



## Florida Department of Environmental Protection

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

Rick Scott  
Governor

Herschel T. Vinyard Jr.  
Secretary

08/27/2013

Harry Lux, Safety Environmental Manager  
Tropical Shipping & Construction Co Ltd  
5 E 11th St  
Riviera Beach, FL 33404-6920

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 **Tropical Shipping & Construction Co Ltd** located at **5 E 11th St, Riviera Beach , FL33404-6920**

**FLR000095737**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Handler of Hazardous Waste; Vessel, Universal Pharmaceutical Transporter.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter (reg exp on 03/01/2014); HW Transporter (reg exp on 06/30/2014) ; Used Oil Transporter, Used Oil Filter Transporter (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:

<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=FLR000095737](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000095737).

For further assistance, please contact me at (850) 245-8749 or email at

[Glen.Perrigan@dep.state.fl.us](mailto:Glen.Perrigan@dep.state.fl.us) .

Sincerely,

  
FOR

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 50031 , Email Address: [hlux@tropical.com](mailto:hlux@tropical.com)



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 DEP Official Use Only)

EPA ID F L R 0 0 0 0 9 5 7 3 7

MTS

RCRA Info

1. Reason for  
Submittal

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?

MAR 13 2013

BSHW

APR 19 2013

BSHW

2. Facility or  
Business Name

Tropical Shipping & Construction Company, LTD

FEID No.

5 9 1 1 1 4 1 8 7

3. Facility Operator  
(List additional  
Operators in the  
comments section).

Name of Operator:

Tropical Shipping & Construction Company, LTD

☐ New Operator

Date became Operator: 06 / 23 / 1962  
mm dd yy

Street or P.O. Box:

5 East 11th Street

Phone Number:

800-367-6200

City or Town:

Riviera Beach

State:

FL

Zip Code:

33404

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical  
Location  
Information

Physical Street Address:

5 East 11th Street

City or Town:

Riviera Beach

State:

FL

Zip Code:

33404

County:

Palm Beach

If available, please attach a map or sketch of the facility boundaries.

Latitude:

26

46

18

9N

Longitude:

80

03

18

3W

Method:

GPS

dd

mm

ss

ssss

dd

mm

ss

ssss

Datum:

5. Facility North American Industry  
Classification System (NAICS)  
Code(s)

A.

48311

B.

C.

D.

6. Facility or  
Business Mailing  
Address

Street Address or P.O. Box:

5 East 11th Street

City or Town:

Riviera Beach

State:

FL

Zip Code:

33404

7. Facility or  
Business Contact  
Person

First Name:

Harry

Last Name:

Lux

Title:

Safety &  
Environmental

Phone Number:

1-561-840-2930

Extension:

E-Mail:

hlux@tropical.com

Street or P.O. Box:

5 East 11th Street

City or Town:

Riviera Beach

State:

FL

Zip Code:

33404

8. Real Property  
(Land) Owner  
of the Facility's  
Physical Location  
(List additional  
real property owners  
in the comments  
section.)

Name of Real Property (Land) Owner:

Port of Palm Beach

☐ New Owner

Date became Owner: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yy

Street or P.O. Box:

PO Box 9935

Phone Number: 1-561-842-4201

City or Town:

Riviera Beach

State:

FL

Zip Code:

33404

Owner Type:

☐ Private

☐ Federal

☒ Municipal

☐ State

☐ Other

### **A. Hazardous Waste Activities:**

(Choose only one of the following three categories.)

- In addition, indicate other generator activities that apply.**

- (6) ☐ **Underground Injection Control** - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.

- Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes

☐ **Annual update notification**

**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 pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("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	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on Shipper Requirements
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on Shipper Requirements
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on Shipper Requirements
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on Shipper Requirements
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on Shipper Requirements

(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 ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**C. Used Oil Activities:****(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☒ a. Transporter
- ☐ b. Transfer Facility

**(2) ☐ Collection Center****(3) ☐ Used Oil Processor (A permit is required for this activity.)****(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(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.

**(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 originally 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.

Signature of Authorized Person

Harry Lux

Print Name of Authorized Person

(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.

FLR000095737

**D. 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	K048	2	K049	3	K050	4	K051	5	K052	6	K169	7	K170
8	K171	9	K172	10		11		12		13		14	
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	

**11. Other Status Changes (Mark 'X' in all that apply):****A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (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.
- ☐ (2) Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

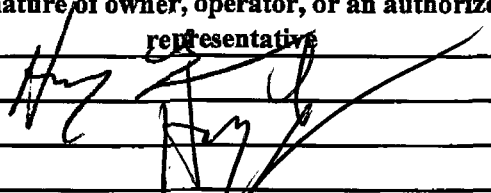
Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

☐ C. Property Tax Default☐ D. Petition for Bankruptcy 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 representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	Harry Lux, Safety & Environmental	03-05-2013
		04-15-2013

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

Tropical Shipping & Construction Company, Ltd, a foreign flagged vessel operator, is renewing the EPA Hazardous Waste Transporter ID# FLR000095737, and renewing Used Oil Transporter registration FLR000095737, as a WATER CARRIER only.

Please note: Skuld Services Ltd. coverage handles all vessel issues and, the TT Club Mutual Insurance Ltd. covers shore operations.