

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

11/21/2014
David Strickland, Environmental Manager
Ring Power Corp
500 World Commerce Pkwy
St Augustine, FL 32092-3788

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 **Ring Power Corp** located at **4900 N Main St, Gainesville , FL32609-1407**

FLD982150237

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: **Used Oil Transporter**, **Used Oil Transfer Facility**, **Used Oil Filter Transporter**, **Used Oil Filter 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: 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=FLD982150237. 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: 15436, Email Address: dave.strickland@ringpower.com

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

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

OCT 102014

(850) 245-8707

(for FDEP Official Use Only)

-Date-Received-

	**	·						ING & COMPLIANCE		
EPA ID: F L	D 9 8 2 1	5 0 2 3	7 Please	e use the instru	ıctions	document to cor	mplete ti	his form PROGR M		
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 and sign page 5.	if a natification)									
Pages 3 and 4, - complete as applicable)	FL Registration(s)									
2. Facility or Business Name	Ring Power Corporation									
3. Facility Operator	Name of Operator: Ring Powe	tion		Date became ()perator:	:/				
(List additional Operators in the comments section).	Street or P.O. Box: 500 World Co	mmerce Par	kway			Phone Number 904-494-1	1417			
	City or Town: St. Augustine			State: FL		Zip Code: 32092		intry (if not USA):		
	·	Operator Type: ■Private □ Federal □ Municipal □ State □ County □ Other								
4. Facility Physical	Physical Street Address: 4900 N. Main Street									
Location Information (No P.O. Boxes)	City or Town: Gainesville				State: Zip Code: 32609					
Same address as #3 above or:	County: Volusia		Country (if	Country (if not USA).						
5. Facility North Ar Classification Sys		A. <u>8 1 </u>	0 (required	(required) B.						
Code(s) (at least 5	digits)	c. _								
6. Facility or Business	Same address as #3 above or: Street or P.O. Box:									
Mailing Address	City or Town: St. Augustine		State: FL	FL 32092			ntry (if not USA):			
7. Facility or Business	First Name: David		Last Name: Strickland	d	Title: Environmental Manager			Manager		
RCRA Contact Person	Phone Number: 141		Extension:		strickland@ringpower.com 904-281-0155					
Same address as	Street or P.O. Box: 500 World Commerce Parkway									
# <u>3</u> above or:	City or Town: St. A	Augustine	State: FL		Zip Code: 32092	С	Country (if not USA):			
8. Real Property (FL Land) Owner	Name of Owner:	or Cornor	ation			Date became Owner:// New Owner mm dd vy				
of the Facility's	Ring Powe	31 Corpor	<u>auon</u>	<u>_</u>	-P	New Owner mm dd yy Phone Number:				
Physical Location (List additional	500 World Commerce City or Town:	e Parkway		State:	90	904-737-7730				
owners in the comments section.)	St. Augustine			FL State:		Zip Code: Country (if not USA) 32092				
Same address as #_3_ above or:	Ourse Type: Private Federal Municipal State County Other									

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No. FLD982150237								
9.	RCRA Haza	rdous V	Waste Act	ivities at this Fa	cility	: (Mark 'X' i	n all tha	t apply):					
(A)	A) (1)Generator of Hazardous Waste					For Items	For Items 2 through 7, mark 'X' in all that apply.						
ŧ	Yes 🗖 No	(Do no	t include Univ	versal Waste or Used Ot	l)	(2) Trea	ter, Store	r, or Disp	oser of H	azardous V	Vaste		
	_	•		ving three categories.		(at	your faci	lity) Note		dous waste p	permit this activity.		
	Genera greater hazardo	tes in any per mont ous waste	th (kg/mo) (2 ; or Greater t	(LQG): onth 1,000 kilograms 2,200 lbs.) of non-acu than 1 kg (2.2 lbs) least once a year)			□ b. O _I □ c. No	on-Operati	ommercia on-Comm ng: Postel	1 TSD hercial TSD losure or Co	rrective Action		
	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) c. Conditionally Exempt SQG (CESQG):				Permit or Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling. (4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption								
Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste In addition, indicate other generator activities that apply. d. Short-Term Generator (one-time, not on-going) e. Episodic: Not more than one-time per year:SQGLQG f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator				 (5) Person Authorized to Manage Conditionally Exempt 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. (6) Receives Hazardous Waste from Off-Site (7) Underground Injection Control 									
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). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.												
1 DO	001	2		3	4		5		6		7		
8		9		10	11		12		13		14		
15		16		17	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):												
ì	(1) Busin	ness no lo	onger generat	e at This Facility (S tes, transports, treats, ction only if all busin moved or moving to s closed on	stores ess act	, disposes of, or	otherwise cility have w Form 87	handles ar			∙you will		
	(C) Property	Tax De	fault			(D) Pet	ition for E	Bankruptc	y Protect	tion –			
12-	14 — Registi	ration A	Activities	Contact Informa	tion	(only if this sub	mission is	a registrat	ion or reg	istration info	ormation update):		
	Same as Facility I		First Name:	David					viron. Mgr				
	tact for:		Phone Num	904-494-14		Extension:			strickla	and@rin	igpower.com		
	HW Transporter Used Oil Handler			^{O. Box:} 500 Wo	rld (Commerc							
	Universal Waste		City or To₩	™St. Augu	stir	ne _	State:(C	ountry): F	=	Zip Code:	32092		

Universal Was	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD982	2150237						
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):								
A. Federal Notification	Tederany Defined Earle Quantity Handler (EQ11) Generates recall and the 17 of more							
	Accumulates: 🔲 a. UW Batteries 🔲 b. Pesticides 🔲 c. Pharmaceu	ıticals						
	d. Mercury Containing Devices e. Mercury Contain	ning Lamps						
	Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a U A permit is required for storage prior to recycling.	W.						
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)							
☐ 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	th [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.								
	is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hime registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH reg							
☐ For-hir	re Transporter of Universal Waste Mercury-Containing Lamps or Devices							
☐ For-hir	re Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration						
☐ Mercui	ry-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Required						
☐ Mercur	ry-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
☐ Mercur	ry-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+						
☐ Mercui	ry-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	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: We use Drum Top Bulb Crusher(s).								
	te Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transpo A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Ru							

Hazardous Waste and Used Oil Transporter Registration	EPA ID No. FLD982150237					
14. HW Transporter Activities: (Mark 'X' and complete all the	nat 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	ourposes 3. I	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 Fac	ility: (at this locatio	on) Storage Volume				
This form is: 🔲 Initial Registration 🔲 Renewal 🗆	Notification of ch	nanges				
Note: Hazardous Waste transfer facilities must comply with the	requirements of Ru	tle 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.				
The Transfer Facility records required under the provis Our mailing (business) address	The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):					
Please enter the EPA ID Number of the HW Transporter who carries the	e insurance for this Tr	ransfer Facility:				
Please see the top of page 5 for additional items that must be Transfer Facilities [Rule 62-730.171(3), Florida Administrative		on to the above registration for Hazardous Waste				
15. Used Oil and Oil Filter Activities: : (Mark 'X' and comp	plete all that apply if	f you need to register your used oil activities),				
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facil annually register with the Department using this form. All except Flo \$100 registration fee.	rida used oil (UO) Pro	ocessors and collection centers must pay an annual				
This form is: 🔲 Initial Registration 📳 Renewal 🕻	☐ Notification of	changes				
If applicable, a check or money order, in the amount of \$100	, payable to Florida D	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 Us	sor (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):				
(5) Used Oil Fuel Marketer On-Spec Off-Spec 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 requiren	nents and required signature page	EPA ID No. FLD9821	50237
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the in subsequent submission [Rule 62-730.171(3), Florida Ad	itial notification for a transfer facility a		
Certification by a responsible corporate officer Section 403.7211(2), Florida Statu	of the transporter that the proposed locates (F.S.) [Rule 62-730.171(3)(a)1., F.A		
Evidence of the transporter's financial responsi			
A brief general description of the transfer facil	ity operations [Rule 62-730.171(3)(a)4	, F.A.C.]	
A copy of the facility closure plan [Rule 62-73	0.171(3)(a)5., F.A.C.]		
_A copy of the contingency and emergency plar	1 [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 Sect			
 ALL registered UO Handlers must submit their own company. 	t an annual report except generators tra	nsporting UO from noncontigu	ous operations within
 UO transporters transporting off-site over 	public highways only within their owr	company must submit proof o	of insurance.
 UO transporters transporting more than 5 submission as a certified used oil transport 		-	n and certify this
The used oil annual report is attached	Evidence of Liability Insurance pur	suant to 62-710.600(2)(e)., F.A	A.C. is attached.
7. Certification: I certify under penalty of law tha	at this document and all attachments we	re prepared under my direction	or supervision in
accordance with a system designed to assure that question submitted is, to the best of my knowledge and belief alse information, including the possibility of fine a	ualified personnel properly gather and e of, true, accurate, and complete. I am aw and imprisonment for knowing violation	evaluate the information submit vare that there are significant pears.	ted. The information enalties for submitting
I certify as a Used Oil Transporter that I am tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter of the Used Oil Trans	ng program in place covering the applic	table used oil rules. Evidence of form 62-730.900(5)(a), F.A.C	f financial responsi-
Signature of owner, operator, or an	Print Name and	Title Used Oil	Date Signed
authorized representative			(mm-dd-yyyy)
New Hellense	David Strickland, Envi		10-6-14
		ات	
If the person that filled in this form is not the Facili	ty Contact or Operator, please compl	ete the information below:	
(Name of person completing this form)	(Phone Number)	(E-mail Address)	