



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

March 22, 2010

Jan Barnes
Tampa Transflo Terminal
6735 Southpoint Dr S # J975
Jacksonville, FL 32216- 6177

BE IT KNOWN THAT

Tampa Transflo Terminal
504B N 34th St
Tampa, FL 33605- 6200

IS HEREBY REGISTERED AS A USED OIL

Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLR000105338** on March 22, 2010

This registration will expire on 06/30/2011

This certificate documents receipt of your annual registration
and annual report. It shall be displayed in a prominent place
at your facility. This certificate and your cancelled check
are your receipts.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Permitting



December 22, 2009

Rick Neves

Department of Environmental Protection
Waste Management Division – HWRS, MS4560
2600 Blair Stone Road
Tallahassee, FL 32399-2400

**RE: 8700-12FL – Florida Notification of Regulated Waste Activity
TRANSFLO Terminal Services, Inc.**

Dear Mr. Neves:

Enclosed please find two copies of the completed 8700-12FL forms for each the four (4) TRANSFLO Terminals. The completed forms are used to notify the Florida Department of Environmental Protection (FDEP) of regulated waste activities which take place at our terminals as required by Rule 62-730.171, Florida Administrative Code (F.A.C.).

The completed forms are being submitted as the annual notification for the four terminals listed below which are Used Oil Transfer Facilities. The annual registration fee of \$100 per facility for a combined total \$400, check number 6343749, will be mailed under separate cover for the following terminals:

<u>Facility Name</u>	<u>EPA ID</u>
Ft. Lauderdale TRANSFLO Terminal	FLD984253542
Jacksonville TRANSFLO Terminal	FLD984253526
Sanford TRANSFLO Terminal	FLD984253641
Tampa TRANSFLO Terminal	FLR000105338


The completed forms are also being submitted as the annual notification for the two terminals listed below which are Hazardous Waste Transfer Facilities. As required to accompany these forms are the Hazardous Waste Transporter Status Forms and the Hazardous Waste Transporter Certificate of Liability Insurance for the following terminals:

<u>Facility Name</u>	<u>EPA ID</u>
Jacksonville TRANSFLO Terminal	FLD984253526
Tampa TRANSFLO Terminal	FLR000105338

If you have any questions or concerns regarding the enclosed information, please contact me at (904) 279-6337 or via email at lwiedemann@transflo.net or Jan M. Barnes at (904) 279-6323 or via email jbarnes@transflo.net.

Sincerely,

Lisa M. Wiedemann
Manager – HSE and Quality

 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 <div style="font-size: 2em; font-weight: bold; color: red; transform: rotate(-5deg); display: inline-block;">RECEIVED</div> DEC 13 2009																	
EPA ID F L R 0 0 0 1 0 5 3 3 8		MTS BY: BSHW																	
1. Reason for Submittal		Mark 'X' in correct box: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> Is this the final notification (see instructions) for the facility?																	
2. Facility or Business Name TampaTRANSFLO Terminal		FEID No. 5 9 - 3 6 5 5 5 8																	
3. Facility Operator (List additional Operators in the comments section).		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> Name of Operator: Kinder Morgan Material Services </td> <td colspan="2"> <input type="checkbox"/> New Operator Date became Operator: ____/____/____ <div style="text-align: right; font-size: 0.8em;">mm dd yy</div> </td> </tr> <tr> <td colspan="2"> Street or P.O. Box: 333 Rouser Rd </td> <td colspan="2"> Phone Number: 704-391-9736 </td> </tr> <tr> <td colspan="2"> City or Town: Moon Township </td> <td> State: PA </td> <td> Zip Code: 15108 </td> </tr> <tr> <td colspan="4"> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____ </td> </tr> </table>		Name of Operator: Kinder Morgan Material Services		<input type="checkbox"/> New Operator Date became Operator: ____/____/____ <div style="text-align: right; font-size: 0.8em;">mm dd yy</div>		Street or P.O. Box: 333 Rouser Rd		Phone Number: 704-391-9736		City or Town: Moon Township		State: PA	Zip Code: 15108	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____			
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City or Town: Moon Township		State: PA	Zip Code: 15108																
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> Physical Street Address: 504 North 34th Street </td> </tr> <tr> <td> City or Town: Tampa </td> <td> State: FL Zip Code: 33605 </td> </tr> <tr> <td> County: Hillsborough </td> <td> If available, please attach a map or sketch of the facility boundaries. </td> </tr> <tr> <td colspan="2"> Latitude: 275706.0000 Longitude: 822522.0000 Method: _____ <div style="text-align: center; font-size: 0.8em;"> d d m m s s . ssss d d m m s s . ssss Datum: </div> </td> </tr> </table>		Physical Street Address: 504 North 34th Street		City or Town: Tampa	State: FL Zip Code: 33605	County: Hillsborough	If available, please attach a map or sketch of the facility boundaries.	Latitude: 2 7 5 7 0 6 .0000 Longitude: 8 2 2 5 2 2 .0000 Method: _____ <div style="text-align: center; font-size: 0.8em;"> d d m m s s . ssss d d m m s s . ssss Datum: </div>									
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5. Facility North American Industry Classification System (NAICS) Code(s)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> A. 488210 </td> <td style="width: 50%;"> B. </td> </tr> <tr> <td> C. </td> <td> D. </td> </tr> </table>		A. 488210	B.	C.	D.												
A. 488210	B.																		
C.	D.																		
6. Facility or Business Mailing Address		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> Street Address or P.O. Box: 6735 Southpoint Drive S., J-975 </td> </tr> <tr> <td> City or Town: Jacksonville </td> <td> State: FL Zip Code: 32216 </td> </tr> </table>		Street Address or P.O. Box: 6735 Southpoint Drive S., J-975		City or Town: Jacksonville	State: FL Zip Code: 32216												
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City or Town: Jacksonville	State: FL Zip Code: 32216																		
7. Facility or Business Contact Person		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> First Name: Jan </td> <td> Last Name: Barnes </td> <td> Title: Director-HSE&Q </td> </tr> <tr> <td> Phone Number: 904-279-6323 </td> <td> Extension: </td> <td> E-Mail: jbarnes@transflo.net </td> </tr> <tr> <td colspan="3"> Street or P.O. Box: 6735 Southpoint Drive S., J-975 </td> </tr> <tr> <td> City or Town: Jacksonville </td> <td> State: FL </td> <td> Zip Code: 32216 </td> </tr> </table>		First Name: Jan	Last Name: Barnes	Title: Director-HSE&Q	Phone Number: 904-279-6323	Extension:	E-Mail: jbarnes@transflo.net	Street or P.O. Box: 6735 Southpoint Drive S., J-975			City or Town: Jacksonville	State: FL	Zip Code: 32216				
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Street or P.O. Box: 6735 Southpoint Drive S., J-975																			
City or Town: Jacksonville	State: FL	Zip Code: 32216																	
8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> Name of Real Property (Land) Owner: CSX </td> <td colspan="2"> <input type="checkbox"/> New Owner Date became Owner: ____/____/____ <div style="text-align: right; font-size: 0.8em;">mm dd yy</div> </td> </tr> <tr> <td colspan="2"> Street or P.O. Box: 500 Water Street </td> <td colspan="2"> Phone Number: 904-359-3200 </td> </tr> <tr> <td> City or Town: Jacksonville </td> <td> State: FL </td> <td colspan="2"> Zip Code: 32202 </td> </tr> <tr> <td colspan="4"> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____ </td> </tr> </table>		Name of Real Property (Land) Owner: CSX		<input type="checkbox"/> New Owner Date became Owner: ____/____/____ <div style="text-align: right; font-size: 0.8em;">mm dd yy</div>		Street or P.O. Box: 500 Water Street		Phone Number: 904-359-3200		City or Town: Jacksonville	State: FL	Zip Code: 32202		Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____			
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City or Town: Jacksonville	State: FL	Zip Code: 32202																	
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:****(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

For Items 2 through 7, mark 'X' in all that apply.

(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 Information**Insurance Company Old Republic Insurance CompanyAddress 445 South Moorland Road, Brookfield, WI 53005Contact Diann Morshead - CSX CorporationTelephone 904-359-7506Policy Number MWZZ50409Expiration date 10-01-2010d. **Transportation Mode** ☐ Air ☒ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☒ **Hazardous Waste Transfer Facility:**Storage Volume 100,000 gallons☐ **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**

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 ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, 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. Mailed under separate cover

(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.

FLR000105338

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	D004	3	D005	4	D006	5	D007	6	D008	7	D009
8	D010	9	D011	10	D029	11	D035	12	D043	13	F001	14	F002
15	F003	16	F004	17	F005	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) _____

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	Print Name and Title	Date Signed (mm-dd-yyyy)
<i>Jan M. Barnes</i>	Jan M. Barnes	12/17/2009

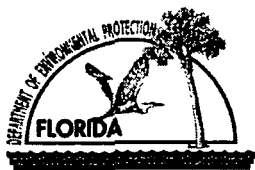
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form) _____

(Phone Number) _____

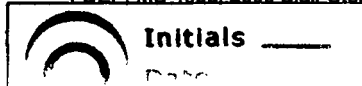
(E-mail Address) _____

13. Comments:



Department of Environmental Protection

FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400



DEP Form #62-710.801(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005

MAR 01 2010

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 reporting period January 1, 2009 through December 31, 2009

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: Tampa TRANSFLO Terminal 2. Telephone No. (813) 247-7675

Site Address: 504 North 34th Street

Tampa, FL 33605

3. EPA ID No. FLR 000 105 338

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

4. Name of person preparing report (please print) Jan M. Barnes

Title Director - HSE&Quality Phone number (if different from #2, above) (904) 279-6323

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

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
		1,667,865	1,667,865
		0	0
			1,667,865

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

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 Lines 1D and Line 3).....

In State	Out of State
	1,667,865
	1,667,865
	0

