



Florida Department of Environmental Protection

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

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

04/12/2011

Jan Barnes, Ass Dir HS &E
Ft Lauderdale Transflo Terminal
6735 Southpoint Dr S J-975
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 **Ft Lauderdale Transflo Terminal** located at **890 SW 21st Ave, Ft Lauderdale , FL33312-2226**

FLD984253542

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 Transfer Facility (reg exp on 06/30/2012).**

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=FLD984253542.

For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,


FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 12133 , Email Address: jbarnes@transflo.net



Received
FEB 18 2011
BSHW

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:

<u>Facility Name</u>	<u>EPA ID</u>
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:

<u>Facility Name</u>	<u>EPA ID</u>
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 wiedemann@transflo.net or Jan M. Barnes at (904) 279-6323 or via email jbarnes@transflo.net.

Sincerely,

Lisa M. Wiedemann
Manager – HSE and Quality



Received
FEB 18 2011
BSHW

February 15, 2011

Aprilia Graves
Used Oil Coordinator
Department of Environmental Protection
MS 4560
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RE: Used Oil Annual Reports – 2010

Dear Ms. Graves,

Enclosed please find the 2010 Annual Report by Used Oil and Used Oil Filter Handlers for the following facilities:

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


Also enclosed please find a copy of the completed 8700-12FL Florida Notification of Regulated Waste Activity Forms that were sent on September 30, 2010 for the facilities listed above. The registration fees for each of the facilities were mailed under separate cover in the form of one check totaling \$400.00. The check number is 6345960.

If you have any questions or need additional information regarding the enclosed reports, please contact me at (904) 279-6323 or via email jbarnes@transflo.net.

Sincerely,

Jan M. Barnes
Director HS&E and Quality

RECEIVED
RCRA
FEB 18 2011
Hazardous Waste Regulation

 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)	
EPA ID: F L D 9 8 4 2 5 3 5 4 2		MTS: _____ RCRA Info: _____	
1. Reason for Submittal Mark 'X' in correct box:		<input type="checkbox"/> To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide <u>subsequent notification</u> (to update status and facility identification information). <input type="checkbox"/> Is this the <u>final notification</u> (see instructions) for the facility?	
2. Facility or Business Name Ft. Lauderdale TRANSFLO Terminal		FEID No. 5 9 - 3 6 5 5 5 8	
3. Facility Operator (List additional Operators in the comments section).		Name of Operator: Kinder Morgan Material Services <input type="checkbox"/> New Operator Date became Operator: ____/____/____ mm dd yy	
Street or P.O. Box: 333 Rouser Rd		Phone Number: 704-391-9736	
City or Town: Moon Township		State: PA	Zip Code: 15108
Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
4. Facility Physical Location Information		Physical Street Address: 890 SW 21st Avenue	
City or Town: Ft. Lauderdale		State: FL	Zip Code: 33312
County: Broward		If available, please attach a map or sketch of the facility boundaries.	
Latitude: 26 06 30.0000 Longitude: 80 10 00.0000 Method: _____ dd mm ss.ssss dd mm ss.ssss Datum: _____			
5. Facility North American Industry Classification System (NAICS) Code(s)		A. 488210 B. _____ C. _____ D. _____	
6. Facility or Business Mailing Address		Street Address or P.O. Box: 6735 Southpoint Drive S., J-975	
City or Town: Jacksonville		State: FL	Zip Code: 32216
7. Facility or Business Contact Person		First Name: Jan Last Name: Barnes Title: Director-HSE&Q Phone Number: 904-279-6323 Extension: _____ E-Mail: jbarnes@transflo.net Street or P.O. Box: 6735 Southpoint Drive S., J-975	
City or Town: Jacksonville		State: FL	Zip Code: 32216
8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)		Name of Real Property (Land) Owner: CSX <input type="checkbox"/> New Owner Date became Owner: ____/____/____ mm dd yy	
Street or P.O. Box: 500 Water Street		Phone Number: 904-359-3200	
City or Town: Jacksonville		State: FL	Zip Code: 32202
Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator 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) 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
- ☐ 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

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

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.****(7) ☐ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company _____

Address _____

Contact _____

Telephone _____

Policy Number _____

Expiration date _____

d. Transportation Mode ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify _____**e. ☐ Hazardous Waste Transfer Facility:**

Storage Volume _____

☐ Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [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., 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

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 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 LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(3) Mercury Recovery and/or Reclamation Facility ☐ [Chapter 62-737, F.A.C.]

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 ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(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
- ☐ d. End User

(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. *mailed under separate cover

8) Specific Certification to be signed by all Used Oil Transporters

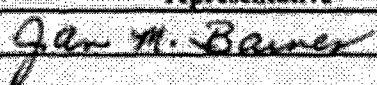
I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this 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

(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

				EPA ID No. FLD984253542		
D. Other State Regulated Waste Activities:				<input type="checkbox"/> 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. Other Status Changes (Mark 'X' in all that apply):						
A. Non-Handler of Regulated Waste at This Facility <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste <input type="checkbox"/> (2) Waste generated by business has been delisted. <input type="checkbox"/> (3) Other (explain) _____						
B. Facility Closed <input type="checkbox"/> (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. <input type="checkbox"/> (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 _____						
<input type="checkbox"/> C. Property Tax Default				<input type="checkbox"/> 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			Print Name and Title		Date Signed (mm-dd-yyyy)	
			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. Comments:						