

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

04/29/2010

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 32000 Blue Star Hwy, Midway.

FLR000136598

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,

for Michael Redig

Michael X. Redig Environmental Manager

n La

Hazardous Waste Regulation Section

ME ID: 16383, Email Address: dave.strickland@ringpower.com

Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000136598



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

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,

Dave Strickland

Environmental Manager

DS:jls

FLORIDA PLOTECTION

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)

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EPA ID F L R	0 0 1 3 6	5 9 8	MTS	0,40 W €	***	RCRAI	nfo
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). 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 Busines's Name	Ring Power Corporation FEID No. 5 9 0 9 3 4				3 4 2 4 6		
3. Facility Operator (List additional Operators in the	Name of Operator: Ring Power Corporation				New Operator Date became Operator:// mm dd yy		
comments section).	Street or P.O. Box	500 World Co	mmerce Parkwa	y Phone Number: 904-737-7730			
	City or Town:	St August	tine	State:	FL	Zip Code:	32092
	Operator Type:		Municipal :	State [Othe	r	
4. Facility Physical Location	Physical Street Ad	dress:	32000 Blue	e Star F	lighw	ay	
Information	City or Town:	Midway		State:	FL	Zip Code:	32343
	County: Gadsden If available, please attach a map or sketch of the facility boundaries.					f the facility	
	Latitude: Longitude: Method: d d m m s s .ssss d d m m s s .ssss Datum:						
5. Facility North Am Classification Syst	_	^{A.} 4218	31	В.			
Code(s)	(NAICS)	C.		D.			
6. Facility or Business Mailing	Street Address or P.O. Box: 500 World Commerce Parkway						
Address	City or Town:	St August	ine	State:	FL	Zip Code:	32092
7. Facility or Business Contact	First Name:	David	Last Name: St	trickland	t	Title Enviro	onmental Mgr
Person	Phone Number:	904-494-1417	Extension:	E-Mail:	dave	.strickland@	ringpower.com
	Street or P.O. Box: 500 World Commerce Parkway						
	City or Town:	St August	ine	State:	FL	Zip Code:	32092
8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments	Name of Real Property (Land) Owner: Ring Power Corporation			New Owner Date became Owner:// mm dd yy			
	Street or P.O. Box	500 World Cor	nmerce Parkway	,	Phone	e Number: g	04-737-7730
	City or Town:	ity or Town: St Augustine State				Zip Code:	32092
section.)	Owner Type: Private Federal Municipal State Other						

	~ q v1	EPA ID No.	FLR00136598		
9. Type of Regulated Waste Activity (Mark 'X' in all tha	it 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	- ,	(at your facility) No may be required for to a. Operating Co. b. Operating No. C. Non-operatin	•		
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		Specify: Commercial Co	lous Waste (at your facility) al; Non-Commercial. storage prior to recycling. l/or Industrial Furnace city On-site Burner Exemption selting, and Refining Furnace Exemption		
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	(5)	Generated at Other activity ONLY if yo	to Manage Conditionally Exempt Waste Facilities - Choose this management u attach EITHER a copy of your application on OR the authorization you received from		
In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator	(6)	Underground Injec	etion Control - Mark an 'X' even if the cility 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 Information Insurance Company	waste or	aly D b. For commo			
Contact					
Policy Number	Expi	ration date			
d. Transportation Mode Air Rail Highway	☐ Wate	er 🗌 Other - specify			
e. Hazardous Waste Transfer Facility:		Storage Volu	ıme		
Initial notification The following items are required to be submitted we Florida Administrative Code (F.A.C.)]: Certification by a responsible corporate officer of criteria of Section 403.7211(2), Florida Statutes Evidence of the transporter's financial responsibility. A brief general description of the transfer facility. A copy of the facility closure plan [Rule 62-730.1] A copy of the contingency and emergency plan [Rule 62-730.1] A map or maps of the transfer facility [Rule 62-730.1] Notification of changes in above items	the trans (F.S.) [R ity [Rule operation 71(3)(a) ⁴ Rule 62-7	porter that the proposule 62-730.171(3)(a) 62-730.171(3)(a)3., I is [Rule 62-730.171(3), F.A.C.]	ed location satisfies the 1., F.A.C.] F.A.C.] B)(a)4., F.A.C.]		
Annual update notification					

	EPA ID No. FLR00136598					
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	of any combination of UW accumulated					
Small Quantity Handler (SQH) = always less than 5,000 kg accu						
Mercury-containing devices LQH = 100 kg (220 lb) or more acc	cumulated by for-hire handler					
Mercury-containing devices SQH = less than 100 kg accumulate						
	•					
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lam						
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lam	ps) accumulated by for-hire handler					
[Note: 4 lamps = 1 kg, 62-737.200(10)]						
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace						
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 kg of UPW and a	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 esitmate of the maximum amount (in pounds) 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					
(3) Mercury Recovery and/or Reclamation Facility	Note: A hazardous waste permit is required for this activity [Rule 62-737 800,					
[Chapter 62-737, F A C]	FAC]					
(4) Reverse Distributor of UW Pharmaceuticals	Lamps Devices					
(5) Destination Facility for UW Note: for this activity storage prior to recy						
C. Used Oil Activities:	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,					
a. Transporterb. Transfer Facility	current and being adhered to. If any modifications have been made to the					
(2) Collection Center	orginally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is					
(3) Used Oil Processor (A permit is required for this activity.)	demonstrated by the attached Used Oil Transporter Certificate of					
(4) Off-Specification Used Oil Burner	Liability Insurance, DEP form 62-7/10.901(4), F.A.C.					
(5) Used Oil Fuel Marketer	V. / Ø /					
(6) Used Oil Filter 図 a. Transporter	Went Stiller					
☑ a. Transporter☑ b. Transfer Facility	Signature of Authorized Person					
☐ c. Processor	David Strickland					
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	(a) The records required under the provisions of Rule 62-710 510					
applicable, enclose a check or money order, in the amount of \$100,	(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):					
payable to Florida Department of Environmental Protection.	Our mailing (business) address					
A check is enclosed.	☐ The site (facility) address					

•				EPA ID No. FLR00136598				
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.								
[/] D001	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 State	us Changes (Mai	k 'X' in all that a	pply):					
☐ (1) Bus ☐ (2) Wat ☐ (3) Oth	er of Regulated Winess no longer genste generated by buser (explain)	erates, transports, t siness has been del	reats, stores, or dis	poses of hazardous	waste			
(1) Clo be	 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							
	t	•		_				
Addres			1 110110					
City, St	tate, Zip							
C. Pro	perty Tax Default		D. Petition	ı for Bankruptcy I	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		Pı	int Name and T	itle	Date Signed (mm-dd-yyyy)			
(hbinh	Millen		David Stric	ickland, Environmental Mgr		03/15/2010		
000 04								
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 #62-710.901(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005

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 Tracom leaves 131, 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: SING FOWN CONDINATION 2. Telep	phone No. (<u>904) 4</u>	94-1417
Site Address: 32000 Blve Star Highway	,	
Midway, FL 32343 3. EF	PAID NO. FLR	000 136598
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) David Strictions		
· · ·		
Title Phone number (if different from #	#2, above) ()	
 Type of operation (check as many as apply to your operations) Used Oil: Transporter Transfer Facility o Collection Center/Aggregation Point o Proceso 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	OIL FILTER HANDLERS	S SEE SECTION C)
Automotive Industrial	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected a. In Florida		13/58
b. From out of state	1	
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	2100	
N - Not an end use, transferred to another facility for storage or processing	7,138	
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	01-8	
3. Total amount (in gallons) of used oil managed	3158	
4. End of year, on hand estimate (Difference between Lines 1D and Line 3)		



Senior Vice President

(Title)

Department of Environmental Protection FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

OEP Form #62-710,905(4) Form Title Certificate of Liability insurance
Used Oil Transporters

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) 32000 Blue Star Hwy, Midway. FL 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] The insurance is primary and the company shall be liable for amounts up to \$ 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. This coverage is provided under policy number issued on The expiration date of said policy is or the annual renewal date is 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 this policy. 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 the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines in er, in one or more States, including Florida. Authorized Representative of (Signature of Insurer or Authorized Representative) Discover Property & Casualty Insurance L. Kipp Minter BB&T – J. Rolfe Davis Insurance. (Type Name)

(Address of Representative)

P.O. Box 4927, Orlando, FL 32802-4927

Page 1 of 2

DEP Form #52/710/531441
Farm Title Certificate of Lishility
Insurance, Used Oil Transporters
Effective Oale Arne 8, 2005

Chapter 62-710.600(2)(e), Florida Administrative Code Certification Program for Used Oil Transporters

- (e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.
 - 1. The insurance required in this paragraph may be established by:
- a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or
- b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.
 - 2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: sebrenz.bolton@dep.state.fl.us. OR Phone (850) 245-8755, email: aprilia.grayes@dep.state.fl.us



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.

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