

Vopak USA Inc.

2003 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

Site EPA_ID		FL D020985727		Site Name		Vopak USA, Inc.		New Site Contact?		Robert Strzinar		Phone:		813-677-8414	
Receipt and Data Entry	form	recv pages	Submission Paper	Disk	Quality Control initial	date	QC error pages	Data Entry initial	date	Transfer Initial	Date				
	SI	3	X	X	BJ	2/25	Vopak USA Inc. (Yes)			Ag	2/26				
	GM	4	X	X			ID? (OK)								
	WR														
	OI	1	X	X											
Data entry or Basic edit errors	form	page	sub pg	Action Item	QC init	date	Site Contact	date	Corrective Action	data entry initial	date	DE Comment			
	SI	2		universal?	Ag	3/2	Bob Strzinar	3/2	NOT LQH	Ag	3/2	msg 3/1			
Advanced Edit Errors															

DATA ENTRY/FILING ASSIGNMENT:

MAIL THE COMPLETED FORM TO: The appropriate EPA Regional or State 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	A. Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) <input checked="" type="checkbox"/> As a component of Hazardous Waste Report.		
2. Site EPA ID Number (see instructions on page 10)	EPA ID Number: FLD020985727		
3. SiteName (see instructions on page 11)	Site Name: Univar USA, Inc.		
4. Site Location Information (see instructions on page 10)	Street Address: 6049 Old Why 41A City, Town or Village: Tampa State: FL County Name: HILLSBOROUGH Zip Code: 33594		
5. Site Land Type (see instructions on page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 49319 B. C. D.		
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: 6049 Old Hwy 41A City, Town or Village: Tampa State: FL Country: UNITED STATES Zip Code: 33619		
8. Site Contact Person (see instructions on page 11)	First Name: Robert MI: W Last Name: Strynar Phone Number: 8136778414 Extension: 225 Email Address: 800 284 6264 9203 robert.strynar@univarusa.com		
9. Operator and Legal Owner of the Site (see instructions on page 11 and 12)	Name of Site's Operator: Univar USA, Inc. Date Became Operator (mm/dd/yyyy): 01/01/2002 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Name of Site's Legal Owner: Univar USA, Inc. Date Became Owner (mm/dd/yyyy): 01/01/2002 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

9. Legal Owner (Continued) Address	Street or P.O. Box: 6100 Carillon Point City, Town or Village: Kirkland State: WA Country: UNITED STATES Zip Code: 98033	
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10. Type of Regulated Waste Activity (Mark "Yes" or "No" for all activities; complete an additional boxes as instructed)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b or c.

☒ a. LQG: Greater than 1000 kg/mo (2,200 lbs.) of non-acute hazardous waste; or

☐ b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste; or

☐ c. CESQG: Less than 100 kg/mo (220 lbs.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous Waste

Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☒ N ☐ 2. Transporter of Hazardous Waste

Y ☐ N ☒ 3. Treater, Storer or Disposer of Hazardous Waste (at your site)
Note: A hazardous waste permit is required for this activity.

Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)

Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace

☐ a. Small Quantity On-Site Burner Exemption

☐ b. Smelting, Melting, Refining Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☒ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

NOT SOO K G AT THIS SITE

	Generated	Accumulated
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Other (specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

Y ☒ N ☐ 1. Used Oil Transporter
If "Yes", mark each that applies.

☒ a. Transporter

☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

☐ a. Processor

☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 16)

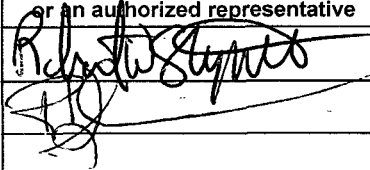
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	U002	U122	U154	

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if needed for more waste codes.

12. Comments (see instructions on page 17)

13. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Robert W Strynar, Ops. Manager	02/19/2004
	Robin Hazel, General Mgr.	02/19/2004

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Univar USA, Inc.

EPA ID NO: FLD020985727



**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Oxidizer		
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes	
D001 D003			
NA NA NA			
D. Source Code	E. Form Code	F. Quantity Generated in reporting year	H. UOM
G11			1
Management Method Code for Source Code G25	W519	1,616.000000	Density 10.00
			<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site?	
	<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code
		Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling?		
	<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped (page 26)
	TND000772186	H111	1,616.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

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AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Flammable line flush		
B. EPA Hazardous Waste Codes D001 U002 U122 U154 NA		C. State Hazardous Waste Codes	
D. Source Code G11 Management Method Code for Source Code G25		E. Form Code W203	F. Quantity Generated in reporting year 9,680.000000
		H. UOM 1 Density 8.00 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on-site? <input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling? <input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped TND000772186	C. Off-site Management Method Code Shipped to H050	D. Total quantity shipped (page 26) 9,680.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments: minimized amount of line flush with drumming schedule
[+WM]

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Univar USA, Inc.

EPA ID NO: FLD020985727



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**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Flush waste		
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes	
D001 NA			
NA NA NA			
D. Source Code	E. Form Code	F. Quantity Generated in reporting year	H. UOM
G11			1
Management Method Code for Source Code G25	W203	3,080.000000	Density 8.00
			<input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site?	
	<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)	
	<input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code
		Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling?		
	<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped (page 26)
	TND000772186	H040	3,080.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

Minimized amount of line flushes with drumming schedule
[+WM]

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EPA ID NO: FLD020985727



**FORM
GM**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of the instructions and forms booklet before completing this form.

Sec. 1	A. Waste Description Caustic		
B. EPA Hazardous Waste Codes		C. State Hazardous Waste Codes	
D002 NA NA NA NA			
D. Source Code		E. Form Code	F. Quantity Generated in reporting year
G11			
Management Method Code for Source Code G25		W110	2,560.000000
		H. UOM	1
		Density	12.00
		<input checked="" type="checkbox"/> lbs/gal	<input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on-site?	
	<input type="checkbox"/> Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method Code	Quantity treated, disposed or recycled on-site	On-site Management Method Code
		Quantity treated, disposed or recycled on-site

Sec. 3	A. Was any of this waste shipped off-site for treatment, disposal or recycling?		
	<input checked="" type="checkbox"/> Yes (CONTINUE TO BOX B) <input type="checkbox"/> No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped (page 26)
	TND000772186	H121	2,560.000000
Site 2	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped
Site 3	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method Code Shipped to	D. Total quantity shipped

Comments:

[+WM]

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**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

SITE NAME: Univar USA, Inc.

Hazardous Waste Report

EPA ID NO: FLD020985727

**FORM
OI**

**OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter TND000772186	B. Name of off-site installation or transporter Pollution Control Industries	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street 5485 Tay For Driver City Millington Zip 38053 State TN	
Site 2	A. EPA ID No. of off-site installation or transporter NJD054126164	B. Name of off-site installation or transporter Freehold Cartage	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street 175 Bartow Municipal Airport City Bartow Zip 33830 State FL	
Site 3	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City Zip State	
Site 4	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City Zip State	
Site 5	A. EPA ID No. of off-site installation or transporter	B. Name of off-site installation or transporter	
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street City Zip State	

Comments:

Generator Summary Report

for Univar USA, Inc.

#	Waste Description	Tons Generated	Tons Processed On Site	Tons Shipped Off Site
4	Caustic	1.280000	0.000000	1.280000
2	Flammable line flush	4.840000	0.000000	4.840000
3	Flush waste	1.540000	0.000000	1.540000
1	Oxidizer	0.808000	0.000000	0.808000
Generator Totals:		8.468000	0.000000	8.468000