

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

May 12, 2010

Wes Pace Landstar Express America Inc 13410 Sutton Park Dr. S Jacksonville, FL 32224

Re: Florida Hazardous Waste Transporter Approval

Dear Wes Pace:

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.

- 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 occured, 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.
- 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.

Wes Pace May 12, 2010 Page Two

If you intend to operate a hazardous waste transfer facility, please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

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, 7(6), F.A.C. Also, please review the attached letter of March 11, 2009 addressed to all hazardous waste transporters who have notified of existing transfer facilities, subject: Required Submittal of Supplemental Information.

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

Sincerely,

Aprilia Graves

Engineering Specialist IV

Aprila Traves

Hazardous Waste Regulation Section

AG

Enclosures: Hazardous Waste Transporter Approval Certificate

Hazardous Waste Transporter Status Form (with insurance verification)

Sections 62-730.170 and 62-730.171, FAC



Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

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: Landstar Express America Inc

FACILITY ID NO: FLR000099945

FACILITY ADDRESS: 13410 Sutton Park Dr S # C

Jacksonville, FL 32224-5270

INSURANCE CARRIER: NATIONAL UNION FIRE

INSURANCE POLICY#: CA545-63-88

EFFECTIVE DATE: May 01, 2010

EXPIRATION DATE: May 01, 2011

APPROVED TRANSFER FACILITY:

APPROVAL ISSUED BY:

Aprilia Graves

DATE: May 12, 2010

Engineering Specialist IV

Hazardous Waste Regulation Section

850/245-8755

rev.0(Oct 91)

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STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1.	Transporter Identification: Transporter Name: LANDSTAR EXPRESS AMERICA INC.
	Transporter EPA ID: FLR 000 /99 945
	Location Address: 13410 Sutbon PARK Dr. S. JACKSONVILLE FL 32224
Contac	
Mailing	Address: Same AS ABOVE
II.	Insurance Information:
	Insurance Information: Insurance Company National Union Fire Insurance Co. of Pittsburgh, Property Address 175 Water St., 185 Floor
	1VEAJ (/OFK. /VV
	Cantact: Tologhono:
	Policy Number: CA 545-63-88 Expiration date: 3-/-//
	Expiration date.
III.	Waste Information:
	EPA Waste Codes for Waste Routinely or Usually Transported:
	DOOI DOOZ DOOZ FOOZ FOOZ FOOZ
	Comments:
IV.	Certification:
of my k	I certify under penalty of law that the above information is true, correct, and complete to the best knowledge.
0: 1:.y : 1	
	Des Page DIRECTOR; HAZMAT + TRAde Compliance
Print I	ype Name Title
1/1	les fore 4-26-10
Signati	ure 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 5/1/2011 --- Data

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 5/12/2010

Signature of Florida Department of Environmental Protection Representative Date Signed

DEP Form 62-730.900(5)(d) Effective 1/5/95

HW Transporter Status Form Page 1 of 1



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

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

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STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY

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			re Insura					ennsyl	vania
xcess: T	he Insu	rance Com	pany of t	he State	of Per	nnsylvai	nia		
<u> </u>		(Name	of Insurer)						
(the "insu	rer"), of 1	75 Water	Street, 1	8th Floo	r, New	York, N	.Y. 10	038	
,		(Addre	ss of Insurer)						
			iability insuran en accidental c			ury and pro	perty dam	nage inclu	ding
LANDSTA	R EXPRE	ESS AMERIC	CA, INC.						
		(Name	of Insured)						
(the "Insur	red"), of <u>1</u>		ton Park D	r. South	ı, Jack	sonvill	e, FL	32224	
			s of Insured)						
			ligation to den 170. The cove			onsibility (ınder Flo	orida	
Administra	ative Code	Kule 02-730.	1/U. The cove	rage appnes	ai:				
EPA/DEP	I.D. No.		Name			Location			
FLR00009	19945	Landstar	Express A	merica,	Inc.	13410 S	utton P	ark Dr	. Sou
						Toolsoom	ville,	FT. 32	224
						Jackson	,,		-
(If coverage	e is for mu	ultiple facilitie	s, identify each	n facility ins		Jackson	, 1120,	12 52	
_		•	s, identify each	_	ured.)			12 9-	
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- 2.
 - (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 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 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.
- (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 surplus lines insurer, in one of more States including Florida.

May (a Claud	
(Signature of Authorized Representative of Insurer)	
Jeeph A. Davide	
(Typed name)	
Authorized Representative	
(Title)	
Authorized Representative of	
National Union Fire Insurance Company of Pittsburgh, Insurance Company of the State of Pennslyvania	Pennsylvania

175 Water Street, 18th Floor, New York, N.Y. 10038 (Address of Representative)

(Name of Insurer)

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			, INC.; LANDSTAR TAR LIGON. INC.: LA	NDSTAR INWAY, INC. AND	INSL	JRER B: Insurance	e Company Of Th	e State Of PA	19429	
	ANDSTAR EXPRESS AMERICA 13410 SUTTON PARK DRIVE SOUTH			INSU	JRER C: Liberty In	surance Corpora	tion	42404		
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CE	RTIF	ICATE HOLD	ER 05-	002181482-10	_ (CANCELLATIO	N			
FL Dept. of Environmental Regulation Hazardous Waste Management Section 2600 Blair Stone Road Tallahassee, FL 32399-2400				5 3 8	EXPIRATION DATE OUT FAILURE TO DO	THEREOF, THE ISS TEN NOTICE TO THE O SO SHALL IMPOSE INSURER, ITS	ED POLICIES BE CANCELLE UING INSURER WILL ENDE CERTIFICATE HOLDER NAMI NO OBLIGATION OR LIABILI AGENTS OR REI	EAVOR TO	O MAIL E LEFT, NY KIND	
					of N	Marsh USA Inc.	ZTho	nw. Kas		

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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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	1001200000		SERVICE SAL	5.70要用供用:

EPA ID FLR 1. Reason for	00009	919145	MJS	ents Lentsmann	RCRAIDE
1. Reason for			#1-3016 F100-01 N T 5.32 D2-33-32-33-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1	中央公司中央通过的特殊的指数。由于1000年度。	
Submittal	Mark 'X' in correct box:	waste, universa To provide <u>sub</u> information).	ial notification (to obtain all waste, or used oil activities sequent notification (to	ities). update status ar	nd facility identification
		Is this the final	notification (see instruc	tions) for the fac	ality?
2. Facility or Business Name	LANDSTAR	Express A	merica Ive	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			700 - 872 - 9400 Zip Code: 3222 4
4. Facility Physical Location Information	Physical Street Ad		e Dr. S	State: FL	Zip Code:
	County: Choose	-Duval		ease attach a m	ap or sketch of the facility
	Latitude: d d	m m ss.ssss	ongitude:		Method: Datum:
5. Facility North Am Classification Syst Code(s)		a 4841.	21	B. D.	
6. Facility or Business Mailing Address	Street Address or City or Town:	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
		Sutton PAR	ek DR. S.	/ s: /	7: 0
	City or Town:	JACKSON	ville	State:	Zip Code: 3224
8. Real Property (Land) Owner of the Facility's	LANDSTAD	oerty (Land) Owner: Sys <i>Tem Hol</i>	dings Inc	Date became	Owner: 3/5//0 mm dd yy
(List additional	Street or P.O. Box 134/0 Su. City or Town:	ttow PARK	< Žr. 5.	State:	ne Number: 104-398-9410 Zip Code:
real property owners					

	EPA ID No. FL R 000099945
. Type of Regulated Waste Activity (Mark 'X' in all tha	ıt 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
d. Transportation Mode Air Rail Highway	Water Other - specify
e. Hazardous Waste Transfer Facility:	Storage Volume
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.] 171(3)(a)5., F.A.C.] Rule 62-730.171(3)(a)6., F.A.C.]
Notification of changes in above items Annual update notification	νο. τ. τ. (ο)(α) τ.

in ta significant annum is san ais chuidh in taga an tunan munit da an tagan an dhun as a san tagan sa a an ta	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 of Small Quantity Handler (SQH) = always less than 5,000 kg accu	•							
Mercury-containing devices LQH = 100 kg (220 lb) or more accommod Mercury-containing devices SQH = less than 100 kg accumulate	-							
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 lam	•							
[Note: 4 lamps = 1 kg, 62-737.200(10)]	• /							
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	eutical waste (UPW) accumulated							
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar								
Pharmaceuticals SQH = always less than 5,000 kg of UPW and a								
T								
(1) For those Managing Generate/ Accumulate Generate/ (see note in instructions) 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								
b. Pesticides								
c. Pharmaceuticals								
d. Mercury Containing Devices								
e. Mercury Containing Lamps								
(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.]	· · · · · · · · · · · · · · · · · · ·							
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		ela e Menin i din perakan darah dari 1870 majarah dari dari 1885 majarah	renga sertan per Téla Arrigi (nepras) (nepras)		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	/	² D002	*D003	* F001	5 F002	F003	F095-	
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	(1) Bus (2) Was	er of Regulated Winess no longer genete generated by buser (explain)	erates, transports, t siness has been deli	reats, stores, or dis	poses of hazardous	s waste		
B. Fac	(2) Out add Contact Address	sed at this location handling regulated of Business - Business, and phone number	waste there. ness closed on mber where you ca	n be reached after o	(Date). P	lease provide a cont	ew location if you will tact person, mailing	
	C. Pro	perty Tax Default		☐ D. Petition	for Bankruptcy	Protection		
in accord informati for subm facility, l	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)	
If the po	Wes Pace; DIRECTOR-HAZMAT 4-26-10 If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:							
	leri	Roszel		800-872-			lANdstAR.com	
(Name o	f person	completing this for	n)	(Phone Number)		(E-mail Address)		
13. Co	mments							

62-730.170 Standards Applicable to Transporters of Hazardous Waste.

- (1) The Department adopts by reference 40 CFR Part 263 revised as of July 1, 2007.
- (2) In addition to the requirements of subsection (1) of this rule, no person shall transport a hazardous waste within the state for which either a manifest is required under 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] or a reclamation agreement is entered between a generator and recycler pursuant to 40 CFR 263.20 [as adopted in subsection 62-730.170(1), F.A.C.] unless compliance with the following special requirements have been demonstrated.
- (a) The transporter shall have and maintain financial responsibility for sudden accidental occurrences in a minimum amount of \$1,000,000 per occurrence for combined coverage of injury to persons and for damage to property and the environment from the spillage of hazardous waste while such wastes are being transported including the costs of cleaning up the spill. Such financial responsibility shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. Such financial responsibility shall be maintained at all times, be exclusive of legal defense costs, and be established by any one or a combination of the following:
- 1. Evidence of casualty/liability insurance on an occurrence basis with or without a deductible. With the deductible 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. Each insurance policy must be evidenced by a certificate of liability insurance or amended by attachment of an endorsement.
 - 2. Surety bonds.
- (b) Evidence of coverage shall include submittal of an originally signed copy of one or more of the following forms, which are hereby adopted and incorporated by reference:
 - 1. Hazardous Waste Transporter Certificate of Liability Insurance, Form 62-730.900(5)(a), effective date January 29, 2006.
 - 2. Hazardous Waste Transporter Liability Endorsement, Form 62-730.900(5)(b), effective date January 29, 2006
- 3. Hazardous Waste Transporter Liability Surety Bond, Form 62-730.900(5)(c), effective date January 29, 2006. Rule 62-730.900, F.A.C., contains information on obtaining a copy of these forms.
- (c) The insurance policy, including all endorsements, or the liability surety bond must be maintained at the carrier's principal place of business.
- (d) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection, the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (e) The transporter shall annually submit to the Department two originally signed Transporter Status Forms, Form 62-730.900(5)(d), effective date January 5, 1995, which is hereby adopted and incorporated by reference. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form. The Department shall complete the approval part of the form and return one of the originally signed forms to the transporter after verifying that the transporter is complying with the financial responsibility requirements of this section. A copy of this form complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transporter. This approval is non-transferable and non-assignable.
- (f) This subsection does not apply to any person who transports hazardous waste only on the site of a hazardous waste generator or a permitted hazardous waste treatment, storage, or disposal facility.
 - (g) States and the federal government are exempt from the requirements of this subsection.
- (3) Evidence of financial responsibility, updated for the current year, shall be verified annually by the submission of the appropriate form described in paragraph (2)(b) of this section or by the submission of a certificate of insurance. A certificate of insurance shall include a certification by the insurer that the original insurance policy and all endorsements are still in full force and effect as evidenced on the original forms submitted to the Department.

Specific Authority 403.704, 403.721, 403.724, 403.8055 FS. Law Implemented 403.704, 403.721, 403.724 FS. History—New 11-8-81, Amended 5-31-84, 9-13-84, Formerly 17-30.17, Amended 9-19-86, 3-31-87, 5-26-87, 6-28-88, Formerly 17-30.170, Amended 1-25-89, 8-13-90, 9-10-91, 10-14-92, 10-7-93, Formerly 17-730.170, Amended 1-5-95, 4-30-97, 8-19-98, 2-4-00, 12-20-00, 8-1-02, 10-1-04, 1-29-06, 4-6-06, 5-1-07, 4-25-08.

62-730.171 Transfer Facilities.

- (1) 40 CFR 263.12 [as adopted by reference in subsection 62-730.170(1), F.A.C.] provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for 10 days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than 10 days, the facility is subject to the permitting requirements for a hazardous waste storage facility.
- (2)(a) The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but 10 days or less (hereinafter referred to as "the transfer facility") shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), "8700-12FL Florida Notification of Regulated Waste Activity," effective date January 4, 2009 [adopted by reference in paragraph 62-730.150(2)(a), F.A.C.].
- (b) Notification pursuant to this subsection shall be submitted at least 30 days before the storage of hazardous waste is to begin at a transfer facility.
 - (c) The notification shall include the information and documentation required by subsection 62-730.171(3), F.A.C.
- (d) The transfer facility shall annually submit updated information on Form 62-730.900(1)(b), "8700-12FL Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.
 - (3)(a) The following items constitute initial transfer facility notification:
- 1. Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), F.S. The Certification shall state a factual basis for the conclusion that the location criteria are met, and how those facts were determined.
- 2. Completed Form 62-730.900(1)(b), "8700-12FL Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.
 - 3. Evidence of the transporter's financial responsibility as required under subsection 62-730.170(3), F.A.C.
- 4. A brief general description of the transfer facility operations, including customer base, anticipated waste codes, operating procedures, structures and equipment (with the maximum design capacity for storage), including engineering drawings or sketches if any.
- 5. A copy of a closure plan demonstrating that the transfer facility will be closed in a manner which satisfies the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115 [as adopted by reference in subsection 62-730.180(2), F.A.C.].
 - 6. A copy of the contingency and emergency plan required by paragraph 62-730.171(4)(a), F.A.C.
- 7. A map or maps of the transfer facility, depicting property boundaries, access control, buildings or other structures and pertinent features (such as recreation areas, runoff and stormwater control systems, access or internal roads, sanitary and process sewer systems, loading and unloading areas, and fire control equipment.)
- (b) A transporter who is operating a transfer facility must notify the Department prior to making changes in any of the items listed in paragraph 62-730.171(3)(a), F.A.C.
- (c) No person shall operate a transfer facility before receiving confirmation from the Department that the initial notification package is complete and technically adequate and receiving an EPA identification number for the transfer facility.
 - (4) A transfer facility shall comply with the following requirements:
- (a) 40 CFR Part 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13, as adopted by reference in subsection 62-730.180(2), F.A.C.
- (b) The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10 [as adopted by reference in subsection 62-730.170(1), F.A.C.].
- (5) Hazardous waste stored at transfer facilities in containers or vehicles shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.
- (6) The transfer facility shall maintain a written record of the items listed below. This recordkeeping requirement applies to all hazardous waste that enters and leaves the transfer facility, including hazardous waste generated by CESQGs. Records required in this subsection shall be maintained in permanent form for at least three years and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.

- (a) Manifest number for each shipment that enters and leaves the facility, or, for a shipment from a CESQG without a manifest, an identifying number from the shipping document.
 - (b) The date when all hazardous waste enters and leaves the facility.
- (c) The generator's name and the EPA/DEP identification number. For CESQGs without an EPA/DEP identification number, the record shall include the name and address of the generator.
 - (d) Amounts of hazardous waste and hazardous waste codes associated with each shipment into and out of the facility.
- (7) Within 60 days of closure of the transfer facility, the transporter who is owner or operator of the transfer facility shall submit to the Department a certification that the facility has been closed in accordance with the specifications in the closure plan. The certification shall be signed by the owner or operator of the transfer facility, by the owner of the real property where the transfer facility is located, and by a Florida-registered, professional engineer.
- (8) Construction, initial operation or substantial modification of a transfer facility which stores shipments of hazardous waste that are required to be manifested, and which does not comply with the location standards in Section 403.7211, F.S, is prohibited. A transporter operating a transfer facility is subject to the demonstration requirements of subsections 62-730.182(3)-(8), F.A.C., regarding substantial modification.

Specific Authority 403.0877, 403.704, 403.721 FS. Law Implemented 403.0877, 403.704, 403.721 FS. History—New 3-2-86, Amended 6-28-88, Formerly 17-30.171, Amended 8-13-90, 9-10-91, 10-14-92, Formerly 17-730.171, Amended 1-5-95, 1-29-06, 10-28-08, 1-4-09.