



Florida Department of Environmental Protection

Northeast District Office
7825 Baymeadows Way, Suite 2008
Jacksonville, Florida 32256-7590

7/1
Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

JUL 01 2010

Mr. Michael Lunsford, Director of Chemical Safety
CSX Transportation
500 Water St, # J875
Jacksonville, Florida 32202

**Re: CSX Transportation
Non-Compliance Letter NCL10-2568HW16NED
EPA/DEP ID: FLD 006 921 340
Duval County - Hazardous Waste**

Dear Mr. Lunsford:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible and to seek your cooperation in resolving the matter. A hazardous waste program compliance inspection conducted on May 10, 2010, indicates that violations of Florida Statutes and Rules may exist at your facility. Florida Department of Environmental Protection (DEP) personnel made observations described in the attached Hazardous Waste Inspection Report. The "Summary of Potential Violations" section of the report lists the alleged violations.


Section 403.727, Florida Statutes, provides that it is a violation to fail to comply with rules adopted by the DEP. The activities observed during the DEP's field inspection and any other activities at your facility that may be contributing to violations of Florida Statutes or Rules should be ceased.

PLEASE BE ADVISED that this Non-Compliance Letter is part of an agency investigation preliminary to agency action within the meaning of Section 120.57(5), Florida Statutes. It is the DEP's intention to allow you to document compliance or corrective actions, so that this matter can be closed promptly without further enforcement. Your failure to respond in writing within 30 days of receipt of this Non-Compliance Letter may result in the initiation of formal enforcement proceedings. Your written response should either describe what you have done to comply with the requests made in the attached Hazardous Waste Inspection Report or provide evidence to support a claim that the violations did not occur.

CSX Transportation
Non-Compliance Letter NCL10-2568HW16NED

Please address your response to me, Jenna Perry, at Jenna.D.Perry@dep.state.fl.us or at the letterhead address. If you have any questions, you may contact me at 904.807.3382. We look forward to your cooperation in completing the investigation and resolving this matter.

Sincerely,



Jenna Perry
Environmental Specialist III
Hazardous Waste Section

Enclosure(s)



**Florida Department of
Environmental Protection
Hazardous Waste Inspection Report**

FACILITY INFORMATION:

Facility Name: CSX Transportation

On-Site Inspection Start Date: 05/10/2010

On-Site Inspection End Date: 05/10/2010

ME ID#: 52332

EPA ID#: FLD006921340

Facility Street Address: 500 Water St #J275, Jacksonville, Florida 32202-4423

Contact Mailing Address: 500 Water St J875, Jacksonville, Florida 32202-4423

County Name: Duval

Contact Phone: (904) 366-5815

NOTIFIED AS:

SQG (100-1000 kg/month)

Transporter

INSPECTION TYPE:

Routine Inspection for Hazardous Waste Transporter facility

Routine Inspection for Used Oil Transporter facility

Routine Inspection for Non-Handler facility

INSPECTION PARTICIPANTS:

Principal Inspector: Jenna Perry, Inspector

Other Participants: Romano De Simone, Mike Lunsford

LATITUDE / LONGITUDE: Lat 30° 19' 28.143" / Long 81° 39' 50.6761"

SIC CODE: 4011 - Trans. & utilities - railroads, line-haul operating

TYPE OF OWNERSHIP: Private

Introduction:

CSX Transportation (CSX T) was inspected on May 10, 2010, as an announced hazardous waste compliance evaluation inspection. A follow-up visit was made to the facility on June 8, 2010. CSX T was last inspected by the DEP on 5/24/04, when it was operating as a hazardous waste and used oil transporter. The facility is still operating as both a hazardous waste and a used oil transporter; however, the facility is not currently registered in Florida to transport either waste stream.

CSX T is a wholly-owned subsidiary of CSX Corporation. CSX T serves the eastern U.S., and maintains a 21,000 route mile rail network. CSX T currently operates 3,800 locomotives, which are used to transport a wide variety of commodities. The facility at 500 Water Street in Jacksonville, is the headquarters for CSX T and contains only offices. Mr. Romano De Simone, Director of Hazardous Material Systems, was present during the initial inspection on 5/10/10. Mr. Michael Lunsford, Director of Chemical Safety, was present during the follow-up visit on 6/8/10.

Process Description:

Hazardous Waste Transportation

As a hazardous waste rail transporter, CSX T should meet all applicable requirements relating to the transportation of hazardous waste. According to Mr. Lunsford, CSX T transports 1500-2000 car loads of hazardous waste per year nationally.

As of the day of the initial inspection, CSX T had only transported one rail car of hazardous waste in Florida in all of 2010. This shipment took place between January 11 and January 14, when Clean

Inspection Date: 05/10/2010

Harbors FL (FLD980729610) shipped 21,996 gallons of D001/D004/D005/D006/D007/D008 hazardous waste. Transporter 1 was listed as Clean Harbors (non-rail transporter), Transporter 2 was CSX T, Transporter 3 was Toledo, Peoria, & Western Railway (ILT180012098), and the destination facility was Essroc Materials Inc (IND005081542).

According to Mr. De Simone, CSX T did not ship any hazardous waste in Florida in 2009. In 2008, CSX T had one shipment totaling 23,465 gallons of D001/D004/D005/D006/D007/D009 hazardous waste from Clean Harbors FL to Essroc Materials Inc.

As of the date of the initial inspection, CSX T was not registered to transport hazardous waste in Florida [Section 62-730.170(2)(e), FAC]. Registration is required annually, and the facility's last registration expired on May 28, 2009. The facility is self-insured.

Used Oil Transportation

All commodities are given code numbers under the Standard Transportation Commodities Code (STCC) for railways. For the purposes of this inspection, Mr. Lunsford pulled computer records for "waste oil" that had the STCC code number 4025198. Mr. Lunsford stated that it was possible that used oil could be classified under a different STCC code number; however, he wasn't sure which numbers could be used. Mr. Lunsford also stated that acceptance and delivery records were not kept on-site, since, according to policy, non-hazardous loads do not require manifests. Records are kept in the computer database and are searchable according to STCC codes and other information.

Mr. Lunsford provided a list of all of the used oil shipments originating in or destined for Florida in the past year, under the STCC code for waste oil. Since 5/17/09, CSX T has handled 16 shipments of used oil, mostly from Cliff Berry Inc. Mr. Lunsford stated that CSX T may or may not document the weight of the used oil being transported, according to the contract that CSX T has with the provider.

The facility's records do not include the following required information: the EPA ID number of the oil provider, the EPA ID number of the receiving facility, the quantity of oil shipped, the signature of the generator, and the signature of the receiving facility [40 CFR 279.46]. In addition, the records do not list the type of oil and destination or end use [Rule 62-710.510(c) and (e), FAC]. The facility does not keep records on DEP Form 62-710.901(2) or on a substantially equivalent form [Rule 62-710.510(1), FAC].

Mr. Lunsford stated that CSX T may or may not keep shipment records for at least three years [40 CFR 279.46(d)].

The facility is not currently registered in Florida to transport used oil [Rule 62-710.500(1), FAC]. The facility has never notified the DEP of its used oil transportation activities. Used oil transporters are required to annually register their used oil handling activities using DEP Form 62-730.900(1)(b). In addition, used oil transporters are required to submit an annual report on DEP Form 62-710.901(3) by March 1 each year summarizing the used oil handling activities done the previous year. CSX T has never submitted this report [Rule 62-710.510(5), FAC].

According to Mr. Lunsford, CSX T may also, occasionally, transport used oil filters. The facility is not registered with the DEP to transport used oil filters. The facility is reminded that, should it wish to transport used oil filters in the State of Florida, it should register this activity on DEP Form 62-730.900(1)(b).

CSX Transportation is currently operating as a hazardous waste transporter and a used oil transporter. The facility has been assigned the EPA ID number FLD006921340. Please use this number on all correspondence with the DEP.

Inspection Date: 05/10/2010

New Potential Violations and Areas of Concern:*CFR = Code of Federal Regulations; FAC = Florida Administrative Code*

Type: Violation 1

Rule: Rules 62-730.170(2)(e) and 62-710.500(1), FAC

Explanation: The facility failed to register with the DEP as a hazardous waste transporter for 2010. In addition, the facility has never registered with the DEP as a used oil transporter.

Corrective Action: In order to return to compliance, CSX T should annually submit to the Department two originally signed Transporter Status Forms, Form 62-730.900(5)(d), a copy of which is attached (Attachment 1). In addition, CSX T should annually register its used oil and used oil filter handling activities with the DEP on DEP Form 62-730.900(1)(b). A copy of this form is attached (Attachment 2).

CSX T submitted two copies of the Hazardous Waste Transporter Status Form on May 5, 2010, to the DEP. The facility is currently working with DEP's Tallahassee office to register its hazardous waste transportation for 2010-2011.

Type: Violation 2

Rule: Rule 62-710.510(5), FAC

Explanation: The facility failed to submit an annual report to the DEP for each year that it transported used oil, summarizing its used oil transporting activities.

Corrective Action: In order to return to compliance, the facility should submit an annual report to the DEP for the 2009 calendar year. In the future, the facility is reminded that no later than March 1 of each year, used oil transporters should submit an annual report for the preceding calendar year to the DEP on DEP Form 62-710.901(3) (Attachment 3). The report should summarize the records kept pursuant to Chapter 62-710, FAC. The report should be addressed to: Used Oil Coordinator, MS 4555, Florida Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, FL 32399.

Type: Violation 3

Rule: 40 CFR 279.46(d)

Explanation: The facility does not keep all used oil shipment records for at least three years.

Corrective Action: In order to return to compliance, the facility should begin keeping all used oil shipment records for at least three years from the date of shipment.

Type: Violation 4

Rule: Rules 62-710.510(1) and 62-710.510(1)(c) and (e), FAC; 40 CFR 279.46(a)

Explanation: The facility does not keep used oil records on DEP Form 62-710.901(2) or on a substantially equivalent form.

The facility's shipping records do not include the following required information: the EPA ID number of the oil provider, the EPA ID number of the receiving facility, the quantity of oil shipped, the signature of the generator, and

Inspection Date: 05/10/2010

the signature of the receiving facility. In addition, the facility's shipping records do not include the type of oil shipped and it's designation or end use.

Corrective Action: In order to return to compliance, the facility should begin keeping records that include the following information: the name and address of the generator and receiving facility, the EPA ID number of the generator and receiving facility, the quantity of used oil, the date of acceptance and delivery, and the signature of the used oil generator and receiver. In addition, the facility should begin keeping record of the type of oil and designation or end use of the oil that it accepts for transport. DEP Form 62-710.901(2), the Used Oil and Used Oil Filter Record Keeping Form, is attached (Attachment 4).

Summary of Potential Violations and Areas of Concern:

Potential Violations

Rule Number	Area	Date Cited	Explanation
62-730.170(2)(e), 62-710.500(1)		05/10/2010	The facility failed to register with the DEP as a hazardous waste transporter for 2010. In addition, the facility has never registered with the DEP as a used oil transporter.
62-710.510(5)		05/10/2010	The facility failed to submit an annual report to the DEP for each year that it transported used oil, summarizing its used oil transporting activities.
279.46(d)		05/10/2010	The facility does not keep all used oil shipment records for at least three years.
62-710.510(1), 62-710.510(1)(c) and (e), 279.46(a)		05/10/2010	The facility does not keep used oil records on DEP Form 62-710.901(2) or on a substantially equivalent form.
			The facility's shipping records do not include the following required information: the EPA ID number of the oil provider, the EPA ID number of the receiving facility, the quantity of oil shipped, the signature of the generator, and the signature of the receiving facility. In addition, the facility's shipping records do not include the type of oil shipped and it's designation or end use.

Areas of Concern

No Areas of Concern

Inspection Date: 05/10/2010

Signed:

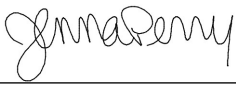
A hazardous waste compliance inspection was conducted on this date, to determine your facility's compliance with applicable portions of Chapters 403 & 376, F.S., and Chapters 62-710, 62-730, 62-737, & 62-740 Florida Administrative Code (F.A.C.). Portions of the United States Environmental Protection Agency's Title 40 Code of Federal Regulations (C.F.R.) 260 - 279 have been adopted by reference in the state rules under Chapters 62-730 and 62-710, F.A.C. The above noted potential items of non-compliance were identified by the inspector(s).

This is not a formal enforcement action and may not be a complete listing of all items of non-compliance discovered during the inspection.

Jenna Perry

PRINCIPAL INSPECTOR NAME

Inspector

PRINCIPAL INSPECTOR TITLE**PRINCIPAL INSPECTOR SIGNATURE**

FDEP

ORGANIZATION

6/30/2010

DATE

Romano De Simone, Mike Lunsford

REPRESENTATIVE NAME

NO SIGNATURE

REPRESENTATIVE SIGNATURE

CSX Transportation

ORGANIZATION**Report Approvers:**

Vicky Valade

SUPERVISOR NAME

Environmental Manager

SUPERVISOR TITLE**SUPERVISOR SIGNATURE**

FDEP

ORGANIZATION

6/30/2010

DATE

NOTE: By signing this document, the Site Representative only acknowledges receipt of this Inspection Report and is not admitting to the accuracy of any of the items identified by the Department as "Potential Violations" or areas of concern.

Are your services commercially available? _____

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: _____

Transporter EPA ID: _____

Location Address: _____

Contact: _____ Telephone: _____

Mailing Address: _____

II. Insurance Information:

Insurance Company _____

Address _____

Contact: _____ Telephone: _____

Policy Number: _____

Expiration date: _____

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

Comments: _____

IV. Certification:

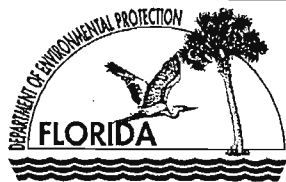
I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Print/Type Name _____ Title _____

Signature _____ 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 _____ Date

Signature of Florida Department of Environmental Protection Representative _____ Date Signed _____



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

MTS

RCRA Info

1. Reason for Submittal

Mark 'X' in
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☐ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

2. Facility or Business Name

FEID No.

3. Facility Operator (List additional Operators in the comments section).

Name of Operator:

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

Operator Type: ☐ Private ☐ Federal ☐ Municipal ☐ State ☐ Other _____

4. Facility Physical Location Information

Physical Street Address:

City or Town:

State:

FL

Zip Code:

County: Choose ____

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 American Industry Classification System (NAICS) Code(s)

A.

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

City or Town:

State:

Zip Code:

7. Facility or Business Contact Person

First Name:

Last Name:

Title:

Phone Number:

Extension:

E-Mail:

Street or P.O. Box:

City or Town:

State:

Zip Code:

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

Owner Type: ☐ Private ☐ Federal ☐ Municipal ☐ State ☐ Other _____

9. 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
- ☐ 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
- ☐ 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

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

(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.****(7) Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company _____

Address _____

Contact _____

Telephone _____

Policy Number _____

Expiration date _____

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

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 pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("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

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(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 activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☐ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center**(3) ☐ Used Oil Processor (A permit is required for this activity.)****(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

(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 Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

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.

☐ A check is enclosed.

(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

EPA ID No.

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.

1	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 Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

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 _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **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	Date Signed (mm-dd-yyyy)

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 through December 31, 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: _____ 2. Telephone No. (____) _____

Site Address: _____

3. EPA ID No. _____

☐ 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 _____ Phone number (if different from #2, above) (____) _____

5. Type of operation (check as many as apply to your operations)

Used Oil: ☐ Transporter ☐ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer

☐ Burner (of off-specification used oil)

Used Oil Filter: ☐ Transporter ☐ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. 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).....

Automotive	Industrial	Mixed	Total

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

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.....

In State	Out of State

3. Total amount (in gallons) of used oil managed.....

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

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....
2. Number of used oil filters collected.....
3. Total number of used oil filters to manage (1 plus 2).....
4. Disposition of used oil filters collected:
 - a. Transferred to another registered facility.....
 - b. Burned for energy recovery at a Waste-To-Energy facility.....
 - c. Transferred directly to a metal foundry for recycling.....
 - d. TOTAL.....
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....
6. Gallons of used oil collected as a result of filter processing.....
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....
8. Volume of oily waste collected and managed as a result of filter processing.....
9. Description of oily waste management.....

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters
One 55 gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters
One ton of drained used oil filters = approximately <u>2,350</u> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

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) 245-8755, email: aprilia.graves@dep.state.fl.us.



Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Used Oil and Used Oil Filter Record Keeping Form

DEP Form #62-710.901(2)
Form Title Used Oil and Used Oil Filter
Record Keeping Form
Effective Date June 9, 2005

Rule 62-710.510 of the Florida Administrative Code requires each registered person to maintain records on either this or a substantially equivalent form which contains the same information. This information must be kept on-site for three (3) years and be available for inspection by DEP during normal business hours. Used Oil Filter information is optional (but recommended), the Used Oil from filter management must be recorded and reported.

A. Used Oil Source Name, Street Address, City, State, Zip Code, EPA ID Number, if applicable	B. Date	C. Number of Filters	D. Gallons of Used Oil	E. Type Code	F. End Use Code	G. Destination of Used Oil /Used Oil Filters Name, Street Address, City, State, Zip Code, EPA ID Number, if applicable	H. State Mark "X" if not Florida

I. TOTAL COLLECTED		Automotive	Industrial	Mixed
	In State			
	Out of State			

J. TOTAL END USED	End Use Code	N	O	F	B	I	D
	In State						
	Out of State						