

Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

09/27/2013 Kimberly Vaughn, Mgr Env Programs CSX Transportation Inc 500 Water Street, J-275 Jacksonville, FL 32202

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 **CSX Transportation Inc** located at **500 Water St J-275**, **Jacksonville**, **FL32202-4423**

FLD006921340

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Small Quantity Generator.

Your facility is **currently registered** for the following activities: **HW Transporter (reg exp on** 06/30/2014); **Used Oil 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: <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=FLD006921340</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: 52332 , Email Address: kim_vaughn@csx.com

		-			-				
FLORIDA		12FL - FLO REGULATE EP Waste Manage 2600 Blair Stone (8	D WASTE ement Division	ACTIVIT HWRS, MS4	Γ Υ 560	DF	(for FD	Date Received EPOncial Conly)	
EPA ID: F L		2 1 3 4	0 Pleas	e use the instru	ictions	document to co	mplete th	BSHW	
1. Reason for Submittal	Mark 'X' in the correct box:Image: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).								
(all submitters must	(must choose one T To provide subsequent notification (to update status and facility identification information).								
complete pages 1 and 2 and sign page 5.	if a patification)								
Pages 3 and 4, - complete as applicable)	□ 10 provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)								
,			ury (see page .	3) 🖾 HW	Irans	porter (see page	:4) L	Used Oil (see page 4)	
2. Facility or Business Name	· ·	:	CSX 1	Fransporta	tion,	Inc.			
3. Facility	Name of Operator:		1			Date became	Operator:	/	
Operator	CSX Transporta	tion, Inc.				New Ope	erator	mm dd yy	
(List additional Opera- tors in the comments	Street or P.O. Box:					Phone Numbe		· .	
section).	500 Water Street	i, J-2 <u>7</u> 5				904.366.41		ntry (if not USA):	
• .	City or Town: Jacksonville	· · ·		State: TN		Zip Code: 32202	Cour	ntry (11 not USA):	
. .	Operator Type:	Private DFe	deral U Mun	nicipal 🔲 Stat	te 🗖	County DOth	er		
4. Facility	Physical Street Add	ress:				· · · · · · · · · · · · · · · · · · ·		Vessel	
Physical	500 Water Street	, J-275	•	. · ·				. <u>.</u>	
Location Information	City or Town:	1				State:	Zip Cod		
(No P.O. Boxes)	Jacksonville					FL	32202		
Same address as #3 above or:	County: Duval			Country (if USA	not US	A):			
5. Facility North A		<u>a. 4 8</u>	2 1 1	1 (required) B.	i			
Classification Sys Code(s) (at least 5		c.			D.	<u> </u>			
	Same address as			I	D.			,	
6. Facility or Business					1 71 m				
Mailing Address	City or Town: Jacksonville	,		State: FL	Zıp/P 3220		Coun	ntry (if not USA):	
7. Facility or Business	First Name: Kimberly R.		Last Name: Vaughn		} .	Title: Manager Envi	ronmenta	al Programs & Waste	
RCRA Contact Person	Phone Number: Extension 904.366.4174			E-Mail: kim_vaughn@cs		csx.com		ax: 04.245.3231	
	Street or P.O. Box:	treet or P.O. Box: 500 Water Street, J-275							
Same address as # <u>3_</u> above or:	City or Town: Jacksonville		. ;	State: Florida	•	Zip Code: 32202	C	ountry (if not USA):	
8. Real Property	Name of Owner:	· · · ·				Date became C	wner: 04	/ 01 / 67	
(FL Land) Owner of the Facility's	Atlantic Land &	Improvement (Company	•		· 🔲 New C	wner	mm dd yy	
Physical Location (List additional	Street or P.O. Box: 500 Water Street					hone Number: 04.359.1083			
owners in the com- ments section.)	City or Town:	• .	·	State:		Zip Code:	Co	ountry (if not USA):	
Same address as			, <u> </u>			32202	. <u> </u>	· · · · ·	
# <u>3</u> above or:	Owner Type:	Private DFeder	al UMunic	ipal DState	ЦC	County DOther			

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 04-23-2013 Page 1 of 5

RCRA Hazardous Wa	ste Status No	otification of Q	ut of Bus	ness Notif	icatior	1	EPA ID No. FLI	D006921340	
9. RCRA Hazardou	s Waste Ac	tivities at this	Facility	: (Mark '	'X' in a	all that	apply):		
(A) (1)Generator of Ha	zardous Wast	ie i	<u>.</u>	For Ite	ems 2 t	hrough	7, mark 'X' in all	that apply.	,
📕 Yes 🗖 No (De	o not include Uni	iversal Waste or Us	ed Oil)	(2) 7	Freater	, Storer	, or Disposer of H	azardous Waste	
greater per m hazardous wa	ity Generator any calendar n onth (kg/mo) (iste; or Greater		rams or 1-acute s)		(at yo	a. Op b. Op c. Not	erating Commercia erating Non-Comm n-Operating: Postcl	required for this activity. I TSD hercial TSD losure or Corrective Action	
 100kg/mo bu lbs.) of non-a (2.2 lbs) or le (at least once c. Conditionally Generates in (220 lbs.) of 	any calendar m t less than 1,00 cute hazardous ss of acute haz a year) Exempt SQC any calendar m non-acute haza ss of acute haz ther generato nerator (one-timore than one-t more than one-t	nonth greater than 10 kg/mo (>220 to 10 kg/mo (>220 to 10 kg/mo (>220 to 10 kg/mo (>200 kg/mo (10 kg/mo (1	o <2,200 g or less l kg apply. GQG_LQ((4) (5) (6)	Spect Note Ex Per W C E O O Re	cycler o cify: : A per a. Sm b. Sm vaste Ge hoose th ITHER R the au ceeives F	mit is required for sto oiler and/or Indus all Quantity On-site elting, Melting, and thorized to Manage enerated at Other his management act	te (at your facility) Non-Commercial. brage prior to recycling. strial Furnace e Burner Exemption d Refining Furnace Exempt ge Conditionally Exempt Facilities tivity ONLY if you attach lication for such authorizati ceived from FDEP. from Off-Site	÷
your facility. List the	em in the orde	r they are present	ed in the re	gulations (e	.ġ., D00	01 , D00 2	3, F007, K019, P01	al hazardous wastes handled 2, U112). I page if more spaces are ne	
¹ D001 ² D0	02	³ D003	⁴ D0	18	⁵ F	001	⁶ F002	⁷ F003	
8 9	•	10	11		12		13	14	
15 16		17	18	•	19		20	21	
 11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16): (A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.) (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. (B) Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.) (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will (2) Out of Business - Business closed on (date) 									
					· ·	````	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	
							ankruptcy Protect	· · · · ·	
12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):									
Same as Facility RCRA Contact on page 1 or ente	First Name	Gabriel		Last Name: Extension:	Trees	sh 5-Mail:		Title: Director Chemical S	afety
Contact for: HW Transporter		0. Box: 500 Wa				Q	gabriel_treesh@	csx.com	
 Used Oil Handler Universal Waste 	City or Tov			, J-2/5	S	tate:(Co	untry): Florida	Zip Code: 32202	-

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 04-23-2013 Page 2 of 5

	rsal Waste No	ification and M	ercury Transpor	ter/Handler Reg	istration EP	A ID No. FLDO	06921340
12.	Universal Was	te (UW) Activit	ies (Mark 'X' and o	complete all that ap	ply) :		
A. Fe Notifi	deral		d Large Quantity H on of UW accumula			late: <u>5,000 kg (11,0</u>	<u>000 lb) or more</u>
		Accumulates:	a. UW Batte	ries 🖸 b.	Pesticides	🔲 c. Pharmac	ceuticals
			d. Mercury	Containing Devices		e. Mercury Cont	taining Lamps
		Destination Fac	ility for UW Note:	For this activity, a fac A permit is require			a UW.
B. Fl	orida Univers:	l Pharmaceutio	cal Waste (UPW)): one-time regi	stration		· · · · · · · · · · · · · · · · · · ·
	Pharmaceuticals	LQH = 5,000 kg or	more of Universal Pl	narmaceutical Waste	(UPW) accumul	ated (at any one tim	ne)
	Pharmaceuticals	Acute LQH = more	e than 1 kg (2.2 lb) of	acutely hazardous ("	P-listed") pharm	aceutical waste (UF	PW) accumulated
	Reverse Distrib	utor of Universal P	harmaceutical Waste	(UPW) (must be regi	stered with the Flo	orida Department of H	lealth [DOH])
	Florida Universa	l Pharmaceutical W	aste (UPW) Transpor	ter			
C. Flo	rida Annual N	lercury Handle	r Registration:				
Device: [Chapte Mercur If yo	s operating in the er 62-737, F.A.C. y-Containing La u <u>only</u> generate	e State of Florid]. A one-time fee mps and Devices a lamps and/or dev	of \$1,000 is require as detailed in 62-73	egister annually v ed for first time reg 7.400(3)(a)3. (plea narmaceuticals, do	with the Depa istration as a I se contact FDEF o not register	rtment using this Large Quantity for first). or complete the i	s section of the forn r-hire Handler of information below.
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Hazardous Waste and Used Oil Transporter Registratio	EPA ID No. FLD006921340
14. HW Transporter Activities: (Mark 'X' and complete all th	nat apply if you need to register your HW Transporter activities)
	operations after receiving approval from the Department.
A. HW Transporter Registration Information (must be	completed annually and when this information changes)
This facility is a registered transporter of hazard	ous waste.
This form is: 📮 Initial Registration 🛛 🔳 Renewal	Notification of changes Cancel Registration
□ 1. For own waste only □ 2. For commercial p	burposes 3. Both commercial and own waste
4. Transportation Mode 🛛 Air 🕒 Rail 🖵 Highway	Water Other - specify
B. HW Transfer Facility Registration Information (m	ust be completed annually and when this information changes)
This facility is a Hazardous Waste Transfer Fac	ility: (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 provision	
Our mailing (business) address	The site (facility) address
Please see the top of page 5 for additional items that must be sub Transfer Facilities [Rule 62-730.171(3), Florida Administrative Co	omitted in addition to the above registration for Hazardous Waste ode (F.A.C.)]:
15. Used Oil and Oil Filter Activities: : (Mark 'X' and comp	plete all that apply if you need to register your used oil activities),
\$100 registration fee. This form is: Initial Registration Renewal	rida used oil (UO) Processors and collection centers must pay an annual
(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
D b. Transfer Facility	b. Transfer Facility
(2) Collection Center (From businesses, <u>no more than</u> 55 gal per	C. Processor (Annual Report Required)
shipment)	d. End User
(3) Used Oil Processor (A permit is required.)	(7) The records required under the provisions of Rule 62-710.510,FAC, are kept at (check one):
(4) Dff-Specification Used Oil Burner	PAC, are kept at (check one).Our mailing (business) addressThe site (facility) address
(5) Used Oil Fuel Marketer On-Spec Off-Spec	
Please see the top of page 5 for additional items that must be subm exempt Used Oil Transporters.	itted in addition to the above registration and fees required for non-

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 04-23-2013 Page 4 of 5

Transfer Facility and Used Oil Transporter requirem	ents and required signature page.	EPA ID No. FLD0069	21340					
(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any 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 the criteria of								
Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]								
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 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 In addition to the requirements on Page 4 Section ALL registered UO Handlers must submit their own company. UO transporters transporting off-site over UO transporters transporting more than 500 	on 15: an annual report except generators tra public highways only within their own	n company must submit proof o	f insurance.					
submission as a certified used oil transpor	ter in section 17 (except those exempted	by Rule 62-710.600(1), F.A.C.).						
The used oil annual report is attached	Evidence of Liability Insurance pu	rsuant to 62-710.600(2)(e)., F.A	.C. is attached.					
Note for Box 15 (1) - Used Oil is only ti trucks.	ransported over public hig	hways by CSX Mainte	enance of Way					
 17. 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. I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C 								
			مر میں میں اور					
Signature of owner, operator, or an authorized representative	Print Name and	Title Oil						
Kemburly R. Vauchn	Kimberly R. V	aughn 🙀	08-27-2013					
	Manager Environment	al Programs						
¥								
If the person that filled in this form is not the Facility	y Contact or Operator, please comp	lete the information below:	. <u>1</u>					
(Name of person completing this form)	(Phone Number)	(E-mail Address)	·					

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 5 of 5