

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

05/12/2010

Wes Pace, Director Hazmat Trade Compliance Landstar Express America Inc 13410 Sutton Park Drive S Jacksonville, FL 32224-

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 Landstar Express America Inc located at 13410 Sutton Park Dr S # C, Jacksonville.

FLR000099945

Your facility notified FDEP requesting the following status/activities:

HW Transporter, Non-handler of Hazardous Waste

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

fin My

Michael X. Redig Environmental Manager Hazardous Waste Regulation Section

ME ID: 46644, Email Address: wpace@landstar.com

Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000099945



LANDSTAR EXPRESS AMERICA, INC.

Received

APR 3 0 2010

April 20, 2010

BSHW

Dept. of Environmental Protection Twin Towers Building 2600 Blair Stone Road Tallahassee, FL 32399-2400

Dear Ms Tiffaney:

Enclosed please find the Hazardous Waste Transporter Status Form & the new 8700-12FL Florida Notification of Regulated Waste Activity form. As requested we have also attached the Certificate of Liability Insurance to renew Landstar Express America, Inc. license for 2010-2011.

Please e-mail our new license <u>wpace@landstar.com</u> and <u>jroszel@landstar.com</u> and mail the original to:

Landstar Express America, Inc. Attn: Dianna White 13410 Sutton Park Drive South Jacksonville, FL 32224-5270

If you should have any questions concerning this application please call me at 800-872-9430.

Respectfully,

Jéri Roszel

Permit Representative

RMC QA'ed Initials____ Date

FLORIDA

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

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EPA ID FLR 1. Reason for	00009	919145	MIS	ents Lentsmann	RCRAIDE		
1. Reason for			**************************************	中央公司中央通过的特殊的指数。由于1000年度。			
Submittal	Mark 'X' in						
	The same of the sa	Is this the final	notification (see instruc	tions) for the fac	ality?		
2. Facility or Business Name	LANDSTAR	Express A	merica Inc	1	0 No. 6 / 6 8 7 1 5 1		
3. Facility Operator (List additional Operators in the comments section).	Name of Operator:	Express A		Date became	B		
ŕ	/34/0 S City or Town: Operator Type: [2	utton PARK JACKSONUIL	f		700 - 872 - 9400 Zip Code: 3222 4		
4. Facility Physical Location Information	Physical Street Ad		e Dr. S	State: FL	Zip Code:		
	County: Choose Dava / If available, please attach a map or sketch of the facility boundaries.						
	Latitude: . Longitude: . Method: dd mm ss.ssss dd mm ss.ssss Datum:						
5. Facility North Am Classification Syst Code(s)		a 4841.	21	B. D.			
6. Facility or Business Mailing Address	Street Address or l	134/0		PARK D	Zip Code:		
7. Facility or	First Name:	JACKSONUL Ves	Last Name: PA	FL No	Zip Code: 32224 Title: HAZMA; DIRECTOR: COMPLIAN		
Business Contact Person	Phone Number:	00-872-9400	Extension: 4815	E-Mail:	@/Andstar.com		
	Street or P.O. Box: 13410 Sutton PARK DR. S. City or Town: State: Zip Code:						
	City or Town:	JACKSON	FL 32224				
8. Real Property (Land) Owner of the Facility's	LANDSTAN	oerty (Land) Owner: Sys <i>Tem Hol</i>	dings Inc	Date became	Owner: 3 / 1/0 mm dd yy		
(List additional	Street or P.O. Box 134/0 Su. City or Town:	ttow PARK	< Dr. 5.	State:	ne Number: 104-398-9410 Zip Code:		
real property owners							

	EPA ID No. FLR 000099945						
. 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	(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.)						
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	 (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 						
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) 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.						
In addition, indicate other generator activities that apply. 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 Information of the control of the con	waste only b. For commercial purposes						
Insurance Company National (Livion) Address 175 Water St. 18	Fire Insurance Co. of Pittsburgh, PA						
Contact Telephone Expiration date 5-1-11							
d. 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. FLR 000099945							
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 o	of any combination of UW accumulated							
Small Quantity Handler (SQH) = always less than 5,000 kg accur	mulated							
Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler								
Mercury-containing devices SQH = less than 100 kg accumulated								
Wicrouty-containing devices 5Q11 less than 100 kg accumulated	a by for-time mandrer							
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamp	ps) or more accumulated by for-hire handler							
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamp	ps) 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 hazard	dous ("P-listed") pharmaceutical waste accumulated							
Pharmaceuticals SQH = always less than 5,000 kg of UPW and a	llways 1 kg or less of acutely hazardous UPW accumulated							
Generate/ Transport Handle at Transfer	(2) Enter your esitmate of the maximum amount (in pounds)							
III) L'or thosa Managing I I (see note in I	of each type of UW on site or transported at any one time.							
a. Batteries								
b. Pesticides								
c. Pharmaceuticals								
d. Mercury Containing Devices								
e. Mercury Containing Lamps								
• · · · · · · · · · · · · · · · · · · ·	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 storage prior to recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for veling.							
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, 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							
(2) U Collection Center (3) Used Oil Processor (A permit is required for this activity.)	this registration form. Evidence of financial responsibility is							
	Idemonstrated by the attached Used Oil Transporter Certificate of							
<u> </u>	demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.							
(4) ☐ Off-Specification Used Oil Burner (5) ☐ Used Oil Fuel Marketer								
(4) ☐ Off-Specification Used Oil Burner (5) ☐ Used Oil Fuel Marketer (6) Used Oil Filter								
 (4) Off-Specification Used Oil Burner (5) Used Oil Fuel Marketer (6) Used Oil Filter a. Transporter 								
(4) ☐ Off-Specification Used Oil Burner (5) ☐ Used Oil Fuel Marketer (6) Used Oil Filter	Liability Insurance, DEP form 62-710.901(4), F.A.C.							
 (4) Off-Specification Used Oil Burner (5) Used Oil Fuel Marketer (6) Used Oil Filter	Liability Insurance, DEP form 62-710.901(4), F.A.C.							
(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	Liability Insurance, DEP form 62-710.901(4), F.A.C. Signature of Authorized Person							
(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-	Liability Insurance, DEP form 62-710.901(4), F.A.C. Signature of Authorized Person							
(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	Liability Insurance, DEP form 62-710.901(4), F.A.C. Signature of Authorized Person Print Name of Authorized Person							
(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-	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,							
(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	Liability Insurance, DEP form 62-710.901(4), F.A.C. Signature of Authorized Person							

		ela e Menin i din perakan darah dari 1870 majarah dari dari 1885 majarah	renga sertan per Téla Arrigi (napasa) (napasa)		EPA ID No.	FLR 00009	79945		
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.									
D00	01 2 D002 2 D003 4 F001 5 F002 6 F003 7 F005								
8		9	10	11	12	13	14		
15		16	17	18	19	20	21		
22		23	24	25	26	27	28		
11. Oth	ier Statu	is Changes (Mai	k 'X' in all that a	oply):					
A. No	_ (-) 8								
B. Fac	be handling regulated waste there.								
	C. Pro	perty 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 Print Name and Title Date Signed									
ļ <i>,</i>	-	representative					(mm-dd-yyyy)		
Mes Pace: Director-HazMar 4-26-10 If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:									
Jeri Roszel 800-872-9430 iroszel@landstar.com									
(Name o	(Name of person completing this form) (Phone Number) (E-mail Address)								
13. Comments:									