

## 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

10/24/2014 Robert Mulholland, Mgr Raider Environmental Services 5080 State Road 60 E Mulberry, FL 33860

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 Raider Environmental Services located at 4103 NW 132nd St, Opa Locka , FL33054-4510

## FLR000143891

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Conditionally Exempt SQG.

Your facility is currently registered for the following activities: UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility (reg exp on 03/01/2015); HW Transporter (reg exp on 06/30/2015); Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2015); Used Oil Filter Processor (reg exp on 06/30/2015).

Your facility is currently permitted/active as: Used Oil Processor (exp on 10/13/2018).

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=FLR000143891. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us .

Sincerely,

Glen Perrigan

**Environmental Manager** 

Robin K. Pandley

Hazardous Waste Regulation Section

ME ID: 83539, Email Address: Bob@Raiderenvironmental.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 Cor FDEROFFICIAL PROTECTION

ENVIRONMENTAL PROTECTION

SEP 152014

PERMITTING & COMPLIANCE

EPA ID: F L	R 0 0 0 1	4 3 8	9 1	Please	use the instru	ctions	documen	it to c <u>om</u>	plêtê	this for	mF P	ROGRAM	
1. 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	(must choose one To provide subsequent notification (to update status and facility identification information).												
and sign page 5. Pages 3 and 4, - com-	if a notification)  To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)												
plete as applicable)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page									(see page 4)			
2. Facility or Business Name	Raider Environmental Services, Inc												
3. Facility Operator	Name of Operator: Raider Environmental Services							Date became Operator://					
(List additional Opera- tors in the comments section).	Street or P.O. Box: 4103 NW 132nd Street							Number: 44994					
	City or Town: State: Opa Locka FI						Zip Code: Country (if not USA): 33054					USA):	
	Operator Type:  Private  Federal  Municipal  State  County  Other												
4. Facility Physical	Physical Street Address: 4103 NW 132nd Street							Vessel					
Location Information	City or Town:							State: Zip Code:					
(No P.O. Boxes)	Opa Locka							FL  33054					
Same address as #3 above or:	Country: Country (if not U												
5. Facility North Ar Classification Sys		A.  3  _	2 4	1 9 1	(required	) B.	]		_ _				
Code(s) (at least 5	, ,	c.	_	_  _	_1	D.		_					
6. Facility or	✓ Same address as #3 above or: Street or P.O. Box:												
Business Mailing Address	City or Town:			State:			o/Postal Code:			Country (if not USA):			
7. Facility or	First Name:	ame:			Title:								
Business RCRA	Robert Phone Number:	-	Mulholland  Extension: E-Mail:			General Manager							
Contact Person	8634254411 Bob@Raidere							nvironmental.com 863-425-3311					
Same address as #above or:	Street or P.O. Box: 5080 State Road 60 E												
	City or Town: Mul	State: FL		Zip Code: Country (if not USA): 33860			ot USA):						
8. Real Property	Name of Owner:						Date became Owner://						
(FL Land) Owner of the Facility's	Steve Obst							New Owner mm dd yy					
Physical Location (List additional	Street or P.O. Box:							hone Number:					
owners in the com- ments section.)	City or Town:				State:		Zip Code:			Country (if not USA):			
Same address as	Owner Type:  Private  Federal  Municipal  State  Ocounty  Other												

RCRA Hazardous Waste Status Notification or Out of Business Notification						EPA ID No. FLR000143891							
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):													
(A) (1)Generator of Hazardous Waste Fo							r Items 2 through 7, mark 'X' in all that apply.						
☐ Yes ☐ No (Do not include Universal Waste or Used Oil) (2) Treater, Sto								r, or Dispo	oser of H	azardous W	aste		
If YES, Choose only one of the following three categories.						(at	(at your facility) Note: A hazardous waste permit may be required for this activity.						
a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or								•	•	uns activity.			
greater per month (kg/mo) (2,200 lbs.) of non-acute			<ul><li>a. Operating Commercial TSD</li><li>b. Operating Non-Commercial TSD</li></ul>										
	hazardo	us waste	; or Greater	than 1 kg (2.2 lbs)				_					
	of acute	e hazardo	us waste (at	least once a year)				n-Operatii rmit or Ore			rrective Action		
l	b. Small O	uantity (	Generator (S	SOG):		(3) Recycler of Hazardous Waste (at your facility)							
	Generat	tes in any	calendar mo	onth greater than		Specify: Commercial Non-Commercial.							
				) kg/mo (>220 to <2,2	200	Note: A permit is required for storage prior to recycling.							
l			e nazardous of acute haza	waste and/or 1 kg		(4) Exempt Boiler and/or Industrial Furnace							
ŀ		once a y					a. Sn	nall Quanti	ity On-site	Burner Exe	emption		
l,	<b>-</b>						🗖 b. Sn	nelting, Me	elting, and	l Refining F	urnace Exemption		
'			xempt SQG	(CESQG): onth 100 kg/mo or les		🗖	_						
				dous waste and 1 kg	5	(5)		uthorized : Senerated :			nally Exempt		
			of acute haza								if you attach		
							EITHER	a copy of	your appl	ication for s	such authorization		
_	In addition, indicate other generator activities that apply.  OR the authorization you received from FDEP.												
_				ne, not on-going)		, ,	Receives	Hazardou	s Waste	from Off-Si	te		
1 2				me per year:SQG_	_LQC		T. J		4: 0	4			
	f. United Sta	-				(7)	Undergro	ound Injec	tion Con	troi			
_	g. Mixed W	aste (haz	ardous and ra	adioactive) Generator	•								
10.	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).												
	Hazardou	is waste t	ransporters l	ist codes routinely or	usual	y transported. U	Jse comme	ents or an a	additional	page if mor	e spaces are needed.		
1		2		3	4		5		6		7		
8		9 10 11		11	12		13			14			
15	16 17 18		18		19	20		21					
11.	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-Handle	r of Regi	ılated Wast	e at This Facility (Se	ection	s 9, 10 and 12-10	6 should b	e blank.)					
	(1) Busin	ness no lo	nger generat	tes, transports, treats,	stores	disposes of, or	otherwise	handles an	v regulat	ed waste.			
la	<ul> <li>(1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.</li> <li>(B) Facility Closed (Complete this section only if all business activities at this facility have ceased.)</li> </ul>												
(1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will													
	(1) Close	o at uns	iocation and	moved of moving to	anour	er - Subillit a lie	w rollii 67	00-12FL I	or the nev	w location ii	you will		
	[7] (2) Out of Pusiness Pusiness closed on												
	(2) Out of Business - Business closed on(date)												
	☐ (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:  First Name: Robert			Last Name: M	August Name: Mulholland Title: General N			neral Manger						
			Phone Number: 8634254411			Extension:	Bob@Raiderenvironmental			nmental.com			
Con	tact for: HW Transporter		Street or P.O. Box: 5080 State			Pood 60 E							
	Used Oil Handler				alt	nuau bu				7' 6 1			
Universal Waste		City or Town: Mulberry				State:(C	ountry):	=	Zip Code:	33860			

Universal Waste Notification and Leadury Transporter/Handler Registration EPA ID No. FLR000143891									
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. Pharmacet	uticals							
	d. Mercury Containing Devices e. Mercury Contai	ning 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	ceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)	1							
☐ Pharma	ceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	) accumulated							
☐ Reverse	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	lth [DOH])							
C. Florida A	nnual Mercury Handler Registration:								
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [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-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									
☐ Mercu	Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler								
☐ Mercu	Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler  Annual Registration								
☐ Mercu	ry-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)							
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)  Annual Registration Required									
Briefly Describe your Universal Waste Activities:  We use Drum Top Bulb Crusher(s).									
	te Regulated Waste Activities: Petroleum Contact Water (PCW)  Recovery  Transpo								
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 Registrati	ons EPA ID No. FLR000143891							
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 Highway 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 Fa	• • • • • • • • • • • • • • • • • • • •							
This form is: 🔲 Initial Registration 🚨 Renewal 🚨 Notification of changes 🚨 Cancel Registration								
Note: Hazardous Waste transfer facilities must comply with the	e requirements of Rule 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 com	plete 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 Department of Environmental Protection is enclosed.								
(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							
☐ b. Transfer Facility	b. Transfer Facility							
(2) Collection Center (From businesses, no more than 55 gal per shipment)	☐ c. Processor (Annual Report Required) ☐ d. End User							
(3) Used Oil Processor (A permit is required.)	(7) The records required under the provisions of Rule 62-710.510,							
(4) Off-Specification Used Oil Burner	FAC, are kept at (check one):							
(5) Used Oil Fuel Marketer	Our mailing (business) address  The site (facility) 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 requirement	ents and required signature page	EPA ID No. FLR00(	014	3891			
(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 responsib	( ) [	-					
A brief general description of the transfer facilit							
A copy of the facility closure plan [Rule 62-730]		, - · · · · · · · · · ·					
A copy of the contingency and emergency plan	· · · · · · · · · · · · · · · · ·						
	A copy of the contingency and emergency pian [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 1.1.)							
ALL registered UO Handlers must submit their own company.		insporting UO from noncont	iguou	s operations within			
• •	public highways only within their own	n company must submit proc	of of i	nsurance.			
<ul> <li>UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.</li> <li>UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):.</li> </ul>							
The used oil annual report is attached	Evidence of Liability Insurance pu	rsuant to 62-710.600(2)(e).,	F.A.C	C. is attached.			
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							
Signature of owner, operator, or an authorized representative	Print Name and		Used Oil	Date Signed (mm-dd-yyyy)			
Mulhely	Robert Mulh	olland		9/8/2014			
			<b>-</b>				
			╗				
If the person that filled in this form is not the Facility	y Contact or Operator, please comp	lete the information below	:				
(Name of person completing this form)	(Phone Number)	(E-mail Address)	_				