

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

08/27/2012 Mark Dabney, General Mgr Bay Line Railroad LLC PO Box 35098 Panama City, FL 32412-5098

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 Bay Line Railroad LLC located at 2037 Industrial Dr, Panama City, FL32405-6033

FLD984229906

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: **HW Transporter (reg exp on 08/01/13)**.

Your facility is currently permitted/active 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.

http://www.dep.state.n.us/waste/categories/hwkegulation/pages/notificationkegulatedwas

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984229906. 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: 56074, Email Address: mdabney@gwit.com

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

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	(850) 245-8772							ober 1	A Production of the Control of the C	
EPA ID F L D	9 8 4 2 2	990	6	H. A.	MIS:				RCRAI	16
1. Reason for Submittal	Mark 'X' in correct box:	₩as To info	aste, uni provide formatio	iversal wa e <u>subsequ</u> on).	notification (to a steel or used oil a suent notification tification (see ins	activities). n (to upda	ate stat	tus an	nd facility ident	
2. Facility or Business Name		The Bay	Line I	Railroa	ıd, LLC.			FEII 5	9 3 2 1	1 5 2 0 3
3. Facility Operator (List additional Operators in the	r Name of Operator: Genesee & Wyoming						Date became Operator:/			
comments section).	Street or P.O. Box	X:	200	Meridi	an St., Ste. 3	300		Phon	ne Number:	585-328-8601
	City or Town:		R	Rochest	ter	Stat	te: N	VY	Zip Code:	14618
	Operator Type: [⊠ Private	□Fe	ederal	Municipal	State		Othe	er	
4. Facility Physical Location	Physical Street Ac	ddress:		al.	203	7 Indust	trial I	Driv	е	
Information	City or Town:		Pan	nama C	ity	Stat	te: F	FL	Zip Code:	32405
	County: Bay	County: Bay If available, please attach a map or sketch of the facility boundaries.								
	Latitude: d d									
5. Facility North An Classification Syst Code(s)	The state of the s	A. C.				B. D.				
6. Facility or	Street Address or	P.O. Box:				P.O. Bo	x 35	098		
Business Mailing Address	City or Town:		Par	nama C			te: F		Zip Code:	32412
7. Facility or Business Contact	First Name:	Mar	rk		Last Name:	Dabi	ney		Title:Gene	ral Manager
Person	Phone Number:	850-74	17-40:	34	Extension:	E-M	Iail:		mdabney@g	
	Street or P.O. Box	c ;	201		P.O). Box 35	5098	3		
	City or Town:		Par	nama C	ity	Stat	te: F	L	Zip Code:	32412
8. Real Property (Land) Owner of the Facility's	Ti	Name of Real Property (Land) Owner: The Bay Line Railroad, LLC.				New Owner Date became Owner: / / mm dd yy				
Physical Location (List additional	Street or P.O. Box: 2037 Industrial Drive					F	Phon	e Number: 8	50-785-4609	
•	City or Town:	City or Town: Panama City				Stat	te: F	L	Zip Code:	32405
section.)	Owner Type: Private Federal Municipal State Other									

	EPA ID No. FLD98422906
9. Type of Regulated Waste Activity (Mark 'X' in all the	at 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): 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	(2) Treater, Storer, or Disposer of 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 I kg (2.2 lbs) or less of acute 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 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. 2 a. For own	
c. Hazardous Waste Transporter Insurance Informatio Insurance Company Indian Harbor Insu Address XI Group, One World Finan	nrance Company
Contact Denise H. DePrimo Policy Number RRI, 0038254	
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 wire Florida Administrative Code (F.A.C.)]: Certification by a responsible corporate officer of the criteria of Section 403.7211(2), Florida Statutes (In the Evidence of the transporter's financial responsibility and A brief general description of the transfer facility of the facility closure plan [Rule 62-730.17] A copy of the facility closure plan [Rule 62-730.17] A copy of the contingency and emergency plan [Rule 62-730] Notification of changes in above items Annual update notification	F.S.) [Rule 62-730.171(3)(a)1., F.A.C.] ty [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.] ule 62-730.171(3)(a)6., F.A.C.]

	FLD984229906 EPA ID No.			
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 acc	umulated			
Mercury-containing devices LQH = 100 kg (220 lb) or more ac				
Mercury-containing devices SQH = less than 100 kg accumulat	ed by for-hire handler			
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lan	•			
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lan	nps) 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 pharmac	eutical waste (UPW) accumulated			
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely haza	rdous ("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 Generate/ (see note in instructions) Handle at Transfer Facility	(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				
(3) Mercury Recovery and/or Reclamation Facility	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800,			
[Chapter 62-737, F.A.C.]	F.A.C.]			
(4) Reverse Distributor of UW Pharmaceuticals	Lamps Devices			
(5) Destination Facility for UW Note: for this active storage prior to rec	ity, a facility must treat, dispose or recycle a UW. A permit is required for yeling.			
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):	I certify as a Used Oil Transporter that the training program and financial			
a. Transporter	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			
b. Transfer Facility	orginally approved training program, they are explained in attachments to			
 (2) Collection Center (3) Used Oil Processor (A permit is required for this activity.) 	this registration form. Evidence of financial responsibility is			
(4) Off-Specification Used Oil Burner	demonstrated by the attached Used Oil Transporter Certificate of Liability 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 □ 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 applicable, enclose a check or money order, in the amount of \$100,	(9) The records required under the provisions of Rule 62-710.510,			
payable to Florida Department of Environmental Protection.	F.A.C., are kept at (check one): Our mailing (business) address			
A check is enclosed.	— on mainte (nastriess) andress			
A CHECK IS CHOICISCA,	☐ The site (facility) address			

					ELDO	20.400000	
		EPA ID No. FLD		FLUS	.D984229906		
D. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Handler [Chapter 62-Note: A water facility permit may be required for this a							
your facility. Lis	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.						
7 D001	² F003	3	4	3	6	7	
8	g	10	//	12	13	14	
/š	16	77	18	19	20	21	
22	23	24	25	26	27	28	
11. Other Stat	us Changes (Mai	rk 'X' in all that a	pply):				
(1) But (2) Wa (3) Oth B. Facility Clo	 □ (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. 						
	lress, and phone nu				Province :		
Contac			Phone		·		
Addres	S						
City, St	ate, Zip						
C. Pro	perty Tax Default		D. Petition	for Bankruptcy l	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		r an authorized	Pı	int Name and T	itle	Date Signed (mm-dd-yyyy)	
Miller	4/1/2		Mark Dabney				
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below: Mark Dabney 850-747-4034 mdabney@gwrr.com							
Mark Dabney (Name of person completing this form)			(Phone Number)	-054	(E-mail Address)		
13. Comments:							
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