

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

10/04/2011 Michael Hirst, Terminal Manager Freehold Cartage Inc 175 Bartow Municipal Airport Bartow, FL 33830

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 **Freehold Cartage Inc** located at **175 Bartow Municipal Arprt, Bartow**, **FL33830-9576**

FLD984187831

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Small Quantity Generator; Universal Waste Battery Transporter, Universal Pharmaceutical Transporter.

Your facility is **currently registered** for the following activities: **UW Lamp Transporter**, **UW Device Transporter**, **UW Lamp Transfer Facility**, **UW Device Transfer Facility**, **UW Lamp SQH**, **UW Device SQH (reg exp on 03/01/12)**; **HW Transporter**, **HW Transfer Facility (reg exp on 10/01/12)** ; Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, **Used Oil Filter 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: <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=FLD984187831. 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,

River M Shin

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 16638 , Email Address: mhirst@freeholdcartage.com

4								
FLORIDA EPA ID FLD	RE DEP W	FL - FLORIDA NOT GULATED WASTE Vaste Management Division- Blair Stone Rd. Tallahassee (850) 245-8772	ACTIVITY HWRS, MS4560 2, FL 32399-2400		(10	Rec SEP 2 RCRAI	icial Use Only) CIVE 2 2011 Info	
1. Reason for Submittal	Mark 'X' in correct box: To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorrect box: Xerial correct box: Xorerect box:							
2. Facility or Business Name	FREEHOLD CARTAGE, INC. FEID No. 2 1 0 7 3 5 2 9 7							
3. Facility Operator (List additional Operators in the	Name of Operator: FREEHOLD CARTAGE, INC.			New Operator Date became Operator: / / mm dd yy				
comments section).	Street or P.O. Box:	¹⁷⁵ BARTOW MU	UNICIPAL AIRPO	ORT	Phone	Number: (863) 533-4599	
	City or Town:	BARTO	N	State:	FL	Zip Code:	33830	
	Operator Type: 🛛	Private Federal	Municipal	State]Other			
4. Facility Physical Location	Physical Street Address: 175 BARTOW MUNICIPAL AIRPORT							
Information	City or Town:	BARTOW	V	State:	FL	Zip Code:	33830	
	County: Polk If available, ple boundaries.				ase attach a map or sketch of the facility			
	Latitude: [2 7 [4 d d	5 7 1 5 . I Longi mm ss.ssss	itude: <u>[8 1 4 6 </u> d d m m			Method: Datum:		
5. Facility North Am Classification Syst			2 ^{B.}			562119	9	
Classification Syst Code(s)	iem (NAICS)	С.		D.				
6. Facility or	Street Address or P.O. Box: 175 BARTOW MUNICIPAL AIRPORT							
Business Mailing Address	City or Town: BARTOW			State:	FL	Zip Code:	33830	
7. Facility or Business Contact	First Name:	MIKE	Last Name: HIRST			Title [;] TERN	MINAL MGR.	
Person	Phone Number:	(863) 533-4599	Extension: 106	E-Mail:	mhir	rst@freehol	dcartage.com	
	Street or P.O. Box: 175 BARTOW MUNICIPAL AIRPORT							
	City or Town: BARTOW			State:	FL	Zip Code:	33830	
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner: BARTOW MUNICIPAL AIRPORT DEVELOPMENT AUTHORITY							
Physical Location (List additional	Street or P.O. Box: 175 BARTOW MUNICIPAL AIRPORT Phone Number: (863) 533-119						363) 533-1195	
real property owners in the comments	City or Town:	ity or Town: BARTOW			FL	Zip Code:	33830	
	Owner Type: Private Federal Municipal State Other							

	EPA ID No. FLD984187831
9. Type of Regulated Waste Activity (Mark 'X' in all the	at 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 D. 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 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 	 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
 (2.2 lbs.) of <i>non-acture</i> hazardous waste and 1 kg (2.2 lbs) or less of <i>acute</i> 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 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.
	waste only 🗵 b. For commercial purposes
Contact CHRIS STAFFORD Policy Number TRK368118910	Telephone (856) 914-4656
d. Transportation Mode Air Rail Highway	
e. Hazardous Waste Transfer Facility:	Storage Volume 400 DRUMS
Florida Administrative Code (F.A.C.)]:	ity [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] tule 62-730.171(3)(a)6., F.A.C.]

	FLD984187831						
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 pharmac	eutical waste (UPW) accumulated						
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely haza							
Pharmaceuticals SQH = always less than 5,000 kg of UPW and							
	(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	10,000 LBS.						
b. Pesticides							
c. Pharmaceuticals	10,000 LBS						
d. Mercury Containing Devices	5000 LBS						
e. Mercury Containing Lamps	5000 LBS						
(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 Storage prior to rec	ity, a facility must treat, dispose or recycle a UW. A permit is required for cycling.						
 C. Used Oil Activities: Used Oil Transporter - indicate type(s) of activity(ies): a. Transporter b. Transfer Facility (2) Collection Center Used Oil Processor (A permit is required for this activity.) Off-Specification Used Oil Burner Used Oil Fuel Marketer Used Oil Filter a. Transporter b. Transfer Facility c. Processor d. End User 	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 orginally 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. Jack Fitzsimmons-Operations 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 						

•				EPA ID No	FLD	984187831		
D. Other State R			D Petroleum	Contact Water		napter 62-740, F.A.C.] d for this activity.		
your facility. List	them in the order	they are presented	in the regulations	(e.g., D001, D00		azardous wastes handled at are needed.		
¹ D001	² D002	³ D003	⁴ D004	5 F001	⁶ F002	⁷ F003		
ALL	⁹ RCRA	¹⁰ WAST	¹¹ CODE	¹² ARE	¹³ TRAN	¹⁴ PORT		
⁵ BY	¹⁶ FCI	17	18	19	20	21		
2	23	24	25	26	27	28		
1. Other Stati	is Changes (Ma	ark 'X' in all that a	.pply):					
□ (2) Was □ (3) Other B. Facility Close □ (1) Close be	ste generated by b er (explain) sed sed at this location handling regulated	d waste there.	listed. wing to another - s	submit a new For	m 8700-12FL for the	new location if you will ontact person, mailing		
		umber where you c). Please provide a co	ontact person, maning		
	Contact Phone							
Address City St				na				
	perty Tax Defaul		T	on for Bankrup				
12. Certificatio in accordance with information subm for submitting fals	n: I certify under a system designe itted is, to the best se information, inc	r penalty of law that ed to assure that qua t of my knowledge cluding the possibili	alified personnel p and belief, true, ac ity of fine and imp	roperly gather ar curate, and comp risonment for kn	d evaluate the inform plete. I am aware that owing violations. If	r my direction or supervision nation submitted. The there are significant penalties I have notified as a transfer ule 62-730.182, FAC.		
Signature of owner, operator, or an authorized			I	Print Name an	Date Signed (mm-dd-yyyy)			
(bull	hale homming			Jack Fitzsim	09/13/2011			
	0	0						
	1							
-	o filled in this for ack Fitzsimmo		ity Contact or Op 732462	-	omplete the informa jackfitz@free	ition below: holdcartage.com		
Name of person of	completing this for	rm)	(Phone Number))	(E-mail Address	5)		
13. Comments:								
			·····		<u></u>			