

FLORIDA DEPARTMENT OF

Environmental Protection

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

CARLOS LOPEZ-CANTERA LT. GOVERNOR

CLIFFORD D. WILSON III INTERIM SECRETARY

12/08/2014 Ali Hinkle, Safety Clerk Dana Transport Inc 210 East Essex Avenue Avenel, NJ 07001

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 **Dana Transport Inc** located at **2700 Buckman St, Jacksonville , FL32206-3368**

FLR000035873

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:

 $\underline{\text{http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm.}}$

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000035873. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us.

Sincerely,

Glen Perrigan

Environmental Manager

Hazardous Waste Regulation Section

Robin K. Pandley

ME ID: 56688, Email Address: ahinkle@danacompanies.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

Date Received (1977)
(for FDEP Official Use Only)
NOV 1 2 2014

MONTH OF THE MENT OF THE PARTY OF

EPA ID: F L	0 0 0 0 3 5 8 7 3 Please use the instructions document to complete this form													
1. Reason for Submittal	Mark 'X' in the correct box:													
(all submitters must complete pages 1 and 2	(must choose one	To pro	vide s	subse	quent	notifi	ication	n (to upda	te stati	us and fa	acility	identifica	ation inform	ation)
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 4)													
2. Facility or Business Name	DANA TRANSPORT INC													
3. Facility Operator	Name of Operator: SHERRILL WILLIAMS							J		me Oper Operato	rator:/ rmm	dd yy		
(List additional Opera- tors in the comments section)	Street or P.O. Box. 2700 BUCKM	IAN STI	REE	ET_								mber: 4-199		
:	City or Town: JACKSONVILLE				:			State: FL		Zip (3220	06		Country (1f	not USA)
	Operator Type:	Private	□F	edera	al C	Mun	icipal	Stat	e 	County	ý 🗀	Other_		
4. Facility Physical	Physical Street Address: □Vessel													
Location Information (No P.O. Boxes)	City or Town State: Zip Code:													
Same address as #3 above or:	County ⁻				1	`	C	Country (if	not US	A)				
5. Facility North Ar		A. 14	1 8	4	1	2	11	(required)) B.					
Classification System Code(s) (at least 5	, ,	C. _							D	.			<u></u>	
6. Facility or	Same address as	#3_ above	or: S	treet	or P.0	Э. Вох	C							
Business Mailing Address	City or Town. State: Zip/P					Postal Code: Country (if not USA)								
7. Facility or Business						Name: LLIAMS			TERMINAL MANAGER					
RCRA Contact Person							dana	anacompanies.com Fax: 732-750-1759						
	Street or P.O. Box:													
Same address as #3above or:	City or Town: AVENEL					St	late:		Zip C	ode:		Country	(If not USA)	
8. Real Property (FL Land) Owner of the Facility's	DANA TRANSPORT INC							Date became Owner// New Owner mm dd yy						
Physical Location (List additional	Street or P.O. Box: 210 EAST ESSEX AVE							Phone Number: 800-733-3262						
owners in the com- ments section)	City or Town. AVENEL	City or Town.				State: Zip Code 07001				Country (if not USA):				
Same address as # above or:	Owner Type: Private													

RCRA Hazardous Waste Status Notification or Out of Business Notification					EPA ID No. FLR000035873					
9. RCRA Haza	rdous Waste Ac	tivities at this Fac	cility: (Ma	rk 'X' ir	n all that	<u> </u>				
(A) (1)Generator	of Hazardous Wast	e	Fo	r Items 2	through	7, mark 'X' in all	that apply.			
□Yes ■ No	(Do not include Un	iversal Waste or Used Oil	.) :	2) Treat	er, Store	r, or Disposer of H	lazardous W	aste		
r	only one of the follo	owing three categories.		(at	your facil	lity) Note: A hazard may be	dous waste pe required for t			
Genera greater hazardo	tes in any calendar n	nonth 1,000 kilograms 2,200 lbs.) of non-acut than 1 kg (2,2 lbs)			b. Op c. No	perating Commercia perating Non-Common-Operating: Postci pon-Operating: Postci	al TSD nercial TSD losure or Corr	·		
Genera 100kg/i lbs.) of (2.2 lbs	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)				 (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 					
e. Conditi General (220 lbs) (2.2 lbs)		b. Smelting, Melting, and Refining Furnace Exemption (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.								
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: _SQG_LQG f. United States Importer of hazardous waste g. Mixed Waste (hazardous and radioactive) Generator OR the authorization you received from FDEP. (6) Receives Hazardous Waste from Off-Site (7) Underground Injection Control										
your facility.	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 D008		⁴ D011		D035	⁶ F00L		⁷ F002		
^δ F005	9	10	11		12	13		14		
15	16	17	18	 1	19	20		21		
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-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.) (I) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. (B) Facility Closed (Complete this section only if all business activities at this facility have ceased.) (I) 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) Petit	tion for B	Sankruptcy Protect	tion			
12-14 — Registi	ration Activities	Contact Informa	tion (only if	this subm	nission is a	a registration or reg	sistration info	rmation update):		
Same as Facility I	or enter:	ALI	Last Na	ıme:	NKLE		Title: SAF	ETY CLERK		
Contact for.	Phone Nun	800-733-32		137	l	AHINKLE@DA	NACOMF	PANIES.COM		
■ HW Transporter■ Used Oil Handler		O. Box: 210 EAS	ST ESSE	ΞΧ Α\						
Universal Waste	City or Tov				State.(Co	ountry): NJ	Zip Code: O	7001		

Universal Waste Notific	ation and Mercur	y Transporter/Handle	r Registration	EPA ID No. FLR00	0035873			
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):								
A. Federal Notification Federally Defined Large Quantity Handler (LQII) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)								
A	Accumulates:	a. UW Batteries	b. Pesticides	C. Pharmace	uticals			
		d. Mercury Containing I	Devices	e. Mercury Conta	ining 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 LQ	$\mathbf{H} = 5,000 \text{ kg or more of}$	of Universal Pharmaceutical	Waste (UPW) acci	imulated (at any one time))			
Pharmaceuticals Acu	Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated							
	of Universal Pharmac	eutical Waste (UPW) (mus	t be registered with th	e Florida Department of Hea	lth [DOH])			
Florida Universal Pha	armaceutical Waste (U	PW) 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 Birst time registering Renewal One-time \$1.000 fee for Mercury for-hire first time LQH registration is attached								
First time registerii					Sionarion is accorded			
_		Mercury-Containing Lamps			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 Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
☐ Mercury-Containing	Lamps SQH — less th							
☐ Mercury-Containing	Devices LQH = 100 l	kg (220 lb) or more accumul	ated at any one tim	e by for-hire handler	Annual Registration + one-time \$1,000 fee+			
Mercury-Containing	Lamps LQH = 2,000	kg (4400 lbs/8,000 lamps) o	or more accumulated	d by for-hire handler	More Requirements (contact FDEP)			
(2) Mercury Recovery and First time registe		llity (A <u>hazardous waste pe</u>	ermit is required for	this activity)	Annual Registration Required			
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s).								
13. Other State Regulate Note A water facility		Petroleum Contact for this activity An annual rep		Recovery Transpo				

Hazardous Waste and Used Oil Transporter Registrati	EPA ID No. FLR000035873							
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 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 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: F L R p p p 3 5 8 7 3								
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								
(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	orter						
☐ 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.)		quired under the provisions of Rule 62-710.510,						
(4) Off-Specification Used Oil Burner	1	at (check one): ng (business) address						
(5) Used Oil Fuel Marketer	Our mann	ig (ousiness) address						
Please see the top of page 5 for additional items that must be subnexempt Used Oil Transporters.	l ,	he above registration and fees required for non-						

Transfer Facility and Used Oil Transporter requirem	nents and required signature page	EPA ID No.						
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Administration of the control	itial notification for a transfer facility a							
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 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., 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 In addition to the requirements on Page 4 Section								
 ALL registered UO Handlers must submit their own company. 		nsporting UO from nonco	ntiguo	us operations within				
 UO transporters transporting off-site over UO transporters transporting more than 50 submission as a certified used oil transporters 	00 gallons/year must submit proof of in	surance annually, and mu	st sign					
•	Evidence of Liability Insurance pu			C. is attached.				
17. Certification: I certify under penalty of law that accordance with a system designed to assure that qu	t this document and all attachments we	re prepared under my dire	ction o	r supervision in				
submitted is, to the best of my knowledge and belief false information, including the possibility of fine at	f, true, accurate, and complete. I am av nd imprisonment for knowing violation	vare that there are significans.	int pen	alties for submitting				
tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter C	ng program in place covering the applic	able used oil rules. Evider	nce of t					
Signature of owner, operator, or an authorized representative	Print Name and	Title	Used Oil	Date Signed (mm-dd-yyyy)				
llikal	ALI HINKLE SAFE	TY CLERK	u	11-07-14				
, , , , ,								
If the person that filled in this form is not the Facilit								
		NKLE@DANACOM	ANII	ES.COM				
(Name of person completing this form)	(Phone Number)	(E-mail Address)						