

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

10/01/2014 Wes Pace, Director Hazmat Trade Compliance Landstar Express America Inc 13410 Sutton Park Drive S Jacksonville, FL 32224

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 Landstar Express America Inc located at 13410 Sutton Park Dr S # C, Jacksonville , FL32224-5270

FLR000099945

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** (reg exp on 11/30/2015).

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: 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=FLR000099945. For further assistance, please contact me at (850) 245-8749 or email at _Glen.Perrigan@dep.state.fl.us .

Sincerely,

Glen Perrigan

Environmental Manager

Kobin K. Pandley

Hazardous Waste Regulation Section

ME ID: 46644 , Email Address: wpace@landstar.com

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 (for FDEP Official Use Only)
AUG 1 5 2014

PERMITTING & COMPLIANCE ASSISTANCE PROGRAM

EPA ID: F 1	R0000	9994	13	Please use th	e instruc	ctions d	ocument to com	plete this fo	irm	
1. Reason for Submittal (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)	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). (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) FL Registration(s) UW Mercury (see page 3) W HW Transporter (see page 4) Used Oil (see page 4)						-			
	ury (see p	ry (see page 3) W HW Transporter (see page 4) Used Oil (see page 4)						age 4)		
2. Facility or Business Name	LANDST	AR EXP	RESS	- Am	ERI	CA	INC			
3. Facility Operator (List additional Operators in the comments section).	Name of Operator: LANSTAK Street or P.O. Box: /34/0 Su City or Town: Operator Type:	Expresition THE	RX V	MERICA DR. S.	State:	le L	Date became Of New Opera Phone Number: 800 - 8 Zip Code: 32224 ounty Other	12-9	m dd yy HOO (if not USA):	
4. Facility Physical Location Information (No P.O. Boxes)	Physical Street Address: City or Town:					State: Zip Code:				
Same address as #3 above or:	Country: Country (if not USA):									
5. Facility North A Classification Sys Code(s) (at least 5	stem (NAICS)	a. 1 <u>4</u> 18	<u> </u>		required)	B.				
6. Facility or Business Mailing Address	Same address as City or Town:	# <u>3</u> above or: Str	reet or P.O	State:		Zip/Pos	stal Code:	Country (if not USA):	
7. Facility or Business RCRA Contact Person Same address as	Phone Number: 800 - 872 - Street or P.O. Box:	25 -9400	Extension 48/	PAC n: E-M 5 Up	fail: ACC (D Dlan	iile:)RECTOR: 7 Ustar:Co)	Fax: 909	4-306-a	2372
# <u>3</u> above or:	City or Town: State:			e:	Z	ip Code:	Countr	y (if not USA)	:	
8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional	Name of Owner: LANDSTAK Street or P.O. Box:	System	n Hoi		IN	Pho	New Owne Number:	mer m	m dd yy (if not USA):	
owners in the comments section.)	City or Town:			State			ip Code:	Country	(if not USA):	
Same address as # <u>3</u> above or:	Owner Type:	Private Feder	ral \square M	Iunicipal C	State	Cou	unty Other_			

RCRA Hazardous Waste Status Notification or Out of Business Notification FLR 000099945								
9. RCRA Hazardous V	Waste Activities at this Fac	ility: (Mark 'X' i	n all that apply)					
(A) (1)Generator of Hazar	dous Waste	For Items 2	For Items 2 through 7, mark 'X' in all that apply.					
☐Yes ☑ No (Do no	es 🖪 No (Do not include Universal Waste or Used Oil)			(2) Treater, Storer, or Disposer of Hazardous Waste				
l <u> </u>	of the following three categories.	(at	(at your facility) Note: A hazardous waste permit may be required for this activity.					
a. Large Quantity Generates in any greater per mont hazardous waste of acute hazardo	e [a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) 						
b. Small Quantity C Generates in any 100kg/mo but les lbs.) of non-acute (2.2 lbs) or less of (at least once a y c. Conditionally Ex Generates in any	00 S _N N (4)	Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling. Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption Person Authorized to Manage Conditionally Exempt						
(220 lbs.) of non (2.2 lbs) or less o	(6)	Waste Generated at Other Facilities Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.						
d. Short-Term Genera	ator (one-time, not on-going)	(6)						
e. Episodic: Not more f. United States Impo g. Mixed Waste (haza	_LQG (7) 🚨	(7) Underground Injection Control						
your facility. List them	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 DOOL 2 DO	002 3 D003	4	5	6	7			
8 9	10	11	12	13	14			
15 16	17	18	19	20	21			
11. Other Status Chan	ges (If no longer handling waste	or closed, sections 9	and 10 should be b	lank and skip Section	n 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								
☐ (C) Property Tax Default ☐ (D) Petition for Bankruptcy Protection								
12-14 — Registration A	Activities Contact Informat	tion (only if this subn	nission is a registra	tion or registration in	nformation update):			
Same as Facility RCRA Contact on page 1 or enter:		Last Name:						
	Phone Number:	Extension:	E-Mail:					
HW Transporter	Street or P.O. Box:		<u> </u>	 -				
Used Oil Handler Universal Waste	City or Town:		State:(Country):	Zip Code	Zip Code:			

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR 000	00 99945					
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. Pharmaceut	ticals					
d. Mercury Containing Devices e. Mercury Contain	ing Lamps					
Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a UV A permit is required for storage prior to recycling.	W.					
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 time)						
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW)	accumulated					
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health	h [DOH])					
Florida Universal Pharmaceutical Waste (UPW) Transporter	·					
C. Florida Annual Mercury Handler Registration:						
[Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of 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-hi First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH regi						
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices						
For him Transfer Facility of Universal Wests Messury Containing Lamps on Davison	Annual Registration					
	Required					
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler						
Mercury-Containing Devices LOH = $100 \text{ kg} (220 \text{ lh})$ or more accumulated at any one time by for-hire handler	Annual Registration +					
Mercury-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)					
	Annual Registration Required					
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s).						
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transpor Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rul						

Hazardous Waste and Used Oil Transporter Registration	ons	EPAID No. FLR 0000 99945				
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 purposes ☐ 3. Both commercial and own waste						
4. Transportation Mode Air Rail Mail Water Other - specify						
B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)						
☐ This facility is a Hazardous Waste Transfer Fac	cility: (at this locatio	on) Storage Volume				
This form is: 🗖 Initial Registration 🚨 Renewal	Notification of c	changes				
Note: Hazardous Waste transfer facilities must comply with the	e 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 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 Tra	nsfer 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 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						
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	er Management (must annually register)				
a. Transporter (off-site) and noncontiguous locationsb. Transfer Facility	a. Transpo					
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End Us	ser				
(3) Used Oil Processor (A permit is required.)		quired under the provisions of Rule 62-710.510, at (check one):				
(4) Off-Specification Used Oil Burner		ng (business) address The 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 submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.						

Transfer Facility and Used Oil Transporter requirements and required signature page	EPA ID No. FLR 000	099945			
(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 loc Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.					
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.					
_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))	<u>.</u>				
In addition to the requirements on Page 4 Section 15:					
 ALL registered UO Handlers must submit an annual report except generators tra their own company. 	ansporting UO from noncontiguo	us operations within			
UO transporters transporting off-site over public highways only within their own	n company must submit proof of	insurance.			
 UO transporters transporting more than 500 gallons/year must submit proof of is submission as a certified used oil transporter in section 17 (except those exempted 	•	and certify this			
The used oil annual report is attached Evidence of Liability Insurance pu		C. is attached.			
17. Certification: I certify under penalty of law that this document and all attachments we accordance with a system designed to assure that qualified personnel properly gather and submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am average false information, including the possibility of fine and imprisonment for knowing violation.	evaluate the information submitted ware that there are significant per ns.	ed. The information alties for submitting			
☐ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and tation and have an annual and new employee training program in place covering the applicability is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP	cable used oil rules. Evidence of form 62-730.900(5)(a), F.A.C	financial responsi-			
Signature of owner, operator, or an Print Name and authorized representative	Title Used Oil	Date Signed (mm-dd-yyyy)			
Westace Wes Pace: DIRECTOR	HAZMAT Compliance	08-13-2014			
If the person that filled in this form is not the Facility Contact or Operator, please comp	lete the information below:				
Jeri Koszel 800-872-9430 jroszel@landstar.com					
(Name of person completing this form) (Phone Number)	(E-mail Address)				

Landstar Transportation Logistics, Inc. 13410 Sutton Park Drive, South Jacksonville, FL 32224 904 398 9400

LANDSTAR EXPRESS AMERICA, INC.

August 14, 2014

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

Dear Ms. Susan:

Enclosed please find our 8700-12FL - Florida Notification of Regulated Waste Activity form to renew Landstar Express America, Inc.'s license for the year 2014-2015. Our insurance requirements are current & on file with the DEP.

Please e-mail our new license to wpace@landstar.com & dwhite@landstar.com and mail the original to:

Landstar Express America, Inc. 13410 Sutton Park Dr. S. Jacksonville, FL 32224-5720 Attn: Dianna White

If you should have any questions concerning this application, please call me at 1-800-872-9430 or send an e-mail to jroszel@landstar.com.

Respectfully.

Jeri Roszel

Legalization Representative