

Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

Mimi A. Drew Secretary

09/22/2010

Brandon Dow, General Manager Raider Environmental Services Inc 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 Inc located at 10407 US Highway 41 N, Palmetto , FL34221-8724

FLR000167023

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

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

Your facility is currently permitted as: No Active Hazardous Waste Treatment, Storage, or Disposal Permit.

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:

 $\underline{\underline{http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm}.$

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000167023. For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,

Glen Perrigan

Environmental Manager

Hazardous Waste Regulation Section

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ME ID: 94423 , Email Address: brandon@raiderenvironmental.com



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)
Received

EPA ID F L R	0 0 0 1 6	7 0 2 3	MTS-		ÎÚ'	BSHW			
1 Reason for Submittal	Mark 'X' in								
2 Facility or Business Name	Raider Environmental Services, Inc								
3 Facility Operator (List additional Operators in the	Raider	Date became Operator Date became Operator 04 / 06 / 10 mm dd yy							
comments section)	Street or PO Box	4103 Northwe	·	Phone	Number (3	05) 994-9949			
	City or Town	Opa-Loc	State	FL	Zıp Code	33054			
-		Private Federal	Municipal :	State	Other				
4 Facility Physical Location	Physical Street Address 10407 US Highway 41								
Information	City or Town	Palmetto)	State F	EL	Zıp Code	34421		
	County Manated	ase attach a map or sketch of the facility							
	Latitude 2 7 3 6 2 9 03N Longitude 8 2 3 2 2 5 19W Method d d m m s s ssss d d m m s s ssss Datum								
5 Facility North Am Classification Syst		A 5629	10	B 562219					
Code(s)	cm (rares)	c 9241	10	D					
6 Facility or	Street Address or P O Box 4103 Northwest 132nd Street								
Business Mailing Address	City or Town	Opa-Lock	ка	State F	-L	Zıp Code	33054		
7 Facility or Business Contact	First Name	Brandon	Last Name	Dow		^{Tıtle} Gene	ral Manager		
Person	Phone Number	(305) 994-9949	Extension	E-Mail	branc	don@raidere	environmental		
	Street or P O Box 4103 Northwest 132nd Street								
	City or Town Opa-Locka				EL	Zıp Code	33054		
8 Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments	Name of Real Prop	New Owner Date became Owner mm dd yy							
	Street or PO Box	10415 US Hig	Phone Number (941) 729-2292						
	City or Town	Palmetto	State F	EL	Zıp Code	34221			
section)	Owner Type Private Federal Municipal State Other								

EPA ID No FLR000167023								
Type of Regulated Waste Activity (Mark 'X' in all that 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								
e of Liability Insurance is required along with this registration] waste only b For commercial purposes on								
TelephoneExpiration date								
d Transportation Mode Air Rail Highway Water Other specify								
Storage Volume with the initial notification for a transfer facility [Rule 62 730 171(3)] the transporter that the proposed location satisfies the (FS) [Rule 62 730 171(3)(a)1 FAC] itv [Rule 62-730 171(3)(a)3 FAC] operations [Rule 62-730 171(3)(a)4 FAC] fulle 62 730 171(3)(a)6 FAC] sule 62 730 171(3)(a)6 FAC]								

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B Univ	ersal Waste (UW)	Activities (Mark 'X' 1	n all that apply) ("accumula	ted" means at any o	ne 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 $LQH = 100 \text{ kg}$ (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 LQI	_		_					
			<u> </u>	•	·	, <u>-</u>	zardous UPW accumulated		
	Fliarmaceuticals 5QF	1 – aiways ies		T and	aiways i kg	or less of acutery ha	Zardous OF W accumulated		
(1) For t	those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	1		maximum amount (in pounds) transported at any one time		
a Batteri	es				* *************************************				
b Pestici	des								
c Pharma	aceuticals								
d Mercu	ry Containing Devices								
	v Containing Lamps								
	cury Recovery and/o	r Paclametic	n Facility		Note A horse	rdaug wagta narrait ia raai	ured for this activity [Rule 62 757 800		
	ter 62 757 FAC]	i Keciamatio	n racinty		FAC]	idous waste perint is requ	ined for this activity [Rule 02 737 800		
(4) Reverse Distributor of UW Pharmaceuticals Lamps Devices									
(5) Dest	ination Facility for U	JW 🗀		Note for this activ storage prior to rec	ycling		ecvcle a UW A permit is required for		
C Used Oil Activities (1) Used Oil Transporter - indicate type(s) of activity(ies) \[\times \ a \ Transporter \] \[\times \ 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 \[\times \ a \ Transporter \] \[\times \ b \ Transfer Facility \ c \ Processor \[\ d \ End User \]					3) 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 Diability Insurance. DEP form 62 710 901(4) F A C Signature of Authorized Person Brandon G. Dow 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				

	a ver			EPA I	D No F	LR000167023		
D Othe	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							
your facı	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							
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8	,	10	11	17	1	14		
lo .	16	17	18	1)	0	1		
	7,3	2.4	25	26	7,	28		
11 Oth	ier Status Change	es (Mark 'X ın all t	hat apply)					
	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	W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Pho	ne		····		
	•							
	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			nzed	Print Nan	Date Signed			
Re	representative			ndon G Dow	(mm-dd-yyyy) er 8/31/2010			
1	S WE.	\rightarrow	2.0.	14011 0 1011	- Contoral Manage	71		
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 Cor This		/ be transporting	Used Oil Pr	oducts				