

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

02/11/2010

Nicole Matteo S - J Transportation Co, Inc 1176 US Rt 40 Woodstown, NJ 08098-

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at 1176 US ROUTE 40, WOODSTOWN, NJ 08098 has been registered through March 1, 2011 with the following status:

Facility ID # NJD071629976

Transporter of Universal Waste Lamps and Devices

The registration form for the year **2011** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace

Environmental Specialist

Hazardous Waste Management Section

Enclosures



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)

EPA ID NJD	07162	9976	MTS 1 191 mind of	# # # # # 5	RCRAInfo
1. Reason for Submittal	Mark 'X' in correct box: To provide initial notification (to obtain an EPA ID Number for hazardoss waste, universal waste, or used oil activities). To provide subsequent notification (to update status and facility identification)				
		information).	uent notification (to	update status and	d facility identifications Left
			ification (see instructi	ons) for the faci	lity? BY: BSHW
2. Facility or			· · · · · · · · · · · · · · · · · · ·	FEID	CONTRACTOR OF THE PARTY OF THE
Business Name SJ Transportation Co. Inc. 223843457					
3. Facility Operator	Name of Operator			New Opera	
(List additional Operators in the	CTTO	annalatia (L Tai	Date became Operator: 11 /16 / 01	
comments section).	Street or P.O. Box	sportation (D. LAC.	IDh on	mm dd yy e Number:
,	PO BOX	169	•		56)769-2741
	City or Town: ,			State:	Zip Code: 08098
	「NOOdSセ Operator Type: D		Municipal	NJ State □Othe	
4 F:114- Dl:1	Physical Street Ad			State Come	1
4. Facility Physical Location	l "	uress: US Rt 40			·
Information	City or Town:	۸		State: NJ	Zip Code: 08098
	County: Choose If available, please attach a map or sketch of the facility boundaries.				
Initials Date	Latitude: 3 9 6 3 8 5. Longitude: 7 5 8 8 8 . Method:				
5. Facility North Am Classification Syst Code(s)	tem (NAICS)	A. 484121 c.		B. D.	
6. Facility or Business Mailing	Street Address or l	ナしノ ようしかん	169		•
Address	City or Town:	100dstown		State:	Zip Code: 08098
7. Facility or Business Contact Person	First Name: Nicole	•	Last Name: MQ++e0	·	PERMIT COORD.
	Phone Number: (856)	69-2741	Extension:	E-Mail:	@sitransportation
	Street or P.O. Box: Com Street or P.O. Box:				
	City or Town: WOOdStOWN,			State:	Zip Code: 03098
8. Real Property	Name of Real Property (Land) Owner:			New Owner Date became Owner: 1 16 01	
(Land) Owner of the Facility's					
	Street or P.O. Box: Phone Number; O				
(List additional	1176 US Rt. 40 PO BOX 169 [856] 769-2741				
real property owners in the comments	City or Town: WOODSt)WN		State:	Zip Code: 08098
section.)	Owner Type: Private Federal Municipal State Other				

EPA ID No. NJD 071629976
t apply):
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.
of Liability Insurance is required along with this registration.] waste only \(\overline{\omega} \) b. For commercial purposes
TOSURANCE 20196 Telephone 800-382-2150 Expiration date 4 01/2010 Water Other-specify
Storage Volume
ith the initial notification for a transfer facility [Rule 62-730.171(3), he transporter that the proposed location satisfies the F.S.) [Rule 62-730.171(3)(a)1., F.A.C.] y [Rule 62-730.171(3)(a)3., F.A.C.] perations [Rule 62-730.171(3)(a)4., F.A.C.] [1(3)(a)5., F.A.C.] nle 62-730.171(3)(a)6., F.A.C.] [1(3)(a)7., F.A.C.]

	EPAID No. NJD071629976					
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 pharmace	eutical 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 kg of UPW and	always 1 kg or less of acutely hazardous UPW accumulated					
Transment	(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	40,000					
b. Pesticides	<i>20.000</i>					
c. Pharmaceuticals	40,000					
d. Mercury Containing Devices	15,0,00					
e. Mercury Containing Lamps	5,000					
(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.] 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 activi storage prior to recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for yeling.					
	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 Indurance, DEP form 62-710.901(4), F.A.C. Signature of Authorized Person Faluard Remsler 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, payable to Florida Department of Environmental Protection.	(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					

	EPAID No. NJD07162	9976		
D. Other State Regulated Waste Activities:	Petroleum Contact Water (PCW) Handler [Chap Note: A water facility permit may be required for			
your facility. List them in the order they are presented in	rdous Wastes: List the waste codes of the Federal hazan the regulations (e.g., D001, D003, F007, U112). ally transported. Use an additional page if more spaces are			
1 DOO1 2 DOO2 3 DOO3 8 And 9 All F, 12 U & P 15 16 17	⁴ D004 - D043 6 ¹¹ Codes ¹² as required by ¹⁸ ¹⁹ ²⁶ ²⁷	The Shippers.		
11. Other Status Changes (Mark 'X' in all that ap	oply):			
A. Non-Handler of Regulated Waste at This Facility (1) Business no longer generates, transports, to (2) Waste generated by business has been delity (3) Other (explain)	reats, stores, or disposes of hazardous waste			
B. Facility Closed (1) Closed at this location and moved or move be handling regulated waste there. (2) Out of Business - Business closed on address, and phone number where you care Contact Address City, State, Zip	ring to another - submit a new Form 8700-12FL for the ne (Date). Please provide a contain be reached after closing. Phone			
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 Edward Remster, President	Date Signed (mm-dd-yyyy)		
Nicole Matter	(Phone Number) (Contact or Operator, please complete the information (E-mail Address)	n below: Sjtransportation, com		
13. Comments:				



Florida Department of RECEIVED Environmental Protection 25 2910

Bob Martinez Center

2600 Blair Stone Road

Tallahassee, Florida 32399-2400

Jeff Kottkamp Lt. Governor

Governor

Michael W. Sole Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers that are not engaging in transport activities need not complete this form.

SJ Transportation (b.	,Inc. 1176 US Rt. 40, 40, 1	ZOX 169 Woodstown, NJ
	Street Address	City and State 08098
(856) 769-2741 (856) Phone Fax	769-9811 nmatteo@SH E-mail	transportation.com
•	d check all boxes that apply.	·
1. Estimated <u>number</u> of LAMPS hat Types: Fluorescent	andled during the last calendar HID	year. 2,932 lbs.
2. Estimated <u>number</u> of DEVICES Types: Thermostats [Thermometers	☐ Electric Switches/Relays	•
3. Estimated <u>weight</u> of DEVICES h	nandled during the last calendar	year. Old.
4. Estimated <u>number</u> of lamps or olamps (L) or devices (D). Give the	· · · · · · · · · · · · · · · · · · ·	
CROWLEY America Number LXD D Facility Name	n Termina Pennsauken, 1 City/State	NJ (856)966-5800 Phone
Number LADD Facility Name		J (973)347-7111 Phone
Number LDD Facility Name Edward Rem Ster Print Name of Authorized Agent	City/State Signatu/e of Authorized Agent	Phone 12 2 09 Date

Section 2: For <u>out-of-state</u> transporters and transfer facilities <u>only</u>

1. Is any environmental agency transfer facility for universal wa	•	•	ies as a transporter or
Yes	No (Sc	ee attache	ed e-mail)
2. If you have not already done written verification from that en activities as a transporter for un state. This verification can be in registration, a permit, etc.	vironmental agency iversal waste lamps	y that they are a and devices in	aware of your n Florida and in your
Submitted Previously	Sub	mitted in Wha	t Year?
Edward Remater Print Name of Authorized Agent	Signature of Auth	orized Agent	12/22/09 Date
Complete, sign and return this	checklist along wit	h vour registr	ation form to:

Complete, sign and return this checklist along with your registration

Laurie Tenace, MS 4555 Hazardous Waste Management Section Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.

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