

Florida Department of Environmental Protection

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

JeffKottkamp Lt. Governor

Michael W. Sole Secretary

04/27/2010

David Strickland, Environmental Manager Ring Power Corporation 500 World Commerce Pkwy St Augustine, FL 32092-

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Ring Power Corporation located at **401 N Tomoka Farms Rd, Daytona Beach**.

FLR000024158

Your facility notified FDEP requesting the following status/activities:

Conditionally Exempt SQG Oil Filters, Used Oil Transporter & Transfer Facility Small Quantity Handler, Universal Batteries, Universal Lamps

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706. Sincerely,

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for Michael Redig

Michael X. Redig Environmental Manager Hazardous Waste Regulation Section

ME ID: 40512 , Email Address: <u>dave.strickland@ringpower.com</u> Link: <u>http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000024158</u>



Ring Power Corporation 500 World Commerce Parkway St. Augustine, Florida 32092 (904) 494-7464



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March 16, 2010

Aprilia Graves Engineering Specialist IV Division of Waste Management Bureau of Solid and Hazardous Waste Hazardous Waste Regulation Section 2600 Blair Stone Road, MS 4560 Tallahassee, FL 32399-2400

RE: Ring Power Corporation's Used Oil Registrations

Dear Aprilia,

Enclosed are Ring Power Corporation's Used Oil Registrations. Please note that our Certificate of Liability Insurance will expire on April 1, 2010. I will send you the updated certificates once I receive them from our insurance company. Thank you.

Sincerely, tes

Dave Strickland Environmental Manager

DS:jls

FLORIDA	RE DEP W	FL - FLORIDA NOT GULATED WASTE /aste Management Division- Blair Stone Rd. Tallahassee (850) 245-8772	ACTIVITY -HWRS, MS4560	۳۰۰ ۲۵ ۲۱۱ ۱۰		Date Rec or FDEP Offic	eived ial Use Only)
EPA ID FLR	0 0 0 2 4	1 5 8	MTS	1/2.13		RCRAIn	fo
1. Reason for Submittal	Mark 'X' in correct box: To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). X To provide <u>subsequent notification</u> (to update status and facility identification information). Is this the <u>final notification</u> (see instructions) for the facility?						
2. Facility or Business Name	Ring Power Corporation					4 2 4 6	
(List additional Operators in the	ator Name of Operator: Ring Power Corporation Date became Opera				perator:	// n dd yy	
comments section).	Street or P.O. Box: 500 World Commerce Parkway Phone Number: 904-737-7					04-737-7730	
	City or Town: St Augustine			State:	FL	Zip Code:	32092
	Operator Type:		Municipal	State	Other		
4. Facility Physical Location	Physical Street Address: 401 N. Tomoka Farm Road						
Information	City or Town:	Daytona Be	ach	State:	FL	Zip Code:	32124
	^{County:} Volusia		If available, please attach a map or sketch of the facility boundaries.				
	Latitude: Longitude: Method: d d m m s s .ssss d d m m s s .ssss Datum:						
5. Facility North Am	•	^{A.} 4218	31	В.			
Classification Syst Code(s)	em (NAICS)	С.	18a	D.			
6. Facility or	Street Address or	P.O. Box:	500 World C	Comme	rce Pa	arkway	
Business Mailing Address	City or Town:	St August	ine	State:	FL	Zip Code:	32092
7. Facility or Business Contact	First Name:	David	Last Name: St	ricklan	d	Title Enviro	nmental Mgr
Person	Phone Number:	904-494-1417	Extension:	E-Mail:	dave.	strickland@r	ingpower.com
	Street or P.O. Box: 500 World Commerce Parkway						
	City or Town: St Augustine		State:	FL	Zip Code:	32092	
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner: Ring Power Corporation			New Owner Date became Owner:// 			
Physical Location (List additional	Physical Location Street or P.O. Box: 500 World Commerce Parkway Phone Number: 904				04-737-7730		
real property owners in the comments	City or Town:	St August	ne	State:	FL	Zip Code:	32092
section.) Owner Type: Private Federal Municipal State Other							

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DEP Form 62-730 900(1)(b), adopted by reference in rule 62-730 150(2)(a), 62-710 500(1), and 62-737 400(3)(a)2, FAC Effective Date 01-04-2009 Page 1 of 4

the second second second	EPA ID No. FLR00024158				
9. Type of Regulated Waste Activity (Mark 'X' in all th					
 9. Type of Regulated Waste Activity (Mark 'X' in all that 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 <i>non-acute</i> hazardous waste; or Greater than 1 kg (2.2 lbs) of <i>acute</i> 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 <i>non-acute</i> hazardous waste and/or 1 kg 	 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. 				
 (2.2 lbs) or less of <i>acute</i> hazardous waste c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of <i>non-acute</i> hazardous waste and 1 kg (2 2 lbs) or less of <i>acute</i> hazardous waste In addition, indicate other generator activities that apply. 	 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. 				
 d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator 	(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 Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Informati Insurance Company	on				
Contact	Telephone				
Policy Number					
	Water Other - specify				
Florida Administrative Code (F.A.C.)]:	Ity [Rule 62-730.171(3)(a)3 , F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C] Rule 62-730 171(3)(a)6., F.A.C.]				

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	EPA ID No. FLR00024158					
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: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$]						
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	utical waste (UPW) accumulated					
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	dous ("P-listed") pharmaceutical waste accumulated					
Pharmaceuticals SQH = always less than $5,000 \text{ kg of UPW}$ and a	Ilways 1 kg or less of acutely hazardous UPW accumulated					
Generate/ Transport Handle at Transfer	(2) Enter your esitmate of the maximum amount (in pounds)					
(1) For those Managing Accumulate (see note in instructions) Facility	of each type of UW on site or transported at any one time.					
a Batteries	1000					
b. Pesticides						
c Pharmaceuticals						
d Mercury Containing Devices						
e. Mercury Containing Lamps	200					
	Note A hazardous waste permit is required for this activity [Rule 62-737 800, FAC]					
(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 pilor to recycling						
	8) Specific Certification to be signed by all Used Oil Transporters					
(1) Used Oil Transporter - indicate type(s) of activity(ies):	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					
 b. Transfer Facility (2) Collection Center 	orginally approved training program, they are explained in attachments to					
(3) Used Oil Processor (A permit is required for this activity.)	this registration form Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of					
(4) 🔲 Off-Specification Used Oil Burner	Lidoility Insurance DEP form 62-710 901(4). F A C					
(5) 🔲 Used Oil Fuel Marketer (6) Used Oil Filter	1 HHT					
a. Transporter	hally Alles					
b. Transfer Facility	Signature of Authorized Person David Strickland					
\Box c. Processor						
d. End User	Print Name of Authorized Person					
(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,	(9) The records required under the provisions of Rule 62-710.510,					
payable to Florida Department of Environmental Protection.	F.A.C., are kept at (check one).					
A check is enclosed.	The site (facility) address					

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10 Waste C	odes for Fed	erally Regulated				equired for this activity. eral hazardous wastes hand
your facility. 1	List them in the	order they are pres	ented in the regula	ations (e.g., D001, I	0003, F007, U112))
Hazardous was		list codes routinely	or usually transpo	orted Use an additi	onal page if more	spaces are needed.
⁷ D001	2	3	4	5	6	7
8	9	10	11	12	13	14
22	16 23	24	25	19	20	21
				20	27	28
11. Other St	tatus Change	s (Mark 'X' in all	that apply):			
	Out of Business address, and pł	none number where	on you can be reach		ate). Please provid	de a contact person, mailing
	_			ne		
Add	lress			ne		
Add City C. 12. Certific:	Iress, State, Zıp Property Tax 1 ation: 1 certify	Default / under penalty of la	D.	Petition for Bankr nent and all attachm	uptcy Protection ents were prepared	under my direction or supe
Add City C. 12. Certifica in accordance information su for submitting facility, 1 am a	Iress , State, Zıp Property Tax I ation: I certify with a system d bmitted is, to th false informati- ware that transf	Default y under penalty of la lesigned to assure the ne best of my knowl on, including the po fer facilities must co ator, or an author	D. The second s	Petition for Bankr nent and all attachm nnel properly gathe rue, accurate, and co nd imprisonment for quirements of Rule of Print Name	uptcy Protection ents were prepared r and evaluate the omplete. I am awar knowing violation 52-730.171, FAC, and Title	I under my direction or superinformation submitted. The re that there are significant part of the second se
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Add City C. 12. Certifica in accordance information su for submitting facility, 1 am a Signature of URLAN If the person	ress Property Tax I ation: I certify with a system d bmitted is, to th false informati- ware that transf fowner oper Prepresen Wrepresen who filled in t David Stri	Default y under penalty of la lesigned to assure the ne best of my knowl on, including the po fer facilities must co ator, or an author tative his form is not the ckland	Davi Facility Contact 904	Petition for Bankr nent and all attachm nnel properly gathe rue, accurate, and co nd imprisonment for quirements of Rule of Print Name d Strickland, En or Operator, pleas -494-1417	uptcy Protection ents were prepared r and evaluate the omplete. I am awar knowing violation 52-730.171, FAC, and Title nvironmental I se complete the in dave.stric	l under my direction or super information submitted. The re that there are significant p ns If I have notified as a tr and Rule 62-730.182, FAC Date Signe (mm-dd-yy Mgr 3/15/ formation below: kland@ringpower.co
Add City C. 12. Certifica in accordance information su for submitting facility, 1 am a Signature of URLAN If the person	Iress , State, Zıp Property Tax ation: I certify with a system d bmitted is, to th false informati- ware that transf f owner oper Mrepresen Who filled in t David Stri on completing t	Default y under penalty of la lesigned to assure the ne best of my knowl on, including the po fer facilities must co ator, or an author tative his form is not the ckland	Davi prized Facility Contact	Petition for Bankr nent and all attachm nnel properly gathe rue, accurate, and co nd imprisonment for quirements of Rule of Print Name d Strickland, En or Operator, pleas -494-1417	uptcy Protection ents were prepared r and evaluate the omplete. I am away knowing violation 52-730.171, FAC, and Title nvironmental I	l under my direction or super information submitted. The re that there are significant p ns If I have notified as a tr and Rule 62-730.182, FAC Date Signe (mm-dd-yy Mgr 3/15/ formation below: kland@ringpower.co



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ANNUAL REPORT DY USED OIL AND USED OIL FIL (*Handlers are any persons subject to the registration requirements of rule 62-710 500 and 62-710.850, F A		
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 co	•	,
SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS	له مين بريد بري ه بيه .	
1. Company Name:	ohone No. (<u>⁹⁰⁴)</u>	494-1417
Site Address: 401 N Tomoka Farms Rd		
Daytona Beach, FL 32124 3. EF	PAID NO. FLR	0000 24158
o Check box if any of the above items (1-3) have changed since your last registration		
4. Name of person preparing report (please print)	· · · · · · · · · · · · · · · · · · ·	
Title <u>Environ mental Mgr.</u> Phone number (if different from #	t2, above) (
5. Type of operation (check as many as apply to your operations) Used Oil: Transporter Transfer Facility o Collection Center/Aggregation Point o Proces o Burner (of off-specification used oil) Used Oil Filter: Transporter Transfer Facility o Processor	ssor o Marketer o End User	
SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED (DIL FILTER HANDLER	RS SEE SECTION C)
 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) 		
	In State	Out of State
2. Amount (in gallons) of Used Oil and Oily Wastes Managed		
N - Not an end use, transferred to another facility for storage or processing	2,86	
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	2,86!	

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....



Department of Environmental Protection

FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #<u>52-710.501(4)</u> Form Title <u>Certificate of Lisoffity insurance</u> <u>Used Gil Transconters</u> Effective Date <u>June 9, 2005</u>

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form Discover Property & Casualty Insurance 4401 Northside Pkwy, Suite 250, Atlanta, GA 30327 (the Insurer), (Name of the Insurer) (Address of the Insurer) **Ring Power Corporation** hereby certifies that it has issued liability insurance to: (the Insured). (Name of the Insured) 401 N. Tomoka Farm Road, Daytona Beach, FL FLR000024158 whose EPA Identification number is (Address of the Insured) This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form] 5,000,000 The insurance is primary and the company shall be liable for amounts up to S____ less the deductible or retention of \$ 3,000,000 _ for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the insured. 04-01-09 D004A00337 This coverage is provided under policy number issued on (Date) 04-01-10 04-01-10 The expiration date of said policy is or the annual renewal date is (Date) (Date) 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 this 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 or by any other termination of the insurance (e.g. expiration or 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 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.

	Authorized Representative of			
(Signature of Insurer or Authorized Representative)				
L. Kipp Minter	Discover Property & Casualty Insurance			
(Type Name)	(Name of Insurer) BB&T – J. Rolfe Davis Insurance.			
Senior Vice President	P.O. Box 4927, Orlando, FL 32802-4927			
(Title)	(Address of Representative) Page 1 of 2			



Ring Power Corporation 10421 Fern Hill Drive Riverview, FL 33569 (813) 671-3700

Re: Halogen testing procedures for Used oil collection

Ring Power Corp. does not engage in the collection of Used Oil and / or Filters generated by anyon other than our employees.

We do not and will not accept or transport any used oil or filter stored in any container, tank, barrel bucket which has been removed by anyone other than a Ring Power technician.

We collect oil and filters only from engine and drive train servicing,, performed by our employees and removed directly from the from the unit being serviced, which is then returned to our facility for storage awaiting removal and recycling by our vendor, Synergy Recycling LLC. This product is checked for halogens before removal from our property by Synergy Recycling.

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Explanation of this procedure is a part of our annual training provided to all our preventive maintenance drivers and dispatchers.