

## Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

06/10/2013

Wes Pace, Director Hazmat Trade Compliance Landstar Express America Inc 13410 Sutton Park Drive S Jacksonville, FL 32224

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 Landstar Express America Inc located at 13410 Sutton Park Dr S # C, Jacksonville , FL32224-5270

## FLR000099945

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 11/30/2014).

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: <a href="http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm">http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</a>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLR000099945. 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

Liver M Jun

ME ID: 46644 , Email Address: wpace@landstar.com

## FLORIDA PROTECTION

## 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8707

Date Received (for FDEP Official Use Only)

MAY 23 2013

**BSHW** 

EPA ID: FL	R0000	9999	45   Pleas	e use the instr	uctions	document to comp	olete this for	n	
1. Reason for Submittal	Mark 'X' in To provide initial notification (to obtain an EPA ID Number for hazardous the correct box: waste, universal waste, used oil activities, or PCW activities).								
(all submitters must complete pages 1 and 2 and sign page 5.	(must choose one To provide subsequent notification (to update status and facility identification information).								
	if a notification)   To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)								
Pages 3 and 4, - complete as applicable)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)								
2. Facility or Business Name	LANdstn	r Exol	RESS H	MERICI	7 _	INC.			
3. Facility	Name of Operator:	<del></del>				Date became Op	erator:/	/	
Operator	LANDSTAR EXPRESS AMERICA INC								
(List additional Operators in the comments	Street or P.O. Box:		<u> </u>	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Phone Number:			
section).	13410 5	utton t	ARK Dr.	<u>S.                                      </u>		<u> </u>	800-872-9400		
	City or Town:	KSONUI 1	1/e	State:	-6	Zip Code:	Country (if	not USA):	
	Operator Type:								
4. Facility Physical	Physical Street Add	ress:	<u>, in the second of the second</u>					Vessel	
Location Information	City or Town:		,			State: Z	ip Code:		
(No P.O. Boxes)			1						
Same address as #3 above or:	County:			Country (i	f not US	A): :,			
5. Facility North A		A. 1418	814112	/ (require	d) B.		1 1 1		
Classification Sys Code(s) (at least 5		C.			D.	1 1 1		<u></u>	
C E - 1114	Same address as		Street or P.O. Box	1			_		
6. Facility or Business	Same address as # 3 above or: Street or P.O. Box:  City or Town:  State: Zip/Postal Code: Country (if not USA):								
Mailing Address	City or Town:			State:	Zip/P	ostal Code:	Country (11	10t USA);	
7. Facility or	First Name: 1, 7	0.0	Last Name: ,	$\mathcal{P}_{a}$	<u> </u>	Title:	11 W	Caron	
Business RCRA	Phone Number:	<u> </u>	Extension:	E-Mail:	>	DIRECTOR: 1	7/12////7   Fax:	_ COMPLIF	
Contact Person	800-872-	9400	4815		e0/	landstar, con		306-23.72	
	Street or P.O. Box:								
Same address as #3 above or:	City or Town:	······································		State:		Zip Code:	Country	(if not USA):	
	City of Town.			State.		Zip Code.		,	
8. Real Property	Name of Owner:			<del></del>		Date became Ow	ner: <u>3 / /:</u>	5110	
(FL Land) Owner	LANDSTAR	ug INC	1	☐ New Ow	ner mm	dd yy			
of the Facility's Physical Location	Street or P.O. Box:	<u> </u>	12 7 0147	3 -100	P	hone Number:		<del></del>	
(List additional owners in the comments section.)	City or Town:			State:	te: Zip Code: Country (if not USA):				
Same address as #3 above or:	Owner Type:	Private 'Fed	leral  Munic	ipal DState	e <b>Q</b> C	County Other.		·	

RCRA Hazardou	s waste Status No	offication of Out of Bu	isiness Notifica	ion;	FLR	000099945		
9. RCRA Haza	rdous Waste Ac	tivities at this Facili	ty: (Mark 'X'	in all that apply)				
(A) (1)Generator	of Hazardous Wast	ie .	For Items	2 through 7, mark	'X' in all that	apply.		
□Yes 🗷 No	(Do not include Uni	iversal Waste or Used Oil)	(2) Trea	ter, Storer, or Disp	ooser of Hazar	dous Waste		
	only one of the follo Quantity Generator	wing three categories.	(a	t your facility) Note		waste permit ired for this activity.		
Genera greater hazardo	tes in any calendar m	nonth 1,000 kilograms or 2,200 lbs.) of non-acute than 1 kg (2.2 lbs)		<ul><li>b. Operating N</li><li>c. Non-Operat</li></ul>		al TSD re or Corrective Action		
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 (at least once a year)			Permit or Order (HSWA, etc.)  (3) Recycler of Hazardous Waste (at your facility)  Specify: Commercial Non-Commercial.  Note: A permit is required for storage prior to recycling.  (4) Exempt Boiler and/or Industrial Furnace					
				<ul> <li>a. Small Quantity On-site Burner Exemption</li> <li>b. Smelting, Melting, and Refining Furnace Exemptic</li> </ul>				
Genera (220 lb (2.2 lbs	s.) of non-acute haza s) or less of acute haz	nonth 100 kg/mo or less ardous waste and 1 kg	(5)	Person Authorized Waste Generated Choose this manage	to Manage Co at Other Faci gement activity f your applicati	onditionally Exempt ilities ONLY if you attach ion for such authorization		
d. Short-Tet e. Episodic: f. United St	rm Generator (one-tine) Not more than one-tages Importer of haza	me, not on-going) time per year:SQGLo	(6) QG (7) Q	Receives Hazardo Underground Inje	us Waste from			
your facility.	List them in the orde	er they are presented in the	regulations (e.g.,	D001, D003, F007,	K019, P012, U			
Hazardou	T = -	1.	ally transported.	Jse comments or an	additional page	e if more spaces are needed.		
<u> </u>	2002	$\begin{vmatrix} 3 & 0 & 0 & 3 & 4 \\ 10 & & & 11 \end{vmatrix}$		12	13			
15	16	10	· · · · · · · · · · · · · · · · · · ·	19	20	21		
	,	17			20			
11. Other Statu	is Changes (If no	o longer handling waste or	closed, sections 9	and 10 should be bl	lank and skip S	ection 12-16 ):		
(1) Busin  (B) Facility Clos  (1) Close	ness no longer genera	te at This Facility (Section ates, transports, treats, storection only if all business and moved or moving to anows closed on	es, disposes of, or activities at this fa	otherwise handles a	ny regulated w			
(C) Property	Tax Default		(D) Pet	ition for Bankrupt	cy Protection			
12-14 — Registi	ration Activities	Contact Informatio	n (only if this sub	mission is a registra	tion or registrat	tion information update):		
Same as Facility RCRA Contact on page 1 or enter:			Last Name:		Title	e:		
Contact for:	Phone Nun	nber:	Extension:	E-Mail:				
HW Transporter	Street or P.	O. Box:						
Used Oil Handler Universal Waste	City or Tov	vn:		State:(Country):	Zip	Code:		

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR	1000 99945
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply)	
A. Federal  Notification  Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 of any combination of UW accumulated (at any one time)	lb) or more
Accumulates: 🗖 a. UW Batteries 🗖 b. Pesticides 🗖 c. Pharmacet	ıticals
d. Mercury Containing Devices — e. Mercury Contai	ning Lamps
Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a U  A permit is required for storage prior to recycling.	W.
B. Florida Universal Pharmaceutical Waste (UPW): one-time registration	
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)	
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	) accumulated
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	th [DOH])
C. Florida Annual Mercury Handler Registration:	
form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).  If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the in  (1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-handler for-handler registering  Renewal  One-time \$1,000 fee for Mercury for-hire first time LQH registering	formation below.
For-hire <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices	
For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices	Annual
Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	Registration Required .
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler  Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration +, one=time \$1,000 fee- More Requirements (contact FDEP)
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)  □ First time registering □ Renewal	Annual Registration Required
Briefly Describe your Universal Waste Activities:	op Bulb Crusher(s)
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW)  Recovery  Transpo	

Hazardous Waste and Used Oil Transporter Registrations	EPA ID No. FLR 0000 99945
14. HW Transporter Activities: (Mark 'X' and complete all that a	pply if you need to register your HW Transporter activities)
Transporters of and Transfer Facilities for Hazardous Waste in renew their registration. Evidence of casualty/liability insurance pursuants facilities must submit several additional documents as detailed on changes. Registered transporters and transfer facilities may only begin oper Generators of hazardous waste who transport waste only within the bo	pant to 62-730.170(2)(a) is required in addition to this registration. page 5 the first time they register and when the information attors after receiving approval from the Department.
A. HW Transporter Registration Information (must be com	pleted annually and when this information changes)
This facility is a registered transporter of hazardous	waste.
This form is: 🗖 Initial Registration 📓 Renewal 🔲	Notification of changes   Cancel Registration
1. For own waste only 2. For commercial purpo	ses
4 Transportation Mode  Air  Rail  Highway	■ Water □ Other - specify
B. HW Transfer Facility Registration Information (must be	be completed annually and when this information changes)
☐ This facility is a Hazardous Waste Transfer Facility	7: (at this location) Storage Volume
This form is:  Initial Registration  Renewal  N	otification of changes
Note: Hazardous Waste transfer facilities must comply with the requ	airements of Rule 62-730:171, F.A.C., and Rule 62-730:182, F.A.C.
The Transfer Facility records required under the provisions  Our mailing (business) address.	of Rule 62-730.171(6), F.A.C., are kept at (check one): The site (facility) address
Please enter the EPA ID Number of the HW Transporter who carries the insu	urance for this Transfer Facility:
Please see the top of page 5 for additional items that must be subtransfer Facilities [Rule 62-730.171(3), Florida Administrative Coo	the contract of the contract o
15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete	all that apply if you need to register your used oil activities),
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, annually register with the Department using this form. All except Florida \$100 registration fee.	
This form is:  Initial Registration  Renewal  I	Notification of changes
If applicable, a check or money order, in the amount of \$100, pay	able to Florida Department of Environmental Protection is enclosed.
(1) Used Oil Transporter - mark activities: (occurring in Florida) (6)	Used Oil Filter Management (must annually register)
☐ a. Transporter (off-site) and noncontiguous locations	☐ a. Transporter
☐ b. Transfer Facility	□ b. Transfer Facility
	C. Processor (Annual Report Required)
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End User
(3) Used Oil Processor (A permit is required.) (7)	The records required under the provisions of Rule 62-710.510,
(4) Off-Specification Used Oil Burner	FAC, are kept at (check one):
(5) Used Oil Fuel Marketer	Our mailing (business) address  The site (facility) address
Please see the top of page 5 for additional items that must be submitted exempt Used Oil Transporters.	in addition to the above registration and fees required for non-

Transfer Facility and Used Oil Transporter requirements and required signature page $EPA  ext{ ID No. } \mathcal{FLP}$	00000	19945
(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities of following items are required to be submitted with the initial notification for a transfer facility and any changed items musubsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:	n Page 4	, Section 14, the
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.]	of	N.
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.]		
(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))  In addition to the requirements on Page 4 Section 15:  • ALL registered UO Handlers must submit an annual report except generators transporting UO from nonco	ontiguou	s operations within
their own company.	muguoa.	s operations within
<ul> <li>UO transporters transporting off-site over public highways only within their own company must submit pro</li> <li>UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and musubmission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.0</li> </ul>	ust sign a	•
The used oil annual report is attachedEvidence of Liability Insurance pursuant to 62-710.600(2)(e	)., F.A.C	. is attached.
16. Comments (attach a page if more space is needed):		
		•
		÷
<ul> <li>17. Certification: I certify under penalty of law that this document and all attachments were prepared under my dire accordance with a system designed to assure that qualified personnel properly gather and evaluate the information is submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significated false information, including the possibility of fine and imprisonment for knowing violations.</li> <li>I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules getation and have an annual and new employee training program in place covering the applicable used oil rules. Evide bility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.</li> </ul>	overning	The information lties for submitting gused oil transpor-
Signature of owner, operator, or an Print Name and Title authorized representative	Used Oil	Date Signed (mm-dd-yyyy)
Wes Page: DIRECTOR COMPLIANCE		5-22-13
William Competition		<u> </u>
		• • •
If the person that filled in this form is not the Facility Contact or Operator, please complete the information belo	.w:	<u> </u>
		0.004
Teri Koszel  (Name of person completing this form)  (Name of person completing this form)  (Phone Number)  (E-mail Address)	ur.c	- (V V)
The state of the s		