEB 23 2016
PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

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

Please use the instructions document to complete this form

1. Reason for Submittal

(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box:

(must choose one if a notification)

- To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
To provide subsequent notification (to update status and facility identification information).
To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)

2. Facility or Business Name

AERC.Com Inc.

3. Facility Operator

(List additional Operators in the comments section).

Name of Operator: AERC.com INC Date became Operator: 01 / 01 / 90

Street or P.O. Box: 4317 Fortune Place J Phone Number: 321-952-1516

City or Town: West Melbourne State: FL Zip Code: 32904 Country (if not USA):

Operator Type: Private Federal Municipal State County Other

4. Facility Physical Location Information

(No P.O. Boxes)

Same address as #3 above or:

Physical Street Address: Vessel

City or Town: State: Zip Code:

County: Country (if not USA):

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

A. 5 6 2 2 1 1 (required) B. C. D.

6. Facility or Business Mailing Address

Same address as # above or: Street or P.O. Box:

City or Town: State: Zip/Postal Code: Country (if not USA):

7. Facility or Business RCRA Contact Person

Same address as # above or:

First Name: Mark Last Name: Larsen Title: Operations Manager

Phone Number: 321-952-1516 Extension: E-Mail: Fax:

Street or P.O. Box:

City or Town: State: Zip Code: Country (if not USA):

8. Real Property (FL Land) Owner of the Facility's Physical Location

(List additional owners in the comments section.)

Same address as # above or:

Name of Owner: CIA Inc Date became Owner: 01 / 01 / 90 New Owner mm dd yy

Street or P.O. Box: 4320 Woodland Park Drive Phone Number: 321-732-3400

City or Town: West Melbourne State: FL Zip Code: 32904 Country (if not USA):

Owner Type: Private Federal Municipal State County Other

**9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**

**(A) (1) Generator of Hazardous Waste**

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

Yes  No (Do not include Universal Waste or Used Oil)

**(2) Treater, Storer, or Disposer of Hazardous Waste**

If YES, Choose only one of the following three categories.

(at your facility) Note: A hazardous waste permit may be required for this activity.

**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 (at least once a year)

- a. Operating Commercial TSD
- b. Operating Non-Commercial TSD
- c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)

**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 (at least once a year)

**(3)  Recycler of Hazardous Waste (at your facility)**  
Specify:  Commercial  Non-Commercial.  
Note: 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

**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

**(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.

- In addition, indicate other generator activities that apply.**
- d. Short-Term Generator (one-time, not on-going)
  - e. Episodic: Not more than one-time per year: \_\_SQG\_\_LQG
  - f. United States Importer of hazardous waste
  - g. Mixed Waste (hazardous and radioactive) Generator

**(6)  Receives Hazardous Waste from Off-Site**

**(7)  Underground Injection Control**

**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, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

<sup>1</sup> D001	<sup>2</sup> D002	<sup>3</sup> D003	<sup>4</sup> D006	<sup>5</sup> D008	<sup>6</sup> D009	<sup>7</sup> D011
<sup>8</sup> U010	<sup>9</sup> U026	<sup>10</sup> U035	<sup>11</sup> U058	<sup>12</sup> U059	<sup>13</sup> U151	<sup>14</sup>
<sup>15</sup>	<sup>16</sup>	<sup>17</sup>	<sup>18</sup>	<sup>19</sup>	<sup>20</sup>	<sup>21</sup>

**11. Other Status Changes** (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

- (A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)
- (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.
- (B) Facility Closed** (Complete this section only if all business activities at this facility have ceased.)
- (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will
  - (2) Out of Business - Business closed on \_\_\_\_\_ (date)

**(C) Property Tax Default**

**(D) Petition for Bankruptcy Protection**

**12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:	First Name:		Last Name:		Title:
	Phone Number:		Extension:	E-Mail:	
Contact for:	Street or P.O. Box:				
	City or Town:		State:(Country):		Zip Code:
<input type="checkbox"/> HW Transporter					
<input type="checkbox"/> Used Oil Handler					
<input type="checkbox"/> Universal Waste					

12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :

A. Federal Notification

Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)

Accumulates:  a. UW Batteries  b. Pesticides  c. Pharmaceuticals

d. Mercury Containing Devices  e. Mercury Containing Lamps

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.

B. Florida Universal Pharmaceutical Waste (UPW): one-time registration

Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)

Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated

Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])

C. Florida Annual Mercury Handler Registration:

For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).

If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.

(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities

First time registering  Renewal  One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

For-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices

For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices

Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler

Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler

Annual Registration Required

Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler

Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler

Annual Registration + one-time \$1,000 fee+ More Requirements (contact FDEP)

(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)

First time registering  Renewal

Annual Registration Required

Briefly Describe your Universal Waste Activities:

We use Drum Top Bulb Crusher(s).

13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW)  Recovery  Transport [62-740 F.A.C.]

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]



**(14 cont.) Hazardous Waste Transfer Facilities:** In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [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.]

**(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))**

In addition to the requirements on Page 4 Section 15:


- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):.

The used oil annual report is attached  Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

**16. Comments (attach a page if more space is needed):**

**17. 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.

I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	MARK LARSEN FACILITY MANAGER	<input type="checkbox"/>	02/18/2010
		<input type="checkbox"/>	
		<input type="checkbox"/>	

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

Stephen Kefauver (Name of person completing this form) 973-691-3200 x 7560 (Phone Number) sk@gec.com (E-mail Address)

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AERC.Com Inc.

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

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2015 Hazardous Waste Report

**GM FORM**

**WASTE GENERATION AND MANAGEMENT**

<b>Sec. 1</b>	A. Waste description: <u>Batteries - Damaged</u>		
B. EPA hazardous waste code(s) <u>0 0 0 2</u>		C. State hazardous waste code(s)	
D. Source code <u>G G 1</u> Management Method code for Source code G25		E. Form code <u>W 3 0 9</u>	F. Quantity generated in 2015 <u>6 3 0 1 0</u> UOM <input checked="" type="checkbox"/> Pounds Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Waste minimization code <input checked="" type="checkbox"/>			

**Sec. 2** Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?

Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>		<u>H</u>	

**Sec. 3** A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?

Yes (CONTINUE TO ITEM B)

No (FORM IS COMPLETE)

Site 1	B. EPA ID No. of facility to which waste was shipped <u>P A 0 9 8 7 3 6 7 2 1 6</u>	C. Off-site Management Method code shipped to <u>H 1 4 1</u>	D. Total quantity shipped in 2015 <u>6 3 0 1 0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AERC.Com Inc.

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

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2015 Hazardous Waste Report

**GM FORM**

**WASTE GENERATION AND MANAGEMENT**

<b>Sec. 1</b>	A. Waste description: <u>Mercury in Manufactured Articles</u>		
B. EPA hazardous waste code(s) <u>01009</u>		C. State hazardous waste code(s)	
D. Source code <u>G611</u> Management Method code for Source code G25		E. Form code <u>W320</u>	F. Quantity generated in 2015 <u>60900</u> UOM <input checked="" type="checkbox"/> Pounds Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Waste minimization code <input checked="" type="checkbox"/>			

**Sec. 2** Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?

Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>		<u>H</u>	

**Sec. 3** A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?

Yes (CONTINUE TO ITEM B)

No (FORM IS COMPLETE)

Site 1	B. EPA ID No. of facility to which waste was shipped <u>PA 0987367216</u>	C. Off-site Management Method code shipped to <u>40110</u>	D. Total quantity shipped in 2015 <u>60900</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AERC.Com Inc.

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

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2015 Hazardous Waste Report

**GM FORM**

**WASTE GENERATION AND MANAGEMENT**

<b>Sec. 1</b>	A. Waste description: <u>Plant scraps</u>		
B. EPA hazardous waste code(s) <u>0009</u>		C. State hazardous waste code(s)	
D. Source code <u>G27</u> Management Method code for Source code G25		E. Form code <u>W002</u>	F. Quantity generated in 2015 <u>47860</u> UOM <input checked="" type="checkbox"/> Pounds Density <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg
G. Waste minimization code <input checked="" type="checkbox"/>			

**Sec. 2** Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?

Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>		<u>H</u>	

**Sec. 3** A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?

Yes (CONTINUE TO ITEM B)

No (FORM IS COMPLETE)

Site 1	B. EPA ID No. of facility to which waste was shipped <u>PA0987367216</u>	C. Off-site Management Method code shipped to <u>H0110</u>	D. Total quantity shipped in 2015 <u>47860</u>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: AERC.Com Inc.

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

**U.S. ENVIRONMENTAL PROTECTION AGENCY**

2015 Hazardous Waste Report

**GM FORM**

**WASTE GENERATION AND MANAGEMENT**

<b>Sec. 1</b>			
A. Waste description: <u>Waste - Phosphorous Powder</u>			
B. EPA hazardous waste code(s) <u>D009</u>		C. State hazardous waste code(s)	
D. Source code <u>G27</u>		E. Form code <u>V320</u>	F. Quantity generated in 2015 <u>28279.0</u>
Management Method code for Source code G25		UOM <input checked="" type="checkbox"/> Pounds	G. Waste minimization code <input checked="" type="checkbox"/>
		Density	<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

**Sec. 2** Was any of this waste that was generated at this facility treated, disposed, and/or recycled on site?

Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2015
<u>H</u>		<u>H</u>	

**Sec. 3** A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling?

Yes (CONTINUE TO ITEM B)

No (FORM IS COMPLETE)

Site 1	B. EPA ID No. of facility to which waste was shipped <u>PA0987367216</u>	C. Off-site Management Method code shipped to <u>H018</u>	D. Total quantity shipped in 2015 <u>28279.0</u> <del>2729.0</del>
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code shipped to	D. Total quantity shipped in 2015

Comments:



February 22, 2016

FedEx Express

7756 9957 7894

FL Department of Environmental Protection  
Waste Management Division HWRS MS54560  
2600 Blair Stone Road  
Tallahassee, FL 32399  
850-245-8707

**RE: Submission of 2015 Hazardous Waste Biennial Report**  
AERC.com, Inc., 4317 J Fortune Place West Melbourne, FL 32904  
EPA ID: FLD984262782

To Whom It May Concern:

Please find attached Hazardous Waste Biennial Report completed for the AERC facility referenced above.

If you have any questions concerning this report please contact me at (804) 840-1532.

Sincerely,

Stephen Lefon  
Director of Sustainability  
[slefon@aerc.com](mailto:slefon@aerc.com)  
Enclosure