

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

BOB MARTINEZ CENTER 2600 BLAIRSTONE ROAD TALLAHASSEE, FLORIDA 32399-2400 RICK SCOTT GOVERNOR

CARLOS LOPEZ-CANTERA LT. GOVERNOR

HERSCHEL T. VINYARD JR. SECRETARY

04/30/2014
Jan Barnes, Dir HSE Q
Sanford 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 Sanford Transflo Terminal located at 2591 W 5th St, Sanford, FL32771-1662

FLD984253641

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: **Used Oil Transporter**, **Used Oil Transfer Facility** (reg exp on 06/30/2015).

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=FLD984253641. For further assistance, please contact me at (850) 245-8749 or email at _Glen.Perrigan@dep.state.fl.us .

Sincerely,

Glen Perrigan

Robin K. Pandley

Environmental Manager

Hazardous Waste Regulation Section

ME ID: 56230, 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

(850) 245-8707

Date Received

(for FDEP Official Use Only)

RECEIVED ENVIRONMENTAL PROTECTION

CCD 972014 Please use the instructions document to complete this form **EPA ID:** D 9 8 To provide initial notification (to obtain an EPA ID Number for hazardous ASSISTANCE PROGRAM Mark 'X' in 1. Reason for the correct box: waste, universal waste, used oil activities, or PCW activities). Submittal (all submitters must To provide subsequent notification (to update status and facility identification information). (must choose one complete pages 1 and 2 if a notification) and sign page 5. To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) Pages 3 and 4, - com-FL Registration(s) plete as applicable) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4) 2. Facility or Sanford TRANSFLO Terminal **Business Name** Name of Operator: / 13 Date became Operator: 03 /11 3. Facility Arrow Material Services New Operator Operator dd mm уу (List additional Opera-Street or P.O. Box: Phone Number: tors in the comments 2605 Nicholson Rd 412-489-0011 section). Zip Code: Country (if not USA): City or Town: State: Sewickley PA 15143 Federal Municipal State County Other Private Operator Type: Vessel Physical Street Address: 4. Facility 2591 West 5th Street Physical Location City or Town: Zip Code: State: Information Sanford FL 32771 (No P.O. Boxes) Country (if not USA): County: ☐ Same address as #3 above or: Seminole 5. Facility North American Industry B. (required) Classification System (NAICS) Code(s) (at least 5 digits) D. ☐ Same address as #_ above or: Street or P.O. Box: 500 Water Street; J975 6. Facility or **Business** Zip/Postal Code: Country (if not USA): City or Town: State: **Mailing Address** Jacksonville FL 32202 First Name: Last Name: Title: 7. Facility or Jan Director-HSE&Quality Barnes **Business** Phone Number: 904-359-1323 E-Mail: Extension: Fax: **RCRA** 904-245-2257 jbarnes@transflo.net **Contact Person** Street or P.O. Box: Same address as City or Town: State: Zip Code: Country (if not USA): #6_above or: Jacksonville Name of Owner: 8. Real Property Date became Owner: unknown CSX (FL Land) Owner New Owner mm dd уу of the Facility's Street or P.O. Box: Phone Number: **Physical Location** 500 Water Street 904-359-3200 (List additional Zip Code: Country (if not USA): City or Town: State: owners in the com-FL 32202 Jacksonville Same address as ☐Municipal ☐State ☐County ☐Other Private Federal Owner Type: above or:

RCRA Hazardous Waste Status Notification or Out of Business Notification					on	EPA ID No. FLD984253641				
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):										
(A) (1)Gen	erator of H	Iazardous Waste	:		For Items 2	through	7, mark 'X' in all	that apply.		
■Yes □	No (Do not include Univ	ersal Waste or Used Oil)	(2) Treat	er, Store	r, or Disposer of H	azardous W	aste	
_	·		ving three categories.		(at	your faci	lity) Note: A hazaro may be	dous waste per		
(Generates i		LQG): onth 1,000 kilograms ,,200 lbs.) of non-acu		[perating Commercia	I TSD		
i	hazardous v	waste; or Greater	than 1 kg (2.2 lbs) least once a year)		[c. No	perating Non-Common-Operating: Postclermit or Order (HSW	losure or Cor	Tective Action	
	b. Small Quantity Generator (SQG):			(3) Recycler of Hazardous Waste (at your facility)						
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200			Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling.							
	lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste				(4) Exempt Boiler and/or Industrial Furnace					
	(at least one				a. Small Quantity On-site Burner Exemption					
			(CECCC)			b. Sn	nelting, Melting, and	d Refining Fu	urnace Exemption	
		lly Exempt SQG	(CESQG): onth 100 kg/mo or les	c	(c) [] n					
			dous waste and 1 kg	3	(5) LIP	(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities				
		less of acute haza					his management act		if you attach	
							a copy of your app			
		_	activities that apply	•			uthorization you rec			
		Generator (one-tim			(6) Receives Hazardous Waste from Off-Site					
			me per year:SQG_	_LQG	<i>(</i> 5) □ 1		d I:	41		
		Importer of hazar			(7)	Undergro	ound Injection Con	troi		
☐ g. M	ixed Waste	(hazardous and ra	adioactive) Generator		_					
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.									
¹ D001	2	•	3	4			6		7	
8	9		10	11		12	13		14	
15	16		17	18		19	20		21	
11. Other	Status C	Changes (If no	longer handling wast	e or cl	osed, sections 9	and 10 sh	ould be blank and sl	kip Section 1	2-16):	
(A) Non-I	landler of	Regulated Wast	e at This Facility (S	ections	9, 10 and 12-16	should b	e blank.)			
 (1) Business	no longer genera	tes, transports, treats,	stores,	disposes of, or o	otherwise	handles any regulat	ed waste.		
(B) Facili	tv Closed	(Complete this se	ction only if all busin	ess act	ivities at this fac	ility have	ceased.)			
_ (1			moved or moving to					w location if	vou will	
 '') C100 00 u		moved or moving to						,	
	2) Out of E	Business - Busines	s closed on			(d	ate)			
(C) P	☐ (C) Property Tax Default ☐ (D) Petition for Bankruptcy Protection									
12-14 — R	Registrati	ion Activities	Contact Informa	tion (only if this subm	nission is	a registration or reg	gistration info	ormation update):	
Same as Facility RCRA Contact on page 1 or enter:		Α	First Name:		Last Name:			Title:		
	r0	Phone Num	Phone Number:		Extension: E-Mail:					
Contact for: HW Tran	ısporter	Street or P.	Street or P.O. Box:			I			- "· ,	
Used Oil	-	C:t T	C:4 T			State./	State (Carratan)		7in Codo	
Universal Waste		City or Tov	City or Town:			State:(C	State:(Country):		Zip Code:	

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD9	84253641						
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 lb) or more of any combination of UW accumulated (at any one time)							
Accumulates: 🗖 a. UW Batteries 📮 b. Pesticides 📮 c. Pharma	ceuticals						
d. Mercury Containing Devices c. Mercury Con	taining 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 times)	ne)						
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (U	PW) accumulated						
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of F	lealth [DOH])						
Florida Universal Pharmaceutical Waste (UPW) Transporter							
C. Florida Annual 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 Priest time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached							
	registration is attached						
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual						
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Registration						
Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	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	Annual Registration + one-time \$1,000 fee+						
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	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:							
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 Registrations	5	EPA ID No. FLD984253641					
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 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 purp	poses 🔲 3. F	Both commercial and own waste					
4. Transportation Mode Air Rail Highway Water Other - specify							
B. HW Transfer Facility Registration Information (must	t be completed ar	nnually 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 rec	quirements of Ru	le 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): Our mailing (business) address The site (facility) address							
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility: Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:							
15. Used Oil and Oil Filter Activities: : (Mark 'X' and complet	te all that apply if	f 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 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. Transpo						
■ b. Transfer Facility	b. Transfe	•					
(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) Gff-Specification Used Oil Burner		at (check one): ng (business) address The site (facility) address					
(5) Used Oil Fuel Marketer	— Our mann	ing (Dusiness) 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 p	age	EPA ID No. FLD98	3425	3641	
(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 fac					
Certification by a responsible corporate officer of Section 403.7211(2), Florida Statut				f		
Evidence of the transporter's financial responsib	oility [Rule 62-730.171(3)(a)3., I	F.A.C.]				
_A brief general description of the transfer facilit	ty operations [Rule 62-730.171(3	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	on 15:					
 ALL registered UO Handlers must submit their own company. 	an annual report except generat	tors trans	porting UO from noncor	ntiguo	us operations within	
 UO transporters transporting off-site over 	public highways only within the	eir own c	ompany must submit pro	oofof	insurance.	
 UO transporters transporting more than 50 submission as a certified used oil transport 			•	_	and certify this	
■ The used oil annual report is attached	Evidence of Liability Insuran	nce pursu	ant to 62-710.600(2)(e).	, F.A.0	C. is attached.	
17. Certification: I certify under penalty of law that 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 f, true, accurate, and complete. I	r and eva am awa	aluate the information sure that there are significa	bmitte	d. The information	
☐ I certify as a Used Oil Transporter that I am tation and have an annual and new employee trainin bility is demonstrated by the Used Oil Transporter C	g program in place covering the	applical	ole used oil rules. Eviden	ice of f		
Signature of owner, operator, or an authorized representative	Print Nam	e and T	itle	Used Oil	Date Signed (mm-dd-yyyy)	
Jan M. Barres	Jan M.	Barn	es		02/26/2014	
If the person that filled in this form is not the Facility	y Contact or Operator, please	complet	e the information belov	v:		
	-	_	mannllc@gmail.c			
(Name of person completing this form)	(Phone Number)		E-mail Address)			