

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 Ranger 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 Ranger Inc located at 13410 Sutton Park Dr S, Jacksonville , FL32224-5270

FLR000067157

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: <u>http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</u>. **To review the details of your status**, visit: <u>http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000067157</u>. For further assistance, please contact me at (850) 245-8749 or email at <u>Glen.Perrigan@dep.state.fl.us</u>.

Sincerely,

River M Shim

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 56962 , Email Address: wpace@landstar.com

EPA ID: FL Submittal	8700-12FL - FLORIDA NOTIFICATIO REGULATED WASTE ACTIVITY DEP Waste Management Division-HWRS, MS450 2600 Blair Stone Rd. Tallahassee, FL 32399-240 (850) 245-8707 ROOOOOOO(7/57) Please use the instruct Mark 'X' in the correct box:	Y (for FDEP Official Use Only) 60 00 MAY 2 3 2013 tions document to complete this form PA ID Number for hazardous
(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - com- plete as applicable)		the facility identification information). the facility. (see instructions—must complete pages 1,2,5) Fransporter (see page 4) Used Oil (see page 4)
 Facility or Business Name Facility Operator (List additional Operators in the comments section). 	LANDSTAR RANGER INC Name of Operator: LANDSTAR RANGER INC Street or P.O. Box: 13410 Sutton Park Dr. S. City or Town: JACKSONVILLE Operator Type: Private Dederal Dunicipal Detate	Date became Operator:/ Phone Number: 800 - 872 - 9400 Zip Code: 32224 Country (if not USA): Country Other
 4. Facility Physical Location Information (No P.O. Boxes) ☑ Same address as #3 above or: 	Physical Street Address: City or Town: County: Country (if no	State: Zip Code:
5. Facility North A Classification Sys Code(s) (at least 5	tem (NAICS) A I O I Z A (required)	B. D.
6. Facility or Business Mailing Address		Zip/Postal Code: Country (if not USA):
7. Facility or Business RCRA Contact Person	First Name: Wes Phone Number: 800-872-9400 Street or P.O. Box: Last Name: Pace Extension: 48.15 Wpace	Title: DIRECTOR: HAZMAT Complitence Fax: @landstar.com 904-306-2372
Same address as # <u>3</u> above or:	City or Town: State:	Zip Code: Country (if not USA):
8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the com- ments section.)	Name of Owner: LANDSTAR System's Holding Inc Street or P.O. Box: City or Town: State:	Date became Owner: 3 /15 10 Image: Date became Owner mm dd yy Phone Number: Zip Code: Country (if not USA):
Same address as # <u>3</u> above or:	Owner Type: 🕅 Private 🗅 Federal 🗋 Municipal 🗋 State	County Other

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date April 23,2013 Page 1 of 5

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RCRA Hazardous Waste	e Status Notification or Out of	Business Notifica	tion EPA	ID No. F.	LR0000	67157
9. RCRA Hazardous	Waste Activities at this Fac	cility: (Mark 'X'	in all that apply		· · · · · · · · · · · · · · · · · · ·	
(A) (1)Generator of Haza	rdous Waste	For Items	2 through 7, mai	·k 'X' in all	that apply.	
Yes 😼 No 🛛 (Do no	ot include Universal Waste or Used Oil) (2) Tre	ater, Storer, or D	isposer of H	lazardous Was	te
If YES, Choose only one	e of the following three categories.	. (;	at your facility) N		dous waste pern required for thi	
Generates in an	y Generator (LQG): y calendar month 1,000 kilograms		a. Operating	. •		
greater per mon hazardous waste of acute hazardo	e	 b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action 				
b Small Quantity	Generator (SQG):	(3)	Permit or Recycler of Haza	Order (HSV		ity)
Generates in an 100kg/mo but le		Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling.				
(2.2 lbs) or less	te hazardous waste and/or 1 kg of acute hazardous waste	(4)	Exempt Boiler a	nd/or Indu	strial Furnace	с. С. Х.
(at least once a	year)		- <u>L</u>		te Burner Exemp	
Generates in an	Cxempt SQG (CESQG): y calendar month 100 kg/mo or less	s (5) 🗖	Person Authoriz	ed to Mana	ge Conditional	ace Exemption
	n-acute hazardous waste and 1 kg of acute hazardous waste		Waste Generat Choose this mar EITHER a copy	nagement ac	tivity ONLY if	
•	er generator activities that apply	-1, .	OR the authoriz	ation you re	ceived from FD	
	rator (one-time, not on-going) re than one-time per year:SQG_		Receives Hazard	lous Waste	from Off-Site	
	orter of hazardous waste	(7)	Underground Ir	jection Co	ntrol	
	zardous and radioactive) Generator					
your facility. List then	Federally Regulated Hazarc	the regulations (e.g.,	D001, D003, F00	7, K019, P0	12, U112).	•
	transporters list codes routinely or	usually transported.	Use comments or a	an additiona	l page if more s	paces are needed.
$\frac{1}{8} DOOI \frac{2}{9} DC$	002 ³ D00 3		12	13	14	· · ·
15 16	17	18		20	21	
						· · · · · · · · · · · · · · · · · · ·
	nges (If no longer handling waste				kip Section 12-	16):
· · ·	ulated Waste at This Facility (Se	• •				
	onger generates, transports, treats, s				ted waste.	
	nplete this section only if <u>all</u> busine location and moved or moving to a		•		w location if vo	u will
	1				, location if yo	
	ess - Business closed on		(date)			
(C) Property Tax De	fault Activities Contact Informa		tition for Bankru			ation undeta):
	First Name:	Last Name:			Title:	aaron upuate).
Same as Facility RCRA Contact on page 1 or enter: .	Phone Number:	Extension:	E-Mail:			
Contact for:			L-iviaii.	•	,	
HW Transporter	Street or P.O. Box:			• •		
Used Oil HandlerUniversal Waste	City or Town:	·····	State:(Country)	:	Zip Code:	·.
DEP Form 62-730.900(1)(b), add	opted by reference in rule 62-730.150(2	2)(a),.62-710.500(1), an	d 62-737.400(3)(a)2.	, F.A.C. Effec	ctive Date April 2.	3;2013 Page 2 of 5

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Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR 000067157
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply)
A. Federal Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)
Accumulates: 🔲 a. UW Batteries 🔲 b. Pesticides 🔲 c. Pharmaceuticals
d. Mercury Containing Devices 🛛 e. Mercury Containing Lamps
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.
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 Health [DOH]).
C. Florida Annual Mercury Handler Registration:
Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler 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 information below. (1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler 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 + ione-time \$1,000 fee+ More Requirements (contact FDEP)
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) Annual Registration Required
Briefly Describe your Universal Waste Activities:
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) C Recovery C Transport [62-740 F.A.C.] Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date April 23,2013 Page 3 of 5

Hazardous Waste and Used Oil Transporter Registrations EPA ID No. FLR000067157	r
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)	
Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annual renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.	
A. HW Transporter Registration Information (must be completed 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 purposes 🛛 3. Both commercial and own waste	
4. Transportation Mode 🗖 Air 🗋 Rail 🛛 Highway 🗖 Water 🖨 Other - specify	
B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)	
This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume	
This form is: 🗅 Initial Registration 🛛 Renewal 💭 Notification of changes 🔲 Cancel Registration	
Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.	A.C.
The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):	
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:	Ĥ
Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Wa Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:	aste
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, processors, off-specification burners, and/or marketers <u>must</u> <u>annually register</u> with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annu \$100 registration fee. This form is: Initial Registration I Renewal Notification of changes I Cancel Registration	
If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclos	ed.
(1) Used Oil Transporter - mark activities: (occurring in Florida) (6) Used Oil Filter Management (must annually register)	
a. Transporter (off-site) and noncontiguous locations	
□ b. Transfer Facility	
(2) Collection Center (From businesses, no more than 55 gal per	
(2) Collection Center (From businesses, no more than 55 gal per d. End User	
(3) Used Oil Processor (A permit is required.) (7) The records required under the provisions of Rule 62-710.510,	
(4) Gff-Specification Used Oil Burner FAC, are kept at (check one):	
(5) Used Oil Fuel Marketer 🛛 On-Spec 🗋 Off-Spec	lress
Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for no exempt Used Oil Transporters.	• n-
DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date April 23,2013 Page 4	4 of 5

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Transfer Facility and Used Oil Transporter requirements and required signature page EPA ID No	. FLR000	06713
(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer I following items are required to be submitted with the initial notification for a transfer facility and any changed subsequent submission [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 t Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]	he criteria of	
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 their own company. UO transporters transporting off-site over public highways only within their own company mus UO transporters transporting more than 500 gallons/year must submit proof of insurance annua submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.6) 	st submit proof of i lly, and must sign	nsurance.
The used oil annual report is attachedEvidence of Liability Insurance pursuant to 62-71	0.600(2)(e)., F.A.C	C. is attache
16. Comments (attach a page if more space is needed):		5 s
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17. Certification: I certify under penalty of law that this document and all attachments were prepared und accordance with a system designed to assure that qualified personnel properly gather and evaluate the info submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there a false information, including the possibility of fine and imprisonment for knowing violations.	ormation submitted	d. The infor
I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws a tation and have an annual and new employee training program in place covering the applicable used oil rubility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.90	ules. Evidence of fi	
Signature of owner, operator, or an Print Name and Title authonized representative	Used Oil	Date Sig (mm-dd-
Wes Pace, Director: HAZ	ZMAT -	4-24-
		· · ·
If the person that filled in this form is not the Facility Contact or Operator, please complete the inform $\underbrace{Jeri Koszel}_{(Name of person completing this form)} \underbrace{800-872-9430}_{(Phone Number)} \underbrace{roszela}_{(E-mail Addressela)}$		ar.Ca
(Name of person completing this form) (Phone Number)	ess)	•