

Florida Department of Environmental Protection

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

JeffKottkamp Lt. Governor

Mimi A. Drew Secretary

09/22/2010

Brandon Dow, General Manager Raider Environmental Services 4103 northwest 132nd st Opa Locka, FL 33054

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Raider Environmental Services** located at **4103 NW 132nd St**, **Opa Locka**, **FL33054-4510**

FLR000143891

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Non-Handler of Hazardous Waste; Petroleum Contact Water Management.

Your facility is **currently registered** for the following activities: **HW Transporter (reg exp on** 07/11/11) ; **Used Oil CollectorUsed Oil Transporter**, **Used Oil Transfer Facility**, **Used Oil Marketer**, **Used Oil Filter Transporter**, **Used Oil Filter Transfer Facility (reg exp on** 06/30/11).

Your facility is currently permitted as: Used Oil Processor (exp on 10/13/13).

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here: <u>http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</u>. **To review the details of your status**, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000143891. For further assistance, please e-mail a Notification Coordinator at <u>EPOST_HWreg@dep.state.fl.us</u> or call us at (850)245-8707.

Sincerely,

Rice M Im

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 83539 , Email Address: Brandon@raiderenvironmental.com

FLORIDA	RI DEP V	2FL - FLORIDA NOT EGULATED WASTE Vaste Management Division, Blair Stone Rd Tallahassee (850) 245-8772		S.	Date Rec TEP Offic CCCIVE(EP 072010				
EPA ID FLR	0 0 0 1 4 3 8 9 1 MTS BSHW afo								
	Mark 'X' in correct box hitials ate	 To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous waste universal waste or used oil activities) To provide <u>subsequent notification</u> (to update status and facility identification information) Is this the <u>final notification</u> (see instructions) for the facility? 							
2 Facility or Raider Environmental Services II					FEID		5306		
3 Facility Operator (List additional Operators in the				New Operator Date became Operator <u>12 / 15 / 04</u> mm dd yy					
comments section)	Street or PO Box	4103 Northwe	est 132nd Street		Phone	e Number (3	05) 994-9949		
	City or Town Opa-Locka Sta			State	FL	Zıp Code	33054		
	Operator Type	Private Federal	Municipal	State []Othe	r			
4 Facility Physical Location	Physical Street Address 4103 Northwest 132nd Street								
Information	City or Town	Opa-Lock	а	State	FL	Zıp Code	33054		
	^{County} Dade		If available, please attach a map or sketch of the facility boundaries						
	Latitude 2 5 3 4 1 N Longitude 8 0 1 5 5 d m s s s s s d m m d m m d			51 ss	W ssss	Method Datum			
5 Facility North Am Classification Syst	-	A 5629		В		562219			
Code(s)		c 9241	10	D					
6 Facility or Business Mailing	Street Address or PO Box 4103 Northwest 132nd Street								
Address	City or Town	Opa-Lock	ka	State	FL	Zıp Code	33054		
7 Facility or Business Contact	First Name	Brandon	Last Name	Dow		Title Gener	al Manager		
Person	Phone Number	(305) 994-9949 Extension E-Mail brandon@raiderenv com		_					
	Street or P O Box 4103 Northwest 132nd Street								
	City or Town Opa-Locka		a	State	FL	Zıp Code	33054		
8 Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner Raider Environmental Services Inc			□ New Owner Date became Owner <u>12 / 15 / 04</u> mm dd yy					
Physical Location (List additional	Street or P O Boy	4103 Northwe	st 132nd Street		Phon	e Number (3	05) 994-9949		
real property owners in the comments	City or Town	Opa-Locka			FL	Zip Code	33054		
section)	Owner Type Private Federal Municipal State Other								

	EPA ID No FLR000143891				
9 Type of Regulated Waste Activity (Mark 'X' in all that	it 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) 	(2) Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note A hazardous waste permit may be required for this activity				
Generates in any calendar month 1 000 kilograms or greater per month (kg/mo) (2 200 lbs) of <i>non-acute</i> hazardous waste or Greater than 1 kg (2 2 lbs) of <i>acute</i> hazardous waste	 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 <i>non-acute</i> hazardous waste and/or 1 kg (2 2 lbs) or less of <i>acute</i> 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 <i>non-acute</i> hazardous waste and 1 kg (2 2 lbs) or less of <i>acute</i> 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 Insurance Company 	waste only 🛛 b For commercial purposes				
	ay Suite 200 Roswell GA 30076				
Contact Barbara Eisenburg Policy Number G24146662 001	Telephone (954) 925 2590 Expiration date 7/11/2011				
d Transportation Mode 🗌 Air 🗋 Rail 🛛 Highway	Water Other specify				
e 🔲 Hazardous Waste Transfer Facility	Storage Volume				
Florida Administrative Code (F A C)]	with the initial notification for a transfer facility [Rule 62 730 171(3) the transporter that the proposed location satisfies the				
criteria of Section 403 7211(2) Florida Statutes Evidence of the transporter's financial responsibility	ty [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 FAC] A copy of the facility closure plan [Rule 62 730 171(3)(a)5 FAC] A copy of the contingency and emergency plan [Rule 62-730 171(3)(a)6 FAC]					
A map or maps of the transfer facility [Rule 62-73 Notification of changes in above items Annual update notification					

	EPA ID No FLR000143891					
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 handlei 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 lam	•					
[Note 4 lamps = 1 kg $62-737 200(10)$]						
Pharmaceuticals $LQH = 5\ 000\ kg$ or more of universal pharmace	utical waste (UPW) accumulated					
Pharmaceuticals LQH = more than 1 kg $(2 \ 2 \ lb)$ of acutely hazard	dous (P listed) pharmaceutical waste accumulated					
Pharmaceuticals SQH = always less than 5 000 kg of UPW and a	lways 1 kg or less of acutely hazardous UPW accumulated					
Transmort						
EINFORTBOSO MODOTING I I (see note in 1	(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 Mercurv Containing Lamps						
	Note A hazardous waste permit is required for this activity [Rule 62 757 800 F A C]					
(4) Reverse Distributor of UW Pharmaceuticals	Lamps Devices					
(5) Destination Facility for UW Note for this activit storage prior to recy	ty a facility must treat dispose or recycle a UW A permit is required for cling					
C Used Oil Activities	8) Specific Certification to be signed by all Used Oil Transporters					
 (1) Used Oil Transporter - indicate type(s) of activity(ies) a Transporter 	I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62 710 600 FAC are in place					
X b Transfer Faculty	current and being adhered to If any modifications have been made to the					
(2) Collection Center or ginally approved training program they are explained in a this registration form Evidence of financial responsibility is						
(3) 🖾 Used Oil Processor (A permit is required for this activity) demonstrated by the attached Used Oil Transporter Certificate of						
(4) □ Off-Specification Used Oil Burner (5) □ Used Oil Fuel Marketer	Drability Insurance DEP form 62 710 901(4) F A C					
(5) Used Oil Fuel Marketer (6) Used Oil Filter						
⊠ a Transporter	Signature of Authorized Person					
b Transfer Facility	Brandon G Dow					
C Processor						
d End User	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	(9) The records required under the provisions of Rule 62 710 510					
applicable enclose a check or money order in the amount of \$100 payable to Florida Department of Environmental Protection	FAC are kept at (check one)					
payable to Florida Department of Environmental Protection Image: Construction Image: Construction in the structure of the structur						

EPA ID No FLR000143891							
D Othe	O Other State Regulated Waste Activities Image: 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	?	3	4	3	6]	
ÿ	2	10	11	1?	15	14	
15	16	17	18	D	0	1	
	?,	24	25	6	27	28	
11 Oth	er Status Changes (Ma	rk 'X' in all that aj	oply)				
	 m-Handler of Regulated W (1) Business no longer ger (2) Waste generated by bu (3) Other (explain)	nerates transports t siness has been deli and moved or mov	reats stores or displayed			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 I	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 authorize		or an authorized	Print Name and Title			Date Signed (mm-dd-yyyy)	
//=	13XIA		Brandon G Dow - General Manage			8/31/2010	
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below							
(Name o	(Name of person completing this form) (Phone Number) (E mail Address)						
13 Co	mments						