



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

01/09/2008

Steve Obst, Owner
Raider Environmental Services
4103 NW 132nd St
Opa Locka, FL 33054-4510

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 **4103 NW 132nd St, Opa Locka**.

FLR000143891

Your facility status is the following:

Conditionally Exempt SQG

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,

A handwritten signature in black ink that reads "Michael X. Redig".

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 83539
Email Address: raider@bellsouth.net

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JAN 03 2008

Hazardous Waste Regulation
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Subject: RE: John, the fax for Raider Environmental

Date: Thu, 27 Dec 2007 13:26:10 -0500

From: "Holladay, Margaret" <Margaret.Holladay@dep.state.fl.us> Add to Address E

To: "John Jones" <johnmjonespe@sbcglobal.net>

Ok, I will look for fax and letter. THANKS!

From: John Jones [mailto:johnmjonespe@sbcglobal.net]

Sent: Thursday, December 27, 2007 12:58 PM

To: Holladay, Margaret

Subject: Re: John, the fax for Raider Environmental

Okay. I will fax it again and send the hard copy. I just wanted to get the EP.

"Holladay, Margaret" <Margaret.Holladay@dep.state.fl.us> wrote:

John, the fax for Raider Environmental Services did not fully come through; Holladay, at 850-245-8810 but we need the hard copy too, ok?

Margaret Holladay, Senior Clerk
 Phone: 850-245-8760 Hours: 7:00 - 3:30 Daily
 EPA ID Number Hazardous Waste Notification Group
 FAX: 850-245-8810
 Mail Station 4560, Room 330A
 Governor Bob Martinez Center
 2600 Blair Stone Rd
 Tallahassee, FL 32399-2400

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JAN 03 2008



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

Date Received (for FDEP Official Use Only)

RECEIVED RCRA

JAN 03 2008

RCRAInfo

Hazardous Waste Regulation

EPA ID

MTS

1. Reason for Submittal

Check correct box:

[X] 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

Raider Environmental Services

3. Facility Operator (List additional Operators in the comments section).

Name of Operator:

Raider Environmental Services

[X] New Operator

Date became Operator: / / mm dd yyyy

Street or P.O. Box:

4103 NW 32nd Street

Phone Number:

(954) 994-9949

City or Town:

Opa Locka

State: FL

Zip Code: 33054

Operator Type: [X] Private [] Federal [] Municipal [] State [] Other

4. Facility Physical Location Information

Physical Street Address:

4103 NW 32nd Street

City or Town:

Opa Locka

State: FL

Zip Code:

County: Dade

Land Type: [X] Private [] Federal [] Municipal

[] State [] Other

Latitude: 25 53 38. dd mm ss.ssss

Longitude: 80 15 59. dd mm ss.ssss

Method: GPS

Datum:

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

A. 324191

B.

C.

D.

6. Facility Mailing Address

Street Address or P.O. Box:

4103 NW 132nd Street

City or Town:

Opa Locka

State: FL

Zip Code: 33054

7. Facility Contact Person

First Name: Steve

Steve

Last Name: Obst

Title: Owner

Owner

Phone Number: 954-994-9949

954-994-9949

Extension:

E-Mail: raider@bellsouth.net

raider@bellsouth.net

Street or P.O. Box:

4103 NW 132nd Street

City or Town:

Opa Locka

State: FL

Zip Code: 33054

8. Real Property Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property Owner:

Steve Obst

[] New Owner

Date became Owner: / / mm dd yyyy

Street or P.O. Box:

4103 NW 132nd Street

Phone Number: 954-994-9949

954-994-9949

City or Town:

Opa Locka

State: FL

Zip Code: 33054

Owner Type: [X] Private [] Federal [] Municipal [] State [] Other

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 (CESQG):
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)

	<u>Generate/ Accumulate</u>	<u>Transport</u>
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 type="checkbox"/>	<input type="checkbox"/>
f. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input 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**

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

C. Used Oil Activities:

- | | |
|--|--|
| <p>1. Used Oil Transporter - Indicate type(s) of activity(ies)
 <input checked="" type="checkbox"/> a. Transporter
 <input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)
 <input checked="" type="checkbox"/> a. Processor
 <input type="checkbox"/> b. Re-refiner</p> <p>3. <input type="checkbox"/> Off-Specification Used Oil Burner</p> | <p>4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)
 <input type="checkbox"/> a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner
 <input checked="" type="checkbox"/> b. Marketer who first claims the used oil meets the specifications</p> <p>5. <input type="checkbox"/> Used Oil Generator</p> |
|--|--|

- D. Other State Regulated Waste Activities:** 1. **Used Oil Filter Handler** 2. **PCW Handler**
 These activities may require additional submissions.

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	D001	2	D006	3	D007	4	D008	5	D018	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) _____

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

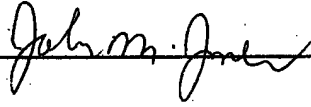
D. Petition for Bankruptcy Protection

12. Comments:

Waste Codes listed are those which might be generated from Tank Sludge cleaning operations.

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)
	John Jones, Professional Engineer	12-15-2007

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: