

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

10/21/2010

Jan Barnes, Ass Dir HS &E Sanford Transflo Terminal 6735 Southpoint Dr S # J975 Jacksonville, FL 32216-6177

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 Sanford Transflo Terminal located at 2591 W 5th St, Sanford , FL32771-1662

FLD984253641

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Small Quantity Generator.**

Your facility is **currently registered** for the following activities: **Used Oil 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: 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=FLD984253641. 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: 56230, Email Address: jbarnes@transflo.net





September 30, 2010

Aprilia Graves

Department of Environmental Protection Division of Waste Management – HWRS, MS4560 2600 Blair Stone Road Tallahassee, FL 32399-2400

RE:

8700-12FL - Florida Notification of Regulated Waste Activity

TRANSFLO Terminal Services, Inc.

Dear Ms. Graves:

Enclosed please find two copies of the completed 8700-12FL forms for each the four (4) TRANSFLO Terminals. The completed forms are used to notify the Florida Department of Environmental Protection (FDEP) of regulated waste activities which take place at our terminals as required by Rule 62-730.171, Florida Administrative Code (F.A.C.).

The completed forms are being submitted as the annual notification for the four terminals listed below which are Used Oil Transfer Facilities. The annual registration fee of \$100 per facility for a combined total \$400 will be mailed under separate cover for the following terminals:

Facility Name	EPA ID
Ft. Lauderdale TRANSFLO Terminal	FLD984253542
Jacksonville TRANSFLO Terminal	FLD984253526
Sanford TRANSFLO Terminal	FLD984253641
Tampa TRANSFLO Terminal	FLR000105338

The completed forms are also being submitted as the annual notification for the two terminals listed below which are Hazardous Waste Transfer Facilities. As required to accompany these forms are the Hazardous Waste Transporter Status Forms and the Hazardous Waste Transporter Certificate of Liability Insurance for the following terminals:

Facility Name

EPA ID

Jacksonville TRANSFLO Terminal

FLD984253526

Tampa TRANSFLO Terminal

FLR000105338

If you have any questions or concerns regarding the enclosed information, please contact me at (904) 279-6337 or via email at lwiedemann@transflo.net or Jan M. Barnes at (904) 279-6323 or via email jbarnes@transflo.net.

Sincerely,

Lisa M. Wiedemann

Manager - HSE and Quality

FLORIDA

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

D 5 3 1 1. Reason for Mark 'X' in To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous correct box: Submittal waste, universal waste, or used oil activities). To provide <u>subsequent notification</u> (to update status and facility identification information). Is this the **final notification** (see instructions) for the facility? FEID No. 2. Facility or Sanford TRANSFLO Terminal **Business Name** 5 9 5.1 Name of Operator: 3. Facility Operator New Operator Kinder Morgan Material Services (List additional Date became Operator: Operators in the comments section). Street or P.O. Box: Phone Number: 704-391-9736 333 Rouser Rd City or Town: State: Zip Code: Moon Township 15108 ☐ State Other **Operator Type:** Private Federal Municipal **Physical Street Address:** 4. Facility Physical 2591 West 5th Street Location State: City or Town: Zip Code: Information FI 32771 Sanford If available, please attach a map or sketch of the facility County: Seminole boundaries. Latitude: |2|7||5|7||0|0.0000| Longitude: |8|2||2|5||2|2.0000| Method: d d d d m m Datum: 5 S . SSSS S S . SSSS m m 5. Facility North American Industry 488210 Classification System (NAICS) D. C. Code(s) 6. Facility or Street Address or P.O. Box: 6735 Southpoint Drive S., J-975 **Business Mailing** State: City or Town: **Jacksonville** FL Zip Code: 32216 **Address** Title: Director-HSE&Q Last Name: 7. Facility or First Name: **Barnes** Jan **Business Contact** E-Mail: Phone Number: Extension: Person 904-279-6323 jbarnes@transflo.net Street or P.O. Box: 6735 Southpoint Drive S., J-975 City or Town: State: Zip Code: 32216 **Jacksonville** Name of Real Property (Land) Owner: ☐ New Owner 8. Real Property CSX (Land) Owner **Date became Owner:** Unknown of the Facility's dd mm Physical Location Street or P.O. Box: Phone Number: 904-359-3200 500 Water Street (List additional real property owners State: Zip Code: City or Town: FI. 32202 **Jacksonville** in the comments section.) Owner Type: Private Federal ☐ Municipal ☐ State Other

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9. Type of Regulated Waste Activity (Mark 'X' in all tha	at apply):						
A. Hazardous Waste Activities: (1) Generator of Hazardous Waste	For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer 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)	(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						
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	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						
☐ 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	(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 Informati							
Insurance CompanyAddress							
ContactPolicy Number	TelephoneExpiration date						
d. Transportation Mode Air Rail Highway Water Other - specify							
e. Hazardous Waste Transfer Facility:	Storage Volume						
Florida Administrative Code (F.A.C.)]: Certification by a responsible corporate officer of criteria of Section 403.7211(2), Florida Statutes							
Evidence of the transporter's financial responsibility 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							

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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 lamp	ps) or more accumulated by for-hire handler							
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamp	os) accumulated by for-hire handler							
[Note: $4 \text{ lamps} = 1 \text{ kg}, 62-737.200(10)$]								
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	llways 1 kg or less of acutely hazardous UPW accumulated							
I(I) How those Vienement I (see note in I	(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. Mercury Containing Lamps								
	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							
storage prior to recy								
(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	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,	(9) The records required under the provisions of Rule 62-710.510.							

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D. Othe	O. 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. Ot	ner Status Change	s (Mark 'X' in all that a	pply):				
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							
	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		Pı	Print Name and Title		Date Signed (mm-dd-yyyy)		
Jan M. Barner		·	Jan M. Barnes		09/30/2010		
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. Co	mments:						