## 2007 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

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OMB#: 2050-0024 Expires 11/30/2009

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency  RCRA SUBTITLE C SITE IDENTIFICATION FORM										
1. Reason for Submittal (See instructions on page 9)  MARK ALL BOX(ES) THAT APPLY	Reason for Submittal:  To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)  To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)  As a component of a First RCRA Hazardous Waste Part A Permit Application										
INALAPPLY	☐ As a component of a Revised RCRA Hazardou  ☐ As a component of the Hazardous Waste Repo		t A Permit Application (Ame	endment #)							
2. Site EPA ID Number (page 10)	EPA ID Number	,8 ,5 ,4 {	<u>8</u>								
3. Site Name (page 10)	Name: North Florida Shipyard	ls									
4. Site Location Information (page 10)	Street Address: 2060 East Adams Street  City, Town, or Village: State: Florida										
	County Name: Duval	<b>Zip Code:</b> 32202									
5. Site Land Type (page 10)	Site Land Type: Ⅺ Private □ County □ District	□ Federal	□ Indian □ Municipal □ S	tate □ Other							
6. North American Industry Classification System (NAICS) Code(s) for the Site	A. 336611	B.									
(page 10) 7. Site Mailing	Street or P. O. Box:	a Mary									
Address	P.O. Box 3255  City, Town, or Village: Jacksonville										
(page 11)	State: Florida										
	Country: Duval		<b>Zip Code:</b> 3220	5							
8. Site Contact Person	First Name: Vernon	MI: L	Last Name: Wright								
(page 11)	Phone Number: Extension (904) 354–3278 25	on: 54	E-mail address:								
9. Operator and Legal Owner	A. Name of Site's Operator: North Florida Shipyards		Date Became Operator (I	mm/dd/yyyy):							
of the Site (pages 11 and 12)	Operator Type:  Private  County  District  Federal  Indian  Municipal  State  Other  Commodores										
	Point Terminal dorp Became Owner (mm/dd/yyyy)04-0										
	Owner Type: M Private D County District D Federal D Indian D Municipal D State D Other										

EPA ID NO: (E. T.D.) 0 193 159 18 154 18

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9. Legal Owner	Street or P. O. Box:				
(Continued)	1010 East	Adams Street			
Address	l TOTO Base	Der ee			
	City, Town, or Village:	Jacksonville			
	State:	Florida			
	Country: USA			Zip Code: 32202	
10. Type of Regulated W Mark "Yes" or "No" i		any additional boxes a	as instructed.	(See instructions on pages 13 to 16.)	
A. Hazardous Was all parts for 1 th	ste Activities Complete nrough 6.				
YĂN□ 1. Generator of	Hazardous Waste		Y □ N <sub>C</sub> X 2.	Transporter of Hazardous Waste	
# <del>"ye</del> s", cho	ose only one of the follow	ing - a, b, or c.			
			Y 🗆 NYCK3.	Treater, Storer, or Disposer of Hazardou	S
<i>l</i> :/	reater than 1,000 kg/mo (2, of non-acute hazardous was		Waste (at your site) Note: A hazardous waste permit is required for this activity.		
	00 to 1,000 kg/mo (220 - 2,2 of non-acute hazardous was	•	Y D N.C. 4.	Recycler of Hazardous Waste (at your site)	
C. CESQG	Less than 100 kg/mo (220 of non-acute hazardous w	•	Y 🗆 N <sub>XX</sub> 5.	If "yes", mark each that applies.	
In addition, ind	licate other generator acti	vities.		a. Small Quantity On-site Burner Exemption	
Y □ N/□xd. United S	tates Importer of Hazardous	s Waste		b. Smelting, Melting, and Refining	
Y □ N.⊒e. Mixed W	aste (hazardous and radioa	ctive) Generator	Y - NXXX6.	Underground Injection Control	
B. Universal Waste	Activities			ed Oil Activities	
Y □ N1. Large Quantity I	Handler of Linium at Most	o /oogumulata	Mar	k all boxes that apply.	
4242	e) [refer to your State reg	•	YO NEW L	sed Oil Transporter	
,	is regulated). Indicate the			If "yes", mark each that applies.	
	at your site. Mark all box	• •	l	□ a. Transporter	
* 0 1	Manag	ed		□ b. Transfer Facility	
a. Batteries		•	Volume .	Ised Oil Processor and/or Re-refiner	
b. Pesticides				f "yes", mark each that applies.	
	; ;		l	a. Processor	
c. Thermostats		•		☐ b. Re-refiner	
d. Lamps	E.\. =		Y⊟NXX3. C	Off-Specification Used Oil Burner	
1	fy)				
	fy) □			sed Oil Fuel Marketer	
g. Other (specif	(y)	1		If "Yes", mark each that applies.	
· ·	acility for Universal Waste ous waste permit may be red			<ul> <li>a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</li> <li>b. Marketer Who First Claims the Used Oil Meets the Specifications</li> </ul>	

EPA ID NO:	FL D	0	93.	.50	. 8.	.54	, Q,
EPA IU NU:		יש ני	321	120	10		LOI

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11. Description of Hazardous Wastes (See instructions on page 17.)									
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.									
D001	D002	F003							
hazardous w		ır site. List them in			e waste codes of the ulations. Use an add				
12. Comments (S	ee instructions on	page 17.)							
						·			
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in accordance with	a system designed t	to assure that quali	fied personnel prope	erly gather and evalu	ared under my direct	ubmitted. Based			
					sible for gathering the m aware that there a				
penalties for submi	itting false informatio on page 17.)	n, including the pos	ssibility of fine and in	nprisonment for kno	wing violations.	, , , , , , , , , , , , , , , , , , ,			
Signature of oper authorized repres	ator, owner, or an	Name and Off	ficial Title (type or	print)		Date Signed (mm/dd/yyyy)			
Ouran 5	Wife	VERNON	LWRIGH	SAFETY O	DIRECTOR	02-10-08			
				·					
				:	· · · · · · · · · · · · · · · · · · ·				

OMB#: 2050-0024 Expires 11/30/2009 BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL **U.S. ENVIRONMENTAL PROTECTION AGENCY** SITE NAME: North Florida Shipyards, Inc. 2007 Hazardous Waste Report OFF-SITE **FORM IDENTIFICATION** EPAID NO: [FILID: 0 93 5 98 54 8 OI Instructions: Please read the detailed instructions on the reverse side before completing this form. A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter Site 1 Freehold Cartage Inc. N1JD 0154 1126 1164 C. Handler type (MARK ALL THAT APPLY) D. Address of off-site installation Street P.O. Box 5010 □ Generator Freehold City State NJ Zip 0 770 18 5 010 □ TSDR facility A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter Site 2 A IRD 9 81 0 57 8 70 Rineco Inc. D. Address of off-site installation C. Handler type (MARK ALL THAT APPLY) 1007 Vulcan Road Street □ Generator Benton City □ Transporter State A R Zip 72 01 5-X TSDR facility A. EPA ID No. of off-site installation or transporter B. Name of off-site installation or transporter Site 3 C. Handler type (MARK ALL THAT APPLY) D. Address of off-site installation Street □ Generator City □ Transporter State Zip ☐ TSDR facility

☐ Generator

C. Handler type (MARK ALL THAT APPLY)

☐ Transporter☐ TSDR facility

D. Address of off-site installation

B. Name of off-site installation or transporter

Street

City

State Zip Zip

Comments:

Site 4

EPA Form 8700-13 A/B (Revised 09/2007)

A. EPA ID No. of off-site installation or transporter

Page of

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## U.S. ENVIRONMENTAL **PROTECTION AGENCY**

2007 Hazardous Waste Report

**WASTE GENERATION** AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL

SITE NAME: North Florida Shipvards. Inc.

EPA Form 8700-13 A/B (Revised 09/2007)

EPA ID I	10: F.LD 0 93 5 98 5 4	<u>l.8.</u>	•	GM					
Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.									
Sec. 1 A Waste description General Type Spent Solvents, Ignitable Mineral Spirits									
B. EPA hazardous waste code D001 F003 C. State hazardous waste code									
	D002	·							
D. Sour	ce code	E. Form co	ode F. Quan	tity generated	•	G. UOM			
	r <del>G10R</del> −1	¹w209	<b>└</b>		ىن. ر30800	Doneity			
Mar	agement Method code for Source code	G25				Density			
	LHT.					□lbs/gai □sg			
Was any of this waste managed on site? (pages 24 and 25)  □ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) □ 2 No (SKIP TO SEC. 3)									
ON-SITE	PROCESS SYSTEM 1		ON-SITE PRO	CESS SYST	EM 2				
On-site Method	Management Quantity treated, disposed recycled on site in 20		On-site Mana Method code		Quantity treated, dispos recycled on site in 2007	ed, or			
LH1L		لا.ل	LHT-T-T-	لــا	ا المالك المالك المالك				
Sec. 3	A. Was any of this waste shipped off si ☐ 1 Yes (CONTINUE TO BOX B)	te in 2007 for trea	tment, disposa	I, or recycling	? (pages 25 and 26)				
Site 1	B. EPA ID No. of facility to which	C. Off-site Manag	gement Method	D. Total qua	antity shipped in 2007				
waste was shipped code Shipped to  AR ID 9 81 0 57 8 70 LH11311									
Site 2	B. EPA ID No. of facility to which waste was shipped								
		L <del>[1]</del>							
Site 3	ite 3 B. EPA ID No. of facility to which waste was shipped C. Off-site Management code Shipped to				antity shipped in 2007				
		LHT			<u> </u>				
Comme	nts:								