

10. Operator's name: Veolia ES Technical Solutions Telephone: (850) 877-8299

11. Operator's address:

Name: Veolia Es Technical Solutions, L.L.C.

Address:

<u>342</u>	<u>Marpan Lane</u>	<u>Tallahassee</u>	<u>32305</u>
Street or PO. Box	City	State	Zip

12. Facility owner's name: Veolia ES Tech. Sol. Telephone: (617) 849-6600

13. Facility owner's address:

<u>53 State Street</u>	<u>Boston</u>	<u>MA</u>	<u>02109</u>
Street or PO. Box	City	State	Zip

14. Legal structure: ☒ Corporation ☐ Non-profit Corporation ☐ Partnership ☐ Individual
☐ Local Government ☐ State Government ☐ Federal Government ☐ Other (specify)

15. If an individual, partnership, or business is operating under an assumed name, specify the county and state where the name is registered.

County: _____ State: _____

16. If the legal structure is a corporation, indicate the state of incorporation.

State of incorporation: Delaware

17. If the legal structure is an individual or partnership, list the owners' names and mailing addresses.

Name: _____

Address:

_____	_____	_____	_____
Street or PO. Box	City	State	Zip

Name: _____

Address:

_____	_____	_____	_____
Street or PO. Box	City	State	Zip

Name: _____

Address:

_____	_____	_____	_____
Street or PO. Box	City	State	Zip

Name: _____

Address:

Street or PO. Box	City	State	Zip
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18. Site ownership status: ☐ owned ☐ to be purchased ☐ to be leased _____ years

☒ presently leased; the expiration date of the lease is: 5/31/2024

If leased, indicate:

Land owner's name: H.M. Williams Properties

Land owner's address:

Name: H.M. Williams Properties

Address:

<u>P.O. Box 268</u>	<u>Tallahassee</u>	<u>FL</u>	<u>32316</u>
Street or PO. Box	City	State	Zip

19. Name of professional engineer: Cory A. Houchin

Registration no.: 58064

Address:

Name: Cory A. Houchin

Address:

<u>P.O. Box 7495</u>	<u>Tampa</u>	<u>FL</u>	<u>33673</u>
Street or PO. Box	City	State	Zip

Associated with: Environmental Services Group, Inc.

20. Facility located on Indian land: ☐ yes ☒ no

21. Existing or pending environmental permits: (attach a separate sheet if necessary)

TYPE OF PERMIT	AGENCY	PERMIT NUMBER	DATE ISSUED	EXPIRATION DATE
Mercury Recov	FL DEP	71455-014-HO	8-4-2021	9-26-2026
Air Permit	FL DEP	0730094-009-/	10-15-2021	10-15-2026
NPDES	FL DEP	FLR05F873-00	4-26-2019	4-28-2024

B. Site Information

- Facility location : County: Leon Nearest Community: Tallahassee
Latitude: 30.364417 Longitude: -84.266575
Section: 30 Township: 1 South Range: 1East
UTM # NA / /
- Area of facility site (acres): 3.2
- Attach a topographic map of the facility area and a scale drawing and photographs of the facility showing the location of all past, present, and future material receiving, storage and processing areas. Also show the incoming and outgoing material traffic pattern including estimated volume and controls.
- Is the site located in a 100-year flood plain? [] yes [✓] no
If yes, describe how facility will be constructed to prevent flooding (labeled as **Attachment** ____).

C. Land Use Information

- Present zoning of the site. Mixed Use - M1
- If a zoning change is needed, what should the new zoning be?
N/A
- Present land use of site
Industrial

D. Operating Information

1. Is hazardous waste generated on site? ☒ yes ☐ no

List the types and anticipated annual amounts of generation (attach a separate sheet if necessary).

Mercury Phosphor Powder - 25,000 - 125,000 pounds

Spent Carbon 0 - 3,000 pounds

HEPA Filters/Filter Bags/PPE/Used Conveyor Belts 0 - 10,000 pound

HID Arc Tubes 20,000 - 50,000 pounds

2. Attach a brief description of the facility operation, nature of the business, and activities.

See Attachment D-2 - changes to paragraph 4 -Elemental mercury is recovered from the retort operation and shipped to a mercury refiner/seller... Or the mercury is sent for processing and disposal by converting the mercury back to cinnabar..

3. Specify below each process used for storing or recycling of lamps or devices (including daily design capacities for recycling operations) at the facility, and annual quantities, to be stored or processed at the facility. (Attach a separate sheet if necessary)

PROCESS	DAILY DESIGN CAPACITY	UNIT OF MEASURE	ANNUAL QUANTITY
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See Attachment D-3

4. Indicate the type of material and total amount of maximum desired storage to be permitted by the facility. This is the maximum amount of raw or unprocessed material, such as lamps or devices, and the total types and amounts of processed material, such as glass or phosphor material, which shall exist at the facility at any time. This shall be the maximum allowed storage by the facility. (attach a separate sheet if necessary)

See Attachment D-4

5. Attach a description of how the facility shall be constructed and operated and the specifics of the technology which shall be utilized to process or recycle lamps and devices. Include any engineering plans, calculations and other related information describing the process to include the design, installation and operation of any air pollution control equipment. All engineering plans and reports shall be signed and sealed by a professional engineer registered in the State of Florida. Describe the specific types of materials the facility shall accept for introduction into its process. (e.g. fluorescent lamps, electrical thermostats etc.)

Construction and Operation Plans are labeled as Attachment D-5 (19 of 40)

6. Attach a description of the facility's Contingency Plan for responding to and dealing with spills or releases of hazardous material to the environment during facility operation or any other emergency conditions. Include the name and 24-hour response telephone number of the facility emergency response coordinator, who is to be contacted in the event of an emergency. Plans should at a minimum conform to the requirements of 40 CFR 264, Subpart D. Attach a description of procedures, structures, or equipment used at the facility to:

- (1) Mitigate effects of equipment failure
- (2) Prevent hazards in unloading operations (e.g., ramps, special forklifts);
- (3) Prevent undue exposure of personnel to hazardous material (e.g., protective clothing);
- (4) Prevent releases to soil, water or the atmosphere; and

Attach a description of the preparedness and prevention procedures including required equipment, testing and maintenance of equipment, access to communications or alarm system, required aisle space, and arrangements with local authorities. Procedures should at a minimum conform to the requirements of 40 CFR 264, Subpart C.

Contingency Plan is labeled as Attachment D-6

7. Attach a copy of the facility's Worker Health and Safety Plan including training. This plan shall be of sufficient detail to describe how workers will be informed of the hazards present in the workplace and how to protect them from exposure or injury from these conditions. The plan should contain elements to instruct employees in identification of hazards, releases, emergency response conditions and methods to prevent releases of hazardous material.

Worker Health and Safety Plan including training is labeled as Attachment D-7

8. Attach a copy of the facility's Quality Control Plan to be approved in accordance with Chapter 62-160, F.A.C. This plan should include detailed description of how the facility shall monitor the conformance to the facility's operational plan, training plan, its methods of determining compliance with permit conditions or Chapter 62-737, F.A.C., (e.g., material sampling and analysis) and the performance of its processing equipment or pollution control equipment (if applicable). The plan shall also contain the measures to monitor conformance with the facility's closure plan.

Quality Control plan to be labeled as Attachment D-8

9. Attach a copy of the facility's Closure Plan. This plan shall be of adequate detail as to describe how the facility shall properly remove all quantities of raw or unprocessed material and processed materials or wastes in the event of either voluntary or involuntary closure or cessation of operations. The plan must also include programs for clean up or decontamination of process equipment and process areas if applicable and any analytical testing which must be performed to determine the adequate removal of hazardous materials. The plan must also include the estimated costs involved in carrying out each aspect of the closure of the facility.

Attach the following information to meet the closure performance standard which requires removing all hazardous wastes and hazardous constituents and controlling, minimizing, or eliminating, to the extent necessary to protect human health and the environment, closure related releases of hazardous waste, hazardous constituents, leachate, contaminated run-off, or hazardous waste decomposition products to the soil, ground water, surface waters or to the atmosphere. The closure plan must include the following information:

- a. A description of how the applicant will close the facility.
- b. An estimate of the maximum inventory of unprocessed and processed materials and wastes on site at any one time over the active life of the facility and a detailed description of the methods to be used during closure. The methods may include methods for removing, transporting, treating, storing, recycling or disposing of all processed and unprocessed materials and all hazardous wastes. Identify the type(s) of the off site recycling or hazardous waste management units the applicant will use, if applicable;
- c. A detailed description of the steps needed to remove or decontaminate all hazardous waste residues and contaminated containment system components, equipment, structures, and soils during closure. The steps include procedures for cleaning equipment and removing contaminated materials, methods for sampling and testing contaminated operational areas of the facility, and criteria for determining the extent of decontamination required to satisfy the closure plan standard;
- d. A schedule for closure of each facility. The schedule must include, at a minimum, the total time required to close each facility and the time required for intervening closure activities which will allow tracking of the progress of final closure ; and

e. A detailed description of the costs of closure. Attach the most recent closure cost estimates for the facility and a copy of the financial mechanism used to establish financial assurance for closure of the facility. The financial information must be submitted using forms specified in 62-737.80-0(4), F.A.C.

Closure Plan is labeled as Attachment D-9

Financial Assurance Form is labeled as Attachment D-9.1

10. Attach a copy of the documents used to demonstrate both general and pollution liability insurance coverage of at least \$1,000,000 as required in 62-737.800 F.A.C.. Proof of this coverage must be provided to the Department on an annual basis

Certificate of Insurance is labeled Attachment D-10

11. Attach a list of the destinations and uses of processed material shipped off site for disposal or recycling. This is to include the markets for recycled glass or metal end caps or the recovered mercury from reclamation operations. For mercury recovery facility applications, identify the mercury reclamation facility which accepts your material for recovery of the mercury. If this is an out of state facility, include the facility's certification of compliance to the provisions identified in 62-737.840 (4), F.A.C.

List of Destinations Facilities and Uses labeled as Attachment D-11

12. Attach a copy of the facility's Inspection Plan. This plan shall include the measures the facility shall take to monitor and inspect the performance of process operations and pollution control equipment. Indicate the methods and frequency of these inspections and the types of logs or records which shall be maintained.

Inspection Plan is labeled as Attachment D-12

**APPLICATION FOR A MERCURY-CONTAINING LAMP OR DEVICE
MERCURY RECOVERY OR MERCURY RECLAMATION FACILITY PERMIT**


Part II - CERTIFICATION

TO BE COMPLETED BY ALL APPLICANTS

Facility Name: Veolia Es Technical Solutions EPA ID# FL0000207449

1. Operator

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 gathered and evaluated 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 fine and imprisonment for knowing violations. Further, I agree to comply with the provisions of Chapter 403, Florida Statutes, Chapter 62-737, F.A.C., and all rules and regulations of the Department of Environmental Protection. It is understood that the permit is only transferable in accordance with Chapter 62-737, F.A.C., and, if granted a permit, the Department of Environmental Protection will be notified prior to the sale or legal transfer of the permitted facility.


Signature of the Operator or Authorized Representative*


Scott Thibodeau, General Manager
Name and Title (Please type or print)

Date: 2/7/23 Telephone : (920) 574-2437

*** If authorized representative, attach letter of authorization.**

2. Facility Owner

This is to certify that I understand that this application is submitted for the purpose of obtaining a permit to construct, or operate a mercury-containing lamp or device mercury recovery or mercury reclamation facility . As owner of the facility, I understand fully that the facility operator and I are jointly responsible for compliance with the provisions of Chapter 403, Florida Statutes, Chapter 62-737, F.A.C. and all rules and regulations of the Department of Environmental Protection.


Signature of the Facility Owner or Authorized Representative*

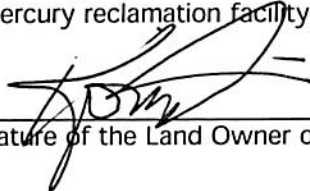
Scott Thibodeau, General Manager
Name and Title (Please type or print below signature)

Date: 2/7/23 Telephone: (920) 574-2437

* If authorized representative, attach a letter of authorization

3. Land Owner

This is to certify that I, as land owner, understand that this application is submitted for the purpose of obtaining a permit to construct or operate a mercury-containing lamp or device mercury recovery or mercury reclamation facility on the property as described.



Signature of the Land Owner or Authorized Representative*

Kim Williams, President

Name and Title (Please type or print)

Date: 03.28.23 Telephone: (850) 545 6864

*** If authorized representative, attach letter of authorization.**

4. Professional Engineer Registered in Florida

[Complete when not exempted by Chapter 62-737, F.A.C.]

This is to certify that the engineering features of this mercury-containing lamp or device mercury recovery or mercury reclamation facility have been designed and examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, this facility, when properly constructed, maintained and operated, or closed, will comply with all applicable statutes of the State of Florida and rules of the Department of Environmental Protection.

Signature

Cry A. Houchin

Name (please type)

Florida Registration Number: 58064

Mailing Address: P.O. Box 7495

Street or P.O. Box

Tampa

City

FL

State

33673

Zip

Date: Telephone()

[PLEASE AFFIX SEAL]