

## Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

03/27/2013
David Strickland, Environmental Manager
Ring Power Corp
500 World Commerce Pkwy
St Augustine, FL 32092-3788

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 Ring Power Corp located at 4900 N Main St, Gainesville, FL32609-1407

## FLD982150237

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Conditionally Exempt SQG; Small Quantity Handler, Universal Waste Batteries, Universal Waste Lamps.

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 06/30/2014).

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:

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

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLD982150237. For further assistance, please contact me at (850) 245-8749 or email at \_Glen.Perrigan@dep.state.fl.us .

Sincerely,

Glen Perrigan

**Environmental Manager** 

Hazardous Waste Regulation Section

Lier M Grun

ME ID: 15436, Email Address: <a href="mailto:dave.strickland@ringpower.com">dave.strickland@ringpower.com</a>



## 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)

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EPA ID F L D	9 8 2 1 5	0 2 3 7	MTS			RCRA	nfo	
Cuomittui	Mark X in Correct box:  To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).  To provide subsequent notification (to update status and facility identification information).  Is this the final notification (see instructions) for the facility?							
, , ,	15 A C LOTHWA							
2. Facility or Business Name				9 0 9 3	3 4 2 4 6			
(List additional Operators in the	Name of Operator: Ring Power Corporation				New Operator Date became Operator://			
comments section).	Street or P.O. Box: 500 World Commerce Parkwa							
	City or Town:	St Augus	tine	State:	FL	Zip Code:	32092	
	Operator Type: [2	Private Federal	Municipal :	State	Other	<u> </u>	- <del></del>	
4. Facility Physical Location	Physical Street Address: 4900 N. Main Street							
Information	City or Town: Gainesville				FL	Zip Code:	32609	
,	County: Volusia  If available, please attach a map or sketch of the facility boundaries.							
	Latitude:      d d	.   Longitude:             .   Method: mm ss.sss Datum:						
5. Facility North Am Classification Syst Code(s)					B. D.			
6. Facility or	Street Address or P.O. Box: 500 World Commerce Parkway							
Business Mailing Address	City or Town:	St August	ine	State:	FL	Zip Code:	32092	
7. Facility or Business Contact	First Name:	David	Last Name: St	trickland	j	Title Enviro	onmental Mgr	
Person	Phone Number:	904-494-1417	Extension:	E-Mail:	dave.	strickland@	ringpower.com	
	Street or P.O. Box: 500 World Commerce Parkway							
	City or Town: St Augustine			State:	FL	Zip Code:	32092	
8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments	Name of Real Property (Land) Owner: Ring Power Corporation			□ New Owner  Date became Owner://  mm dd yy				
	Street or P.O. Box: 500 World Commerce Parkway Phone Number: 904-737-7730						004-737-7730	
	City or Town: St Augustine			State:	FL	Zip Code:	32092	
section.)	Owner Type: Private Federal Municipal State Other							

and the second of the second o	EPA ID No. FLD982150237					
9. Type of Regulated Waste Activity (Mark 'X' in all tha	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  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	For Items 2 through 7, mark 'X' in all that apply.  (2) Treater, Storer, or Disposer of 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	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.					
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 Information Insurance Company Address	on					
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 we Florida Administrative Code (F.A.C.)]:  □Certification by a responsible corporate officer of a criteria of Section 403.7211(2), Florida Statutes (□Evidence of the transporter's financial responsibility □A brief general description of the transfer facility (□A copy of the facility closure plan [Rule 62-730.17 □A copy of the contingency and emergency plan [Rule A map or maps of the transfer facility [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.]					

	EPA ID No. FLD982150237						
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 acct	Small Quantity Handler (SQH) = always less than 5,000 kg accumulated						
Mercury-containing devices LQH = 100 kg (220 lb) or more ac	cumulated by for-hire handler						
Mercury-containing devices SQH = less than 100 kg accumulate	·						
Manager posterior a leaves I OII = 2 000 kg (4400 lba/9 000 law	and) on more occurrented by for him hardler						
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)]	ips) accumulated by for-fifte flandier						
Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceuticals	entical waste (UPW) accumulated						
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar							
Pharmaceuticals SQH = always less than 5,000 kg of UPW and	· -						
(1) For those Managing  Generate/ Accumulate Generate/ (see note in instructions) 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	1000						
b. Pesticides							
c. Pharmaceuticals							
d. Mercury Containing Devices							
e. Mercury Containing Lamps	200						
(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 activity storage prior to recommend to the storage prior to th	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 responsibility required under Section 62-710.600, F.A.C., are in place,						
■ a. Transporter  ■ b. Transfer Facility	current and being adhered to. If any modifications have been made to the						
(2) Collection Center	orginally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is						
(3) Used Oil Processor (A permit is required for this activity.)	demonstrated by the attached Used Oil Transporter Certificate of						
(4) Off-Specification Used Oil Burner  Liability Insurance, DEP form 62-710.901(4), F.A.C.							
(5) Used Oil Fuel Marketer  (6) Used Oil Filter	V . 1 /ka() (						
■ a. Transporter	Signature of Authorized Person						
■ b. Transfer Facility	David Strickland						
. 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.	The site (facility) address						

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D. Othe	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 D	001	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. Otl	ner Statu	is Changes (Mar	k 'X' in all that ap	oply):			
B. Fa	(1) Bus (2) Was (3) Otho cility Clos	sed at this location a	erates, transports, t siness has been deli	reats, stores, or dis			new location if you will
be handling regulated waste there.  (2) Out of Business - Business closed on							
	C. Pro	perty Tax Default		D. Petition	for Bankruptcy F	rotection	
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  Print Name and Title  Date Signed (mm-dd-yyyy)							
	hush	Lilian		David Stric	kland, Environ	mental Mgr	02/14/2013
If the p	erson wh	o filled in this form	n is not the Facilit	y Contact or Ope	ator, please comp	lete the informati	on below:
(Name o	f person c	ompleting this form	n)	(Phone Number)		(E-mail Address)	
13. Co	mments:						