

## Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

12/05/2013
Jan Barnes, Dir HSE Q
Tampa Transflo Terminal
500 Water St #J975
Jacksonville, FL 32202-4423

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 **Tampa Transflo Terminal** located at **504B N 34th St, Tampa**, **FL33605-6200** 

## FLR000105338

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, HW Transfer Facility (reg exp on 06/30/2014); Used Oil 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:

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

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLR000105338. 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

Luier M Ghu

ME ID: 37009, Email Address: jbarnes@transflo.net

## FLORIDA

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

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

NOV 1 3 2013

Date Received
(for FDFD Office all 2007)

(850) 245-8707

EPA ID: F L	R 0 0 0 1 0 5 3 3	8 Please	use the instru	ctions	document to comple	ete this form.		
Reason for     Submittal	Mark 'X' in the correct box:  To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).							
(all submitters must complete pages 1 and 2 and sign page 5.	(must choose one if a notification)  To provide subsequent notification (to update status and facility identification information).  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	Tampa TRANSFLO Terminal							
3. Facility Operator (List additional Operators in the comments section).	Name of Operator: Arrow Material Services				Date became Operator: 04 /01 / 13  New Operator mm dd yy			
	Street or P.O. Box: 2605 Nicholson Rd				Phone Number: 412-489-0011			
,	City or Town: Sewickley		State: PA		Zip Code: 15143	Country (if not USA):		
	Operator Type: Private Prederal Municipal State County Other							
4. Facility Physical Location Information (No P.O. Boxes)  □ Same address as #3 above or:	Physical Street Address:  504 North 34th Street							
	City or Town: Tampa				State:   Zip Code:			
	County: Hillsborough		Country (if	not US	<b>A</b> ):			
5. Facility North Au Classification Sys		<u> 8  2   1  </u>	0   (required)	) B.				
Code(s) (at least 5		<u>  </u>		D.		<u>                                     </u>		
6. Facility or	Same address as #_ above or: Street or P.O. Box: 500 Water Street., J-975							
Business Mailing Address	City or Town:  Jacksonville		State: FL	Zip/P 322	ostal Code:	Country (if not USA):		
7. Facility or Business RCRA Contact Person	First Name:  Jan	Last Name: Barnes	Barnes			Director-HSE&Quality		
	Phone Number: 904-359-1323	Extension:	E-Mail: jbarnes@	trans	sflo.net	Fax: 904-245-2257		
Same address as	Street or P.O. Box:							
# <u>6_</u> above or:	City or Town: Jacksonville	State:		Zip Code:	Country (if not USA):			
8. Real Property (FL Land) Owner of the Facility's	Name of Owner:  CSX				Date became Owner:/ unknown  New Owner mm dd yy			
Physical Location (List additional	Street or P.O. Box: 500 Water Street	Phone Number: 904-359-3200						
owners in the comments section.)	City or Town: Jacksonville	State: FL						
Same address as # above or:	Owner Type: Private Pederal Municipal State County Other							

RCRA Hazardous Waste Status Notification or Out of Business Notification				on	EPA ID No. FLR000105338			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):								
(A) (1)Generator of Hazardous Waste			For Items 2 through 7, mark 'X' in all that apply.					
☐Yes ■ No	(Do not include	Universal Waste or Used O	il)	(2) Treat	er, Store	r, or Disposer	of Hazardous W	aste
a. Large Q Generate greater p	uantity General es in any calenda per month (kg/mo	r month 1,000 kilograms b) (2,200 lbs.) of non-acu	s or		<b>a</b> . Op	ma perating Comm	azardous waste pour percial TSD ommercial TSD	
		ter than 1 kg (2.2 lbs) (at least once a year)		_	c. No	-	ostclosure or Cor	rrective Action
Generate 100kg/n lbs.) of 1 (2.2 lbs)	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)			Sp No	<ul> <li>(3) Recycler of Hazardous Waste (at your facility)         Specify: Commercial Non-Commercial.         Note: A permit is required for storage prior to recycling.     </li> <li>(4) Exempt Boiler and/or Industrial Furnace         a. Small Quantity On-site Burner Exemption     </li> </ul>			
c. Condition Generate (220 lbs) (2.2 lbs)	onally Exempt S es in any calenda .) of non-acute h or less of acute	r month 100 kg/mo or leazardous waste and 1 kg		`,	b. Sn erson Au Waste G Choose t EITHER	nelting, Melting  uthorized to Menerated at O  his management a copy of your	g, and Refining For anage Condition ther Facilities activity ONLY	urnace Exemption  nally Exempt  if you attach uch authorization
d. Short-Term Generator (one-time, not on-going)  e. Episodic: Not more than one-time per year:SQG_LQG  f. United States Importer of hazardous waste  g. Mixed Waste (hazardous and radioactive) Generator			(6) ☐ Receives Hazardous Waste from Off-Site  (7) ☐ Underground Injection Control					
your facility. I	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, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.							
	<sup>2</sup> D004	<sup>3</sup> D005	<sup>4</sup> D00		D007		008	<sup>7</sup> D009
	<sup>9</sup> D011	<sup>10</sup> D029	<sup>11</sup> D0		<sup>12</sup> D043		=001	<sup>14</sup> F002
	<sup>16</sup> F004	<sup>17</sup> F005	18		19	20	<u>-</u>	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 all 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								
☐ (C) Property Tax Default ☐ (D) Petition for Bankruptcy Protection								
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 enter:		Last Name:		Title:				
Contact for:	Phone !	Number:	•	Extension:	E-Mail:			:
HW Transporter Used Oil Handler		r P.O. Box:						
Universal Waste	City or	Town:			State:(C	ountry):	Zip Code:	

Universal Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR00	0105338					
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):							
A. Federal Notification	Teachang Delines Barge Quantity Handler (DQ11) Generates recall and the 111000 kb/ of more						
	Accumulates: 🗖 a. UW Batteries 🔲 b. Pesticides 🗖 c. Pharmac	euticals					
	d. Mercury Containing Devices 🔲 e. Mercury Cont	aining 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 U	niversal Pharmaceutical Waste (UPW): one-time registration						
☐ Pharma	accuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time	e)					
Pharma	ceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UP	W) accumulated					
Revers	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of He	ealth [DOH])					
☐ Florida	Universal Pharmaceutical Waste (UPW) Transporter						
C. Florida Aı	nual Mercury Handler Registration:						
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-hi	re Transporter of Universal Waste Mercury-Containing Lamps or Devices						
☐ For-hi	re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration					
☐ Mercu	rry-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required					
☐ Mercı	rry-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler						
☐ Merci	ary-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +					
☐ Mercu	rry-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	one- time \$1,000 fee+ More Requirements (contact FDEP)					
	Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) st time registering   Renewal	Annual Registration Required					
Briefly Describe your Universal Waste Activities:							
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery 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)]							

Hazardous Waste and Used Oil Transporter Registration	EPA ID No. FLR000105338					
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 annually 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	y 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	☐ 1. For own waste only ☐ 2. For commercial purposes ☐ 3. Both commercial and own waste					
4. Transportation Mode 🔲 Air 📮 Rail 🔲 Highway	water 🗆 o	ther - 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 100,000 gals						
This form is: 🔲 Initial Registration 🕒 Renewal	Notification of o	changes				
Note: Hazardous Waste transfer facilities must comply with the	requirements of Ru	le 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	s of Rule 62-730.17 The site (facility) a					
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:    F   L   D   D   D   D   D   D   D   D   D						
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 must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.  This form is:  Initial Registration Renewal Notification of changes Cancel Registration						
If applicable, a check or money order, in the amount of \$100	, payable to Florida I	Department of Environmental Protection is enclosed.				
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	er Management (must annually register)				
a. Transporter (off-site) and noncontiguous locations	🗖 a. Transp					
■ b. Transfer Facility	☐ b. Transf	-				
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End U	ssor (Annual Report Required ) ser				
(3) Used Oil Processor (A permit is required.)		equired under the provisions of Rule 62-710.510,				
(4) Off-Specification Used Oil Burner	=	t at (check one):				
(5) Used Oil Fuel Marketer	Uur maili	ng (business) address				
Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.						

Transfer Facility and Used Oil Transporter requirem	ents and required signature pag	EPA ID No. FLRO	010	5338
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Adr	tial notification for a transfer facilit			
Certification by a responsible corporate officer Section 403.7211(2), Florida Statut	• • •		of	
Evidence of the transporter's financial responsib	· -	· · · · · · · · · · · · · · · · · · ·		
A brief general description of the transfer facilit	ty operations [Rule 62-730.171(3)(a	)4., F.A.C.]		
A copy of the facility closure plan [Rule 62-730		, , ,		
A copy of the contingency and emergency plan				
_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				
<ul> <li>ALL registered UO Handlers must submit their own company.</li> </ul>		transporting UO from nonco	ntiguo	us operations within
UO transporters transporting off-site over	public highways only within their	own company must submit pr	oof of	insurance.
UO transporters transporting more than 50 submission as a certified used oil transport	00 gallons/year must submit proof of	of insurance annually, and mu	st sign	
The used oil annual report is attached	Evidence of Liability Insurance			C. is attached.
17. Certification: I certify under penalty of law that	this document and all attachments	ware proposed under my dire	otion a	
accordance with a system designed to assure that qu submitted is, to the best of my knowledge and belief false information, including the possibility of fine ar	alified personnel properly gather as f, true, accurate, and complete. I am id imprisonment for knowing viola	nd evaluate the information so aware that there are significa- tions.	ıbmitte ant pen	d. The information alties for submitting
I certify as a Used Oil Transporter that I am fe tation and have an annual and new employee trainin bility is demonstrated by the Used Oil Transporter Comments.	g program in place covering the ap	plicable used oil rules. Evide	nce of t A.C	financial responsi-
Signature of owner, operator, or an authorized representative	Print Name a	nd Title	Used Oil	Date Signed (mm-dd-yyyy)
Jan M. Barres	Jan M. B	arnes	0	11/11/2013
If the person that filled in this form is not the Facility	y Contact or Operator, please co	nplete the information belo	w:	
Lisa M. Wiedemann 619-303-1496 wiedemannllc@gmail.com				
(Name of person completing this form)	(Phone Number)	(E-mail Address)		