



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 11, 2009

Allen Swindall
Bay Line Railroad L L C
PO Box 35098
Panama City, FL 32412-5098

Re: Florida Hazardous Waste Transporter Approval

Dear Allen Swindall:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Allen Swindall

If you intend to operate a hazardous waste transfer facility, you must submit a Transfer Facility Form [Form 62-730.900(6)]. Notification also must include a contingency and emergency plan and a facility closure plan in accordance with Rule 62-730.171(3)(a), F.A.C. The owner or operator must also demonstrate to the satisfaction of the Department that the location complies with the relevant siting requirements listed in section 403.7211(2) Florida Statutes (F.S) before the location is used as a transfer facility.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171(6), F.A.C.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves
Hazardous Waste Regulation Section

RN

Enclosures: Hazardous Waste Transporter Approval Certificate
Hazardous Waste Transporter Status Form (with insurance verification)
Sections [62-730.170](#) and [62-730.171](#) , FAC



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HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Bay Line Railroad L L C

FACILITY ID NO: FLD984229906

FACILITY ADDRESS: 1 Edwards Dr
Panama City, FL 32405-6097

INSURANCE CARRIER: LEXINGTON INSURANCE CO

INSURANCE POLICY#: 0863721

EFFECTIVE DATE: August 01, 2008

EXPIRATION DATE: August 01, 2009

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: *Aprilia Graves* DATE: June 11, 2009
Aprilia Graves
Hazardous Waste Regulation Section
850/245-8755

Are your services commercially available? Yes, rail only

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:
Transporter Name: The Bay Line Railroad L.L.C.
Transporter EPA ID: FL0 984 229 906
Location Address: 2037 INDUSTRIAL DRIVE
PANAMA CITY FL 32405
Contact: Allen Swindall Telephone: (850) 785-4609
Mailing Address: P.O. Box 35098
PANAMA CITY, FL 32412

II. Insurance Information:
Insurance Company: Lexington Insurance Company
Address: 100 Summer Street
Boston, MA 02110
Contact: Phil Barry Telephone: 210-299-3324
Policy Number: 0863721
Expiration date: 08-01-2009

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 F003

Comments: _____

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

ALLEN SWINDALL GENERAL MANAGER
Print/Type Name Title

Allen Swindall 05-18-2009
Signature Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 8-01-2009.
Date

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 6/11/2009

Signature of Florida Department of Environmental Protection Representative Date Signed

FACILITY DOCUMENT LOG DETAILS:

Back to main page


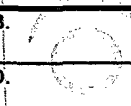
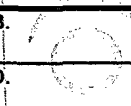
Document Log ID: 6201

City: PANAMA CITY ,County: Bay ,Login Name:

No email address for this record

Process	Date	Author
Logged	5/21/2009 11:36:57 AM	Sullivan_TA
Completeness Review	6/11/2009 11:10:02 AM	Noland_T
Data processing	6/11/2009 11:10:06 AM	Noland_T
Final reviewed	6/11/2009 11:10:09 AM or	
Add new process		

Date	Comment	Author
6/11/2009 9:38:47 AM	Received Insurance on 5/4/09	Noland_T
6/11/2009 11:09:43 AM	Put office address in form -should be 1 Edwards Dr. for physical address	Noland_T
6/11/2009 11:10:01 AM	They do not genearte any Haz Waste-non-handler	Noland_T
Add new comment		
Add comment		

		8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772		Date Received (for FDEP Official Use Only)		
EPA ID FLD984229906		MTS		RCRA Info		
1. Reason for Submittal	Mark 'X' in correct box: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). </div> <div> <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). </div> <div> <input type="checkbox"/> Is this the final notification (see instructions) for the facility? </div> </div> <div style="text-align: right; margin-top: 10px;"> MAY 3 4 2009 [Signature] </div>					
2. Facility or Business Name				FEID No.		
The Bay Line Railroad L.L.C.				5 9 3 2 1 5 2 0 3		
3. Facility Operator (List additional Operators in the comments section).	Name of Operator: Genesee & Wyoming Inc.			<input type="checkbox"/> New Operator Date became Operator: ____/____/____ <div style="text-align: right;">mm dd yy</div>		
	Street or P.O. Box: 1200-C Scottsville Road			Phone Number: 585-328-8601		
	City or Town: Rochester			State: NY	Zip Code: 14324	
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____					
4. Facility Physical Location Information	Physical Street Address: 2037 Industrial Drive					
	City or Town: Panama City			State: FL	Zip Code: 32405	
	County: Bay		If available, please attach a map or sketch of the facility boundaries.			
	Latitude: ____° ____' ____" Longitude: ____° ____' ____" Method: _____ <div style="text-align: center;">d d m m s s . ssss d d m m s s . ssss Datum:</div>					
5. Facility North American Industry Classification System (NAICS) Code(s)		A. 48-49		B.  Initials _____		
		C.		D.  Date _____		
6. Facility or Business Mailing Address		Street Address or P.O. Box: P.O. Box 35098				
		City or Town: Panama City			State: FL	Zip Code: 32412
7. Facility or Business Contact Person		First Name: Allen		Last Name: Swindall		
		Phone Number: 850-785-4609		Extension:	E-Mail: aswindall@gwrr.com	
		Street or P.O. Box: P.O. Box 35098				
		City or Town: Panama City			State: FL	Zip Code: 32412
8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)		Name of Real Property (Land) Owner: The Bay Line Railroad L.L.C.			<input type="checkbox"/> New Owner Date became Owner: ____/____/____ <div style="text-align: right;">mm dd yy</div>	
		Street or P.O. Box: 2037 Industrial Drive			Phone Number: 585-328-8601	
		City or Town: Panama City			State: FL	Zip Code: 32405
		Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____				

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:**

For Items 2 through 7, mark 'X' in 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 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.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.
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) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.**

- (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 InformationInsurance Company Lexington Insurance CompanyAddress 100 Summer St. Boston, MA 02110Contact Phil BarryTelephone 210-299-3324Policy Number 0863721Expiration date 08-01-2009d. **Transportation Mode** ☐ Air ☒ Rail ☐ Highway ☐ Water ☐ Other - specify _____e. ☐ **Hazardous Waste Transfer Facility:** Storage Volume _____☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [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.]

☐ **Notification of changes in above items**☐ **Annual update notification**

EPA ID No.

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility ☐
[Chapter 62-737, F.A.C.]

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) 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.

C. Used Oil Activities:

(1) Used Oil Transporter - indicate type(s) of activity(ies):

- ☐ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center

(3) ☐ Used Oil Processor (A permit is required for this activity.)

(4) ☐ Off-Specification Used Oil Burner

(5) ☐ Used Oil Fuel Marketer

(6) Used Oil Filter

- ☐ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☐ A check is enclosed.

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

Print Name of Authorized Person

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ our mailing (business) address
- ☐ The site (facility) address

EPA ID No.

D. Other State Regulated Waste Activities:☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

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	F003	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 all that apply):**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) Non Handler

B. Facility Closed

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 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. 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. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative

Allen Swindall

Print Name and Title

Allen Swindall

Date Signed
(mm-dd-yyyy)

05-18-2009

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

Allen Swindall

850-785-4609

aswindall@gwrr.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

Are your services commercially available? Yes, rail only

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: The Bay Line Railroad L.L.C.

Transporter EPA ID: FL0 984 229 906

Location Address: 2037 INDUSTRIAL DRIVE

PANAMA CITY FL 32405

Contact: Allen Swindall Telephone: (850) 785-4609

Mailing Address: P.O. Box 35098

PANAMA CITY, FL 32412

II. Insurance Information:

Insurance Company: Lexington Insurance Company

Address: 100 Summer Street

Boston, MA 02110

Contact: Phil Barry Telephone: 210-299-3324

Policy Number: 0863721

Expiration date: 08-01-2009

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 F003

Comments: _____

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

ALLEN SWINDALL GENERAL MANAGER
Print/Type Name Title

Allen Swindall 05-18-2009
Signature Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through _____ Date

Signature of Florida Department of Environmental Protection Representative Date Signed

DEP Form # 17-730.900(5)(a)
Form Title: HWF Transporter Certificate of
Liability Insurance
Effective Date: 1-29-06
DEP Application #

RECEIVED

MAY 04 2009

BY: BSHW

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. Lexington Ins Co
(Name of Insurer)

(the "Insurer"), of 100 Summer St., Boston, MA 02110
(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

Genesee & Wyoming Inc and subsidiary Rail Link, Inc., Bay Line Railroad
(Name of Insured)

(the "Insured"), of 1200-C Scottsville Rd., Rochester, NY 146245
(Address of Insured)

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

EPA/DEP I.D. No.	Name	Location
	The Bay Line Railroad	2037 Industrial Dr., Panama City, FL

(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 _____ (date) 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
\$ 500,000 for each accident in excess of the underlying known Self Insured Retention
\$ N/A for each accident, exclusive of legal defense costs. The coverage is provided
under policy number 0863721, issued on unknown (date). The effective date of
said policy is 8/1/2008 (date) and the expiration date of said policy is 8/1/2009 (date)

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 date of commencement by the insured for any and all reasons known to 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. Exception for 10 days notice for non-payment.
- (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 or more States including Florida.

Phillip A. Barry

(Signature of Authorized Representative of Insurer)

Phil Barry
(Typed name)

Transportation Manager
(Title)

Authorized Representative of

Lexington Ins Co
(Name of Insurer)

100 Summer St., Boston, MA 02110
(Address of Representative)