



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Shawn Hamilton
Secretary

06/11/2024
John Anderson, Owner
ERS Corp
760 Talleyrand Ave
Jacksonville, FL 32202-1031

The Florida Department of Environmental Protection has reviewed your submittal for a hazardous waste DEP/EPA Identification Number or status/information change.

Based on the information received, you have been issued the following number for reports for **ERS Corp** located at **760 Talleyrand Ave, Jacksonville, FL 32202-1031**

DEP/EPA Identification Number: **FLD984261412**

Your facility status is the following: **Non-Handler of Hazardous Waste, Petroleum Contact Water Management.**

Florida Administrative Code 62-730 requires all persons who generate, transport, recycle, store, or dispose of hazardous waste to notify the department of their hazardous waste activities. You are required to renotify on form 8700-12FL when there are changes in your operations which would affect your status, activity or contact information. Additional hazardous waste information including the 8700-12FL form can be found at:

<https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page> .

Please note that pending program registrations, certifications, or permits will be sent to you separately. **To review the details of your status**, visit:

https://fldeplc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984261412 .

For further assistance, please contact me at (850) 245-8707 or email me at Jeff.Gregg@dep.state.fl.us

Sincerely,

A handwritten signature in cursive script that reads "Jeff Gregg".

Jeff Gregg
Environmental Manager
Waste Compliance Assistance Program

ME ID: 37410, Email Address: j.anderson@ersfl.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
(for FDEP Official Use Only)

DIVISION OF WASTE MANAGEMENT
24 FEB 14 AM 10:40:42

EPA ID:

F L D 9 8 4 2 6 1 4 1 2

Please use the instructions document to complete this form
* mandatory fields

1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)

Mark 'X' in the correct box*:

- To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).
To provide updated information for an EPA ID number (to update status and facility identification information).
To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)
To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.
Submitting new or revised notification for Part A for permitted facilities.

FL Registration(s)

- UW Mercury (see page 4)
HW Transporter (see page 5)
Used Oil (see page 6)

2. Facility or Business Name*:

ERS Corp

3. Facility Physical Location Information: (No P.O. Boxes)

Physical Street Address*:

760 Talleyrand Ave

Vessel

City or Town:

Jacksonville

State:

Florida

Zip Code:

32202

County*:

Duval

Country (if not USA)*:

4. Facility or Business Mailing Address:

Same address as # 3 above or*:

City or Town*:

State*:

Zip/Postal Code*:

Country (if not USA):

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

A. 5 6 2 9 1 0 (required)

B. [] [] [] [] [] [] [] []

C. [] [] [] [] [] [] [] []

D. [] [] [] [] [] [] [] []

6. Facility or Business RCRA Contact Person: Same address as # 3 above or*:

First Name*:

John

Last Name*:

Anderson

Title*:

President

Phone Number*:

904-791-9992

Extension*:

205

Fax*:

904-791-9833

E-Mail*:

ap@ersfl.com and J.anderson@ersfl.com

Street or P.O. Box (or same address box is checked)*:

760 Talleyrand Ave

City or Town*:

Jacksonville

State*:

Florida

Zip Code*:

32202

Country (if not USA):

7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)

Name of Owner*: <p style="text-align:center">Colec Group, LLC</p>		Date became Owner*: <u>11 / 12 / 2013</u> <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)*: <p style="text-align:center">PO Box 5907</p>		Phone Number*: <p style="text-align:center">904-610-9644</p>	
City or Town*: <p style="text-align:center">Jacksonville</p>	State*: <p style="text-align:center">Florida</p>	Zip Code*: <p style="text-align:center">32247</p>	Country (if not USA):
E-Mail*: <p style="text-align:center">colegroup@gmail.com</p>			
Owner Type*: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			

8. Facility Operator (List additional Operators in the comments section). Same address as # 3 above or:

Name of Operator*: <p style="text-align:center">ERS Corp</p>		Date became Operator*: <u>06 / 01 / 1990</u> <input type="checkbox"/> New Operator mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*:	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
Operator Type*: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			

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

(1) Generator of Hazardous Waste

Yes No (This does 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 (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute 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 lb/mo) of acute hazardous spill cleanup material.

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 and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material.

c. Very Small Quantity Generator (VSQG):

- Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 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. Mixed Waste (hazardous and radioactive) Generator

f. United States Importer of hazardous waste

g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (**Addendum A Required**)

h. Episodic: Not lasting more than 60 days: SQG LQG (**Addendum B Required**)

i. Electronic Manifest Broker, as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.

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

For Items 3 through 9, mark 'X' in all that apply.

- (2) **Treater, Storer, or Disposer of Hazardous Waste** (at your facility—Choose Only One) 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
 - Specify: Stores prior to recycling Does not store prior to recycling.
 - Note: A permit maybe 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 Very Small Quantity 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**
- (8) **Recognized Trader**— Mark all that apply
 - a. Importer
 - b. Exporter
- (9) **Importer/ Exporter of Spent Lead-Acid Batteries (SLABS) under 40 CFR subpart G**— Mark all that apply
 - a. Importer
 - b. Exporter

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 must list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

¹ D001	² D002	³ D003	⁴ D004	⁵ D005	⁶ D006	⁷ D007
⁸ D008	⁹ D010	¹⁰ D018	¹¹ D019	¹² D035	¹³ D039	¹⁴ D040
¹⁵ F003	¹⁶ F005	¹⁷	¹⁸	¹⁹	²⁰	²¹

11. Other Status Changes (If no longer handling waste or closed, items 9 and 10 should be left blank and items 12-16 skipped):

(A) Central Accumulation Area (CAA) or Facility Closed:

- Central Accumulation Area (CAA)
- Facility Closed (Complete this section only if all business activities at this facility have ceased.)

(B) Closure Dates:

- (1) Expected closure date _____ (date in mm/dd/yyyy)
- (2) Requesting new closure date _____ (date in mm/dd/yyyy)
- (3) Date of closure: _____ (date in mm/dd/yyyy)
 - a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)
 - b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)

(C) Property Tax Default

(D) Petition for Bankruptcy Protection

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 notification

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 (at any one time)

Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR])

Florida Universal Pharmaceutical Waste (**UPW**) Transporter

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., F.A.C. (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 Mercury Transporter/Handler for-hire Activities

1st Annual Registration Annual Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

<input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration Required
<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	
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one-time \$1,000 fee+ More Requirements (contact FDEP)
<input type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	
(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity)	Annual Registration Required
<input type="checkbox"/> 1st Annual Registration <input type="checkbox"/> Annual Renewal	

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)] F.A.C.

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 as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.

Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.

A. HW Transporter Registration Information (must be completed annually and when this information changes)

- 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 waste
4. **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:** (as listed in Item 3) 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 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

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

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
2. **Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**

16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)

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. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.

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. UO Collection Centers must check 16.(2) of this form (not as a registration).

(1) Used Oil Transporter - mark 'X' in all that apply: (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) Used Oil Re-refiner (A permit is required.)

(5) Off-Specification Used Oil Burner
 Utility Boiler Industrial Boiler Industrial Furnace

(6) Used Oil Fuel Marketer On-Spec Off-Spec

(7) Used Oil Filter Management (must annually register)

a. Transporter

b. Transfer Facility

c. Processor (Annual Report Required)

d. End User (see instructions for definition)

(8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

Our mailing (business) address (as listed in Item 4)

The site (facility) address (as listed in Item 3)

(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

- ALL registered UO transporters 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 19 (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.

17. Notification of Hazardous Secondary Material (HSM) Activity

(1) Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). **(Addendum C Required)**

(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate. **(Addendum C Required)**

Required signature page

EPA ID No.*

FLD984261412

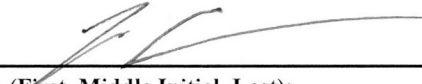
18. Comments (attach a page if more space is needed):

19. **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 known 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:

Date Signed (mm-dd-yyyy):



02-13-2024

Print Name (First, Middle Initial, Last):

John A. Anderson

Title:

President

Organization:

ERS Corp

Used Oil

Email:

ap@ersfl.com and J.anderson@ersfl.com

Signature of owner, operator, or an authorized representative:

Date Signed (mm-dd-yyyy):

Print Name (First, Middle Initial, Last):

Title:

Organization:

Used Oil

Email:

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

J.anderson@ersfl.com
(Name of person completing this form)

904-791-9992
(Phone Number)

J.anderson@ersfl.com
(E-mail Address)



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

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

ERS Corp	760 Talleyrand Ave	Jacksonville, FL 32202
Facility Name	Street Address	City and State
904-791-9992	904-791-9833	ap@ersfl.com and J.anderson@ersfl.com
Phone	Fax	E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

1. Estimated number of LAMPS handled during the last calendar year. 0
 Types: Fluorescent HID
2. Estimated number of DEVICES handled during the last calendar year. 0
 Types: Thermostats Electric Switches/Relays
 Thermometers Manometers Other 0
3. Estimated weight of DEVICES handled during the last calendar year. 0 lb.
4. Estimated number of lamps or devices you shipped to a mercury recycling facility. Check the boxes for lamps (L) or devices (D). Give the receiving facility name, location, and contact information.

Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
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Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
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Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
--------	---	---------------	------------	-------

Print Name of Authorized Agent

Signature of Authorized Agent

Date

"More Protection, Less Process"

www.dep.state.fl.us

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes _____

No _____

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously _____

Submitted in What Year? _____

John Anderson



02/13/2024

Print Name of Authorized Agent

Signature of Authorized Agent

Date

Complete, sign and return this checklist along with your registration form 8700-12FL to:

HWRS, MS 4560
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
 Form Title Annual Report by Used Oil and Used Oil Filter Handlers
 Effective Date 4-23-13
 Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 5 below.)

For the reporting period January 1, _____ through December 31, _____

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document.

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: ERS Corp 2. Telephone No. 904-791-9992
 Site Address: 760 Talleyrand Ave., Jacksonville, FL 32202
 3. EPA ID No. FLD984261412

Check box if any of the above items (1-3) have changed since your last registration.

4. Name of person preparing report (please print) John Anderson
 Title: President Phone number (if different from #2, above) () _____

5. Type of operation (check as many as apply to your operations)

Used Oil: Transporter Transfer Facility Collection Center/Aggregation Point Processor Marketer Burner (of off-specification used oil)
 Used Oil Filter: Transporter Transfer Facility Processor End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

a. In Florida

b. From out of State

c. Beginning Inventory

d. Total (sum of totals from Lines a + b + c)

	Automotive	Industrial	Mixed	Total
a. In Florida		5695		5695
b. From out of State				
c. Beginning Inventory				
d. Total (sum of totals from Lines a + b + c)				5695

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D- Disposed of: Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated

3. Total amount (in gallons) of Used Oil managed

4. End of year, on hand estimate (difference between Line 1d and Line 3).....

	In State	Out of State
N - Transferred to another facility (not an end use)	5695	
O - Marketed as an on-specification used oil fuel		
F - Marketed as an off-specification used oil fuel		
I - Marketed for an industrial process		
B - Burned as an off-specification used oil fuel		
D- Disposed of: Landfilled		
Treated at a wastewater treatment unit		
Incinerated		
3. Total amount (in gallons) of Used Oil managed	5695	
4. End of year, on hand estimate (difference between Line 1d and Line 3)	0	0

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS) **CHECK COLUMN IF OUT OF STATE ↓**

1. Number of filters on hand from previous year	0	<input type="checkbox"/>
2. Number of used oil filters collected	0	<input type="checkbox"/>
3. Total number of used oil filters to manage (Line 1 plus Line 2)	0	<input type="checkbox"/>
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility	0	<input type="checkbox"/>
b. Burned for energy recovery at a Waste-To-Energy facility	0	<input type="checkbox"/>
c. Transferred directly to a metal foundry for recycling	0	<input type="checkbox"/>
d. TOTAL	0	<input type="checkbox"/>
5. End of year, on hand estimate (Line 3 minus Line 4d)	0	<input type="checkbox"/>
6. Gallons of used oil collected as a result of filter processing	0	<input type="checkbox"/>
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	0	<input type="checkbox"/>
8. Volume of oily waste collected and managed as a result of filter processing <input type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....	0	<input type="checkbox"/>
9. Description of oily waste management _____		

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55- gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

For assistance with this form, please call the Used Oil Coordinator at 850-245-8707.

STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1. XL Specialty Insurance Company
(Name of Insurer)
(the "Insurer"), of 505 Eagleview Boulevard, Suite 100, Exton, PA 19341-0636
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

ERS Corp.
(Name of Insured)
(the "Insured"), of 760 Talleyrand Avenue, Jacksonville, FL 32202
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD984261412	ERS Corp.	760 Talleyrand Avenue, Jacksonville, FL 32202

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number AEC000450223, issued on 8/1/2023.
(date)

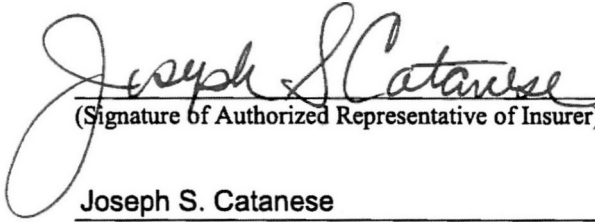
The effective date of said policy is 8/1/2023 and the expiration date of said policy is 8/1/2024.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____. The effective date of said policy is _____ and the expiration date of said policy is _____.
(date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
 - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
 - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.



(Signature of Authorized Representative of Insurer)

Joseph S. Catanese

(Typed name)

Vice President

(Title)

Authorized Representative of

XL Specialty Insurance Company

(Name of Insurer)
505 Eagleview Blvd, Exton Pa 19341

(Address of Representative)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

**STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**

1. Indian Harbor Insurance Company
(Name of Insurer)
(the "Insurer"), of 505 Eagleview Boulevard, Suite 100, Exton, PA 19341-0636
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

ERS Corp.
(Name of Insured)
(the "Insured"), of 760 Talleyrand Avenue, Jacksonville, FL 32202
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
FLD984261412	ERS Corp.	760 Talleyrand Avenue, Jacksonville, FL 32202

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ _____ for each accident, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____ (date).

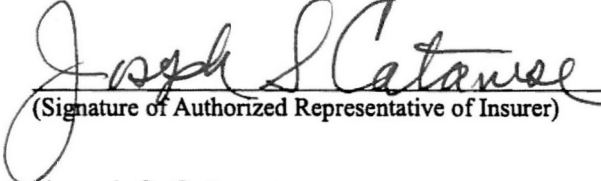
The effective date of said policy is _____ and the expiration date of said policy is _____ (date).

This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000.00 for each accident in excess of the underlying limit of \$ 1,000,000.00 for each accident, exclusive of legal defense costs. The coverage is provided under policy number UEC000450423, issued on 8/1/2023 (date). The effective date of said policy is 8/1/2023 and the expiration date of said policy is 8/1/2024 (date).

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
 - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
 - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.



(Signature of Authorized Representative of Insurer)

Joseph S. Catanese

(Typed name)

Vice President

(Title)

Authorized Representative of

Indian Harbor Insurance Company

(Name of Insurer)

505 Eagleview Blvd, Exton Pa 19341

(Address of Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/2/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 501 Riverside Ave Suite 1000 Jacksonville FL 32202	CONTACT NAME: Teya Clayburne PHONE (A/C, No, Ext): 904-421-5396 FAX (A/C, No): 904-446-4377 E-MAIL ADDRESS: teya_clayburne@ajg.com
INSURER(S) AFFORDING COVERAGE	
INSURED ERS Corp 760 Talleyrand Avenue Jacksonville FL 32202	INSURER A: Greenwich Insurance Company NAIC # 22322 INSURER B: Bridgefield Employers Insurance Company 10701 INSURER C: XL Specialty Insurance Company 37885 INSURER D: Indian Harbor Insurance Company 36940 INSURER E: Continental Insurance Company 35289 INSURER F:

COVERAGES CERTIFICATE NUMBER: 384908051 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GEC000450123	8/1/2023	8/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			AEC000450223	8/1/2023	8/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll \$ 5,000/5,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UEC000450423	8/1/2023	8/1/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			083038233	8/1/2023	8/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E D	Inland Marine Pollution/Professional Liability			6081375751 PEC000450323	8/1/2023 8/1/2023	8/1/2024 8/1/2024	Lsd/Rnt Equip Per/Agg \$400,000 \$2M/\$2M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER EVIDENCE OF INSURANCE ONLY	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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