



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

04/07/2016
Chris Fluder, EHS Mgr
Roux Laboratories Inc
5344 Overmyer Dr
Jacksonville, FL 32254-3645

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 **Roux Laboratories Inc** located at **2210 Melson Ave, Jacksonville , FL 32254-1849**

FLD984246850

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Large Quantity Generator.**

Your facility is **currently registered** for the following activities: **None.**

Your facility is **currently permitted/active** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

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=FLD984246850.

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

Glen.Perrigan@dep.state.fl.us.

Sincerely,

Robin K. Pandley
For

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 33180 , Email Address: christopher.fluder@revlon.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

Date Received
RECEIVED
(for FDEP Official Use Only)
ENVIRONMENTAL PROTECTION

FEB 24 2016

PERMITTING & COMPLIANCE

EPA ID:

F L D 9 8 4 2 4 6 8 5 0

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, - com-
plete 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

ROUX Labs/Revlon/formally Colomer

3. Facility Operator

(List additional Opera-
tors in the comments
section).

Name of Operator:

Revlon

Date became Operator: 01 / 01 / 14

Street or P.O. Box:

5344 Overmyer Drive

Phone Number:

904-693-1354

City or Town:

Jacksonville

State:

Florida

Zip Code:

32254

Country (if not USA):

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

4. Facility Physical Location Information

☐ Same address as
#3 above or:

Physical Street Address:

2210 Melson Ave

☐ Vessel

City or Town:

Jacksonville

State:

Florida

Zip Code:

32254

County:

Country (if not USA):

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

A. 4 9 3 1 1 0
(required)
B.
C.
D.

6. Facility or Business Mailing Address

☒ Same address as #_3_ 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

First Name:

Chris

Last Name:

Fluder

Title:

Manager EHS

Phone Number:

904-693-1354

Extension:

E-Mail:

christopher.fluder@revlon.com

Fax:

Street or P.O. Box:

5344 Overmyer Drive

☐ Same address as
#_ above or:

City or Town:

Jacksonville

State:

Florida

Zip Code:

32254

Country (if not USA):

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

(List additional
owners in the com-
ments section.)

☐ Same address as
#_1_ above or:

Name of Owner:



Date became Owner: / /

☐ New Owner mm dd yy

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

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

If YES, 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 (at least once a year)

☐ **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)

☐ **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. 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

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 Order (HSWA, etc.)

(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

(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) 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.

1 D001	2 D002	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

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

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

<input type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> 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 <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> 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)]

Hazardous Waste and Used Oil Transporter Registrations

EPA ID No. FLD984246850

14. HW-Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. **Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.**

A. HW Transporter Registration Information (must be completed annually and when this information changes)**This facility is a registered transporter of hazardous waste.****This form is:** ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration☐ 1. For own waste only ☐ 2. For commercial purposes ☐ 3. Both commercial and own waste4. Transportation Mode ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify _____**B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)**☐ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume _____**This form is:** ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration**Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.****The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):**☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),

Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.**(1) Used Oil Transporter - mark activities: (occurring in Florida)**☐ a. Transporter (off-site) and noncontiguous locations☐ b. Transfer Facility**(2)** ☐ Collection Center (From businesses, no more than 55 gal per shipment)**(3)** ☐ Used Oil Processor (A permit is required.)**(4)** ☐ Off-Specification Used Oil Burner**(5)** Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec**(6) Used Oil Filter Management (must annually register)**☐ a. Transporter☐ b. Transfer Facility☐ c. Processor (Annual Report Required)☐ d. End User**(7)** The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):☐ Our mailing (business) address ☐ The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

(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:

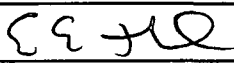
- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting 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)
	Chris Fluder /Manager EHS	<input type="checkbox"/>	02-16-16
		<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:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: ROUX Labs/Revlon/previously Colomer

EPA ID Number F L D 9 8 4 2 4 6 8 5 0

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2015 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT**Sec. 1** A. Waste description: Waste Paint Related Material 12040228RZV1

B. EPA hazardous waste code(s)

D 0 0 1

C. State hazardous waste code(s)

D 0 0 1

D. Source code

G 1 1

E. Form code

W 2 0 9

F. Quantity generated in 2015

1 1 7 6 8 8 0

G. Waste
minimization code

x

Management Method code for Source code G25

UOM 1

Density lbs/gal 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 codeQuantity treated, disposed, or
recycled on site in 2015On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2015

H

H

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

T N D 0 0 0 7 7 2 1 8 6

C. Off-site Management
Method code shipped to

H 1 4 1

D. Total quantity shipped in 2015

1 1 7 6 8 8 0

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: ROUX Labs/Revlon/previously Colomer

EPA ID Number F L D 9 8 4 2 4 6 8 5 0

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2015 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1 A. Waste description: Waste Oxidizing Solids 70360-16

B. EPA hazardous waste code(s)

D 0 0 1

C. State hazardous waste code(s)

D 0 0 1

D. Source code

G 1 1

E. Form code

W 3 1 9

F. Quantity generated in 2015

1 0 0 0 0

G. Waste
minimization code

x

Management Method code for Source code G25

UOM 1

Density lbs/gal 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 Management
Method codeQuantity treated, disposed, or
recycled on site in 2015

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2015

H

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

O H D 9 8 0 6 1 3 5 4 1

C. Off-site Management
Method code shipped to

H 0 4 0

D. Total quantity shipped in 2015

1 0 0 0 0

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:

Ammonium Persulfate mixture

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: ROUX Labs/Revlon/previously Colomer

EPA ID Number F L D 9 8 4 2 4 6 8 5 0

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2015 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1 A. Waste description: Waste Aerosols 14080075AF1

B. EPA hazardous waste code(s)

D 0 0 1

C. State hazardous waste code(s)

D 0 0 1

D. Source code

G 1 1

E. Form code

W 8 0 1

F. Quantity generated in 2015

9 6 9 0 0

G. Waste
minimization code

x

Management Method code for Source code G25

UOM 1

Density lbs/gal 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 Management
Method codeQuantity treated, disposed, or
recycled on site in 2015

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2015

H

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

T N D 0 0 0 7 7 2 1 8 6

C. Off-site Management
Method code shipped to

H 1 4 1

D. Total quantity shipped in 2015

9 1 9 0 0

Site 2

B. EPA ID No. of facility to which waste was shipped

T N D 0 0 0 7 7 2 1 8 6

C. Off-site Management
Method code shipped to

H 0 6 1

D. Total quantity shipped in 2015

5 0 0 0

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: ROUX Labs/Revlon/previously Colomer

EPA ID Number F L D 9 8 4 2 4 6 8 5 0

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2015 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1 A. Waste description: Waste Ethanol Solution 12040226RZV1

B. EPA hazardous waste code(s)

D 0 0 1

C. State hazardous waste code(s)

D 0 0 1

D. Source code

G 1 1

E. Form code

W 2 1 9

F. Quantity generated in 2015

8 5 6 8 0

G. Waste
minimization code

x

Management Method code for Source code G25

UOM 1

Density lbs/gal 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 codeQuantity treated, disposed, or
recycled on site in 2015On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2015

H

H

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

T N D 0 0 0 7 7 2 1 8 6

C. Off-site Management
Method code shipped to

H 1 4 1

D. Total quantity shipped in 2015

8 5 6 8 0

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:

Product containing alcohol

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: ROUX Labs/Revlon/previously Colomer

EPA ID Number F L D 9 8 4 2 4 6 8 5 0

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2015 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT

Sec. 1 A. Waste description: Waste corrosive liquids, base 15040107V1

B. EPA hazardous waste code(s)

D 0 0 2

C. State hazardous waste code(s)

D 0 0 2

D. Source code

G 1 1

E. Form code

W 1 1 3

F. Quantity generated in 2015

2 5 0 0

G. Waste
minimization code

x

Management Method code for Source code G25

UOM 1

Density lbs/gal 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 Management
Method codeQuantity treated, disposed, or
recycled on site in 2015

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2015

H

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

T N D 0 0 0 7 7 2 1 8 6

C. Off-site Management
Method code shipped to

H 1 4 1

D. Total quantity shipped in 2015

2 5 0 0

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:

Product containing alcohol

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: ROUX Labs/Revlon/previously Colomer

EPA ID Number F L D 9 8 4 2 4 6 8 5 0

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2015 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT**Sec. 1** A. Waste description: Waste corrosive liquids, acid 15070165ZV1

B. EPA hazardous waste code(s)

D 0 0 2

C. State hazardous waste code(s)

D 0 0 2

D. Source code

G 1 1

E. Form code

W 1 1 3

F. Quantity generated in 2015

1 2 0 0 0

G. Waste
minimization code

X

Management Method code for Source code G25

UOM 1

Density lbs/gal 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 Management
Method codeQuantity treated, disposed, or
recycled on site in 2015

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2015

H

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

T N D 0 0 0 7 7 2 1 8 6

C. Off-site Management
Method code shipped to

H 0 6 1

D. Total quantity shipped in 2015

1 2 0 0 0

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: ROUX Labs/Revlon/previously Colomer

EPA ID Number F L D 9 8 4 2 4 6 8 5 0

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2015 Hazardous Waste Report

GM
FORMWASTE GENERATION
AND MANAGEMENT**Sec. 1** A. Waste description: Waste sodium hydroxide Solution 12050215ZV3

B. EPA hazardous waste code(s)

D 0 0 2

C. State hazardous waste code(s)

D 0 0 2

D. Source code

G 1 1

E. Form code

W 1 1 3

F. Quantity generated in 2015

5 5 0 0

G. Waste minimization code

X

Management Method code for Source code G25

UOM 1

Density lbs/gal 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 codeQuantity treated, disposed, or
recycled on site in 2015On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2015

H

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

T N D 0 0 0 7 7 2 1 8 6

C. Off-site Management
Method code shipped to

H 1 4 1

D. Total quantity shipped in 2015

5 5 0 0

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:

RECEIVED
ENVIRONMENTAL PROTECTION

FEB 24 2016


United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM
PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM
**SEND
COMPLETED
FORM TO:**
 The Appropriate
 State or Regional
 Office.

1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input checked="" type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>F L D 9 8 4 2 4 6 8 5 0</u>		
3. Site Name	Name: ROUX Labs/Revlon/previously Colomer		
4. Site Location Information	Street Address: 2210 Melson Ave		
	City, Town, or Village: Jacksonville		County: Duval
	State: Florida	Country: USA	Zip Code: 32254
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>4 9 3 1 1 0</u>	C. <u> </u>	
	B. <u> </u>	D. <u> </u>	
7. Site Mailing Address	Street or P.O. Box: 5344 Overmyer Drive		
	City, Town, or Village: Jacksonville		
	State: Florida	Country: USA	Zip Code: 32254
8. Site Contact Person	First Name: Chris	MI:	Last: Fluder
	Title: Manager EHS		
	Street or P.O. Box: 5344 Overmyer Drive		
	City, Town or Village: Jacksonville		
	State: Florida	Country: USA	Zip Code: 32254
	Email: christopher.fluder@revlon.com		
	Phone: 904-693-1354	Ext.:	Fax:
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Revlon		Date Became Owner: ~1/1/14
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: 5344 Overmyer Drive		
	City, Town, or Village: Jacksonville		Phone: 904-693-1200
	State: Florida	Country: USA	Zip Code: 32254
	B. Name of Site's Operator: Same as above		Date Became Operator:
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes," mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

Y ☐ N ☒

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes," mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**

If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes," mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes," mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes," mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002					

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

D001	D002					

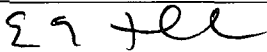
12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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 fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Chris Fluder Manager EHS	02/16/2016