



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

05/23/2007

Mark Turner, President
AA-1 Recycling Inc
700 E Union St Ste H2
Jacksonville, FL 32206-

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you have been issued the following identification number for the facility located at **700 E Union St Ste H2, Jacksonville.**

FLR000138354

Your facility status is the following:

Non-handler, Universal Waste Handler

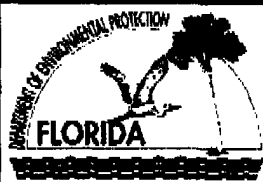
THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE TRANSPORTERS AND TSDs.

Please notify us in writing if there is any change in your operations which would affect your status. For further assistance, please call (850)245-8760 or (850)245-8772.

Sincerely,

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 79361
Email Address: mark@aa-1recycling.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY
DEP Waste Management Division-11WRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8760

Date Received
(for FDEP Official Use Only)

EPA ID _____ MTS _____ RCRAInfo _____

1. Reason for Submittal
Check correct box: To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
 To provide **subsequent notification** (to update status and facility identification information).

2. Facility or Business Name
AA-1 Recycling, Inc.

3. Facility Operator
Name of Operator: *AA-1 Recycling, Inc.* New Operator
Date became Operator: *6.15.06*
mm dd yy
Street or P.O. Box: *700 East Union Bay H 2, Box 28* Phone Number: *904-475-0033*
City or Town: *Jacksonville* State: *FL* Zip Code: *32206*
Operator Type: Private Federal Municipal State Other _____

4. Facility Physical Location Information
Physical Street Address: *700 East Union Bay H-2*
City or Town: *Jacksonville* State: *FL* Zip Code: *32206*
County: *Duval* Land Type: Private Federal Municipal
 State Other _____
Latitude: _____ Longitude: _____ Method: _____
dd mm ss .ssss dd mm ss .ssss Datum: _____

5. Facility North American Industry Classification System (NAICS) Code(s)
A. *999999* B. _____
C. _____ D. _____

6. Facility Mailing Address
Street Address or P.O. Box: *700 East Union Bay H 2, Box 28*
City or Town: *Jacksonville* State: *FL* Zip Code: *32206*

7. Facility Contact Person
First Name: *MARK* Last Name: *TURNER* Title: *CEO*
Phone Number: *814-0919* Extension: _____ E-Mail: *mark@aa-recycling.com*
904-475-0033
Street or P.O. Box: *700 East Union Bay H 2, Box 28*
City or Town: *Jacksonville* State: *FL* Zip Code: *32206*

8. Real Property Owner of the Facility's Physical Location
Name of Real Property Owner: *Union 700* New Owner
Date became Owner: *0310112007*
mm dd yy
Street or P.O. Box: *700 East Union* Phone Number: *904-353-1234*
City or Town: *Jacksonville* State: *FL* Zip Code: *32206*
Owner Type: Private Federal Municipal State Other _____

EPA ID No.

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):

C. Used Oil Activities:

1. Used Oil Transporter - Indicate type(s) of activity(ies)

- a. Transporter
- b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)

- a. Processor
- b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)

- 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

5. Used Oil Generator

D. Other State Regulated Waste Activities:

These activities may require additional submissions.

1. Used Oil Filter Handler

2. PCW Handler

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in the appropriate boxes):

A. Non-Handler of Regulated Waste at this facility

- 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
- 2. Waste generated by business has been delisted.
- 3. Other (explain) Computer Recycling

B. Facility Closed

- 1. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
- 2. Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
 Contact _____ Phone _____
 Address _____
 City, State, Zip _____

C. Property Tax Default

D. Petition for Bankruptcy Protection

12. Comments:

EPA ID No.

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):

A. Hazardous Waste Activities:

For Items 2 through 7, check all that apply.

1. Generator of Hazardous Waste

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- c. Conditionally Exempt SQG (CE-SQG):
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. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

2. **Treater, Storer, or Disposer of Hazardous Waste** (at your facility) Note: A hazardous waste permit may be required for this activity.

3. **Recycler of Hazardous Waste** (at your facility) Specify: Commercial; Non-Commercial. Note: A hazardous waste permit may be required for this activity.

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** - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

6. **Underground Injection Control**

7. **Transporter of Hazardous Waste** Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. a. For own waste only; b. For Commercial Purposes

c. Hazardous Waste Transporter Insurance Information:

Insurance Company _____
 Address _____

Contact: _____ Telephone: _____
 Policy Number: _____ Expiration date: _____

d. Transportation Mode: Air; Rail; Highway; Water; Other - specify _____

e. **Hazardous Waste Transfer Facility:** Storage Volume _____

B. Universal Waste (UW) Activities:

1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

	Generate/ Accumulate	Transport
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) <i>Composites</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2. Maximum quantity of UW handled/transported at any time
- a. 5,000 kg or more: Large Quantity Handler (LQH)
 - b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
 - c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. **Destination Facility for UW**

Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. **Transporter of UW**

EPA ID No.

13. **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 fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative

Name and official title (type or print) of owner, operator, or an authorized representative

Date Signed (mm-dd-yyyy)

R. Hall Suran

CEO

5/11/2007

14. **Additional Comments**

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility:

We recycle computer systems