



Kimberly R. Vaughn
Manager Environmental Programs & Waste

Received
SEP 27 2013
BSHW

Public Safety & Environment Department
500 Water Street, J-275
Jacksonville, FL 32202

September 23, 2013
File 5112

Hazardous Waste Manifest Discrepancies
MS 4550, Division of Waste Management
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

RE: CSX TRANSPORTATION, INC. (CSXT)
MANIFEST DISCREPANCY

Dear Sir or Madam:

Upon our internal review, we noted a discrepancy on Manifest #009954117JJK for our 500 Water Street, Jacksonville, Florida site. The EPA ID Number was incorrect on Manifest #009954117JJK (FLD008921340) and should have been FLD006921340. We have attached the corrected manifests and will send copies to TSDF and Transporter.

If you have any questions, please contact me at 904/366-4174.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly R. Vaughn".

Kimberly R. Vaughn

KRV/asc

Cc: Environmental Remediation Services
Perma-Fix of Florida
File

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

#130018

Form Approved. OMB No. 2050-0039

| | | | | | | |
|---|--|--|---|---|---|-------------------|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator ID Number FLD008921340 | 2. Page 1 of 1 | 3. Emergency Response Phone 800-535-5053 | 4. Manifest Tracking Number 009954117 JJK | |
| 5. Generator's Name and Mailing Address CSX Headquarters 500 Water Street, J-275 Jacksonville, FL 32202 Generator's Phone: (912) 287-4759 | | | Generator's Site Address (if different than mailing address) Site Contact: Brian Booth | | | |
| 6. Transporter 1 Company Name Environmental Remediation Services, Inc. | | | U.S. EPA ID Number FLD984261412 | | | |
| 7. Transporter 2 Company Name | | | U.S. EPA ID Number | | | |
| 8. Designated Facility Name and Site Address PERMA-FIX OF FLORIDA, INC. 1940 N. W. 67th PLACE Gainesville, FL 32653 Facility's Phone: (352) 373-6066 | | | U.S. EPA ID Number FLD980711071 | | | |
| GENERATOR | 9a. HM | 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any)) | 10. Containers | | 11. Total Quantity | 12. Unit Wt./Vol. |
| | | | No. | Type | | |
| | X | 1. RQ, UN1993, Waste Flammable Liquids, n.o.s., (Contains Tetrachloroethylene), 3, PGII PF #52105 - ERG #128 | 001 | DM | 030 | P |
| | | 2. | | | | |
| | | 3. | | | | |
| | | 4. | | | | |
| 20130841235-ASC | | | | | | |
| 14. Special Handling Instructions and Additional Information Job: 13119 Caller must I. D. Perma-Fix of Florida, Inc. Mail invoice/manifest to: Environmental Remediation Services, 760 Talleyrand Avenue, Jacksonville, FL 32202, Attn: Pete Morris. Ref. P. O. #14256. CSX Emergency Telephone: 1-800-233-0144. (FF - 16580) | | | | | | |
| 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. | | | | | | |
| Generator's/Offor's Printed/Typed Name: <u>Peter Morris</u> Signature: <u>[Signature]</u> Month: <u>08</u> Day: <u>14</u> Year: <u>13</u> | | | | | | |
| TRANSPORTER | 16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____ | | | | | |
| | 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name: <u>Kenneth Green</u> Signature: <u>[Signature]</u> Month: <u>08</u> Day: <u>14</u> Year: <u>13</u> Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____ | | | | | |
| DESIGNATED FACILITY | 18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____ U.S. EPA ID Number: _____ | | | | | |
| | 18b. Alternate Facility (or Generator) Facility's Phone: <u>(504) 344-1111</u> | | | | | |
| | 18c. Signature of Alternate Facility (or Generator) _____ Month: _____ Day: _____ Year: _____ | | | | | |
| | 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. _____ 2. _____ 3. _____ 4. _____ | | | | | |
| 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a. Printed/Typed Name: <u>Ken McKarty</u> Signature: <u>[Signature]</u> Month: <u>08</u> Day: <u>14</u> Year: <u>13</u> | | | | | | |