

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

CARLOS LOPEZ-CANTERA LT. GOVERNOR

JONATHAN P. STEVERSON SECRETARY

02/23/2015

Chris Hyatt Ryder Integrated Logistics Inc 2455 Port West Blvd Riviera Beach, FL 33407-

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **2455 Port West Blvd, Riviera Beach, FL 33407-1214** has been registered through **March 1, 2016** with the following status:

Facility ID # **FLR000088377**

Transporter of Universal Waste Lamps and Devices

The registration form for the year **2016** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Florida Notification of Regulated Waste Activity [form 62-730.900(1)(b)] changes, please notify the Department using that form. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures

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
(for FINITY OF TAKE ADUSE Only)
ENVIRONMENTAL PROTECTION

FEB 0 9 2015

PERMITTING & COMPLIANCE

EPA ID: F L	R 0 0 0 0	8 8 3 7	7 Pleas	e use the instri	ictions	document to	compi	SIES IMISVIO	imPR(JGRAM
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.	(must choose one To provide subsequent notification (to update status and facility identification information).									
Pages 3 and 4, - com- plete as applicable)	FL Registration(s)	10 provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)								
	and the page 1)									
2. Facility or Business Name	Ryder Integrated Logistics, Inc									
3. Facility Operator	Name of Operator: Ryder Integrated Logistics, Inc.				Date became Operator: 07 / 01 / 07 New Operator mm dd yy					
(List additional Opera- tors in the comments section).	Street or P.O. Box: 2455 Port We	est Blvd				Phone Number: 561-845-4930				
ŕ	City or Town: Riviera Beach			State: FL		Zip Code: 33407		Country (if not l	JSA):
	Operator Type:	Private DFe	leral 🏻 Mun	icipal 🔲 Sta	te 🖵	County 🗖	Other_			
4. Facility Physical	Physical Street Address: 2455 Port West Blvd					□Vessel				
Location Information (No P.O. Boxes)	City or Town: Riviera Beach					State: Zip Code: FL 33407				
Same address as #3 above or:	Country (if not US Palm Beach				SA):					
5. Facility North Ar Classification Sys	_	A.		(required	i) B.					
Code(s) (at least 5	• •	C.			D	.				
6. Facility or	Same address as #4_ above or: Street or P.O. Box:									
Business Mailing Address	City or Town:			State:	Zip/l	Postal Code:		Country (i	f not U	JSA):
7. Facility or Business	First Name: Chris		Last Name: Hyatt			Title: Senior l	_ogis	tics M	ana	ger
RCRA Contact Person	Phone Number: 561-845-493	30	Extension:	E-Mail: chyatt@	ryder.	com		Fax: 561-8	45-4	937
Same address as #_4_above or:	Street or P.O. Box:									
	City or Town:			State:		Zip Code:		Countr	Country (if not USA):	
8. Real Property	Name of Owner:					Date becam	e Owne	er:/_	/_	
(FL Land) Owner of the Facility's	Florida Power and Light					☐ New Owner mm dd yy				
Physical Location (List additional	Street or P.O. Box:		Phone Number:			V				
owners in the com- ments section.)	City or Town:	State:		Zip Code:		Country	Country (if not USA):			
Same address as #_4_ above or:	Owner Type: Private Pederal Municipal State County Other Public Corporation									

RCRA Hazardous Waste Status Notification or Out of Business Notification FLR000088377								
9. RCRA Hazardous \	Waste Activities at this	Facility:	(Mark 'X' ii	n all that apply):				
(A) (1)Generator of Hazardous Waste			For Items 2 through 7, mark 'X' in all that apply.					
Yes No (Done	(2) Treat	er, Storer, or Disp	oser of H	azardous V	Vaste			
If YES, Choose only one	(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 greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)			 a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) 					
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): 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			 (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 (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 					
In addition, indicate other generator activities that apply. OR the authorization you received from FDEP. 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					ite			
your facility. List then Hazardous waste t	ederally Regulated Haz in the order they are presented transporters list codes routinely	d in the reg	ulations (e.g., D transported. U	0001, D003, F007, R se comments or an	C019, P01 additional	2, U112).	re spaces are needed.	
1 2	3	4	3		6		7	
8 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.) (1) 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.) (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	Activities Contact Infor	mation (only if this subn	nission is a registrat	ion or reg	istration info	ormation update):	
Same as Facility RCRA Contact on page 1 or enter:	First Name:				Title:			
Contact for:	Phone Number:]	Extension:	E-Mail:				
HW Transporter Used Oil Handler	Street or P.O. Box:							
Universal Waste	City or Town:			State:(Country):		Zip Code:		

Universal Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR00(088377							
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. Pharmaceuticals								
	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	Iniversal Pharmaceutical Waste (UPW): one-time registration								
☐ Pharm	aceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)								
Pharm	aceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated							
Revers	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Heal	th [DOH])							
☐ Florida	Universal Pharmaceutical Waste (UPW) Transporter								
C. Florida Aı	nual Mercury Handler Registration:								
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							
☐ Mercı	ry-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Registration Required							
☐ Mercı	ry-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler								
☐ Mercı	ry-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +							
☐ Mercı	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)							
	Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> 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).									
13. Other Sta	te Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transpo	rt [62,740 F A C]							
	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. FLR000088377						
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activiti							
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 p		Both commercial and own waste					
4. Transportation Mode Air Rail Highwa	y 🔲 Water 🚨 O	ther - specify					
B. HW Transfer Facility Registration Information (m	nust be completed as	nnually 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 o	changes					
Note: Hazardous Waste transfer facilities must comply with the	requirements of Ru	de 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.					
The Transfer Facility records required under the provision Our mailing (business) address	ns of Rule 62-730.17. The site (facility) a						
Please enter the EPA ID Number of the HW Transporter who carries the	insurance for this Tra	insfer Facility:					
Please see the top of page 5 for additional items that must be sul Transfer Facilities [Rule 62-730.171(3), Florida Administrative Co		o the above registration for Hazardous Waste					
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 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 b. Transfer Facility 	a. Transpo						
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End U	• • •					
(3) Used Oil Processor (A permit is required.)	1 '	equired 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	—						
Please see the top of page 5 for additional items that must be submexempt Used Oil Transporters.	l nitted in addition to (the above registration and fees required for non-					

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No. FLROC	8000	8377			
(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 Section 403.7211(2). Florida Statut	of the transporter that the proposed loces (F.S.) [Rule 62-730.171(3)(a)1., F.A		f				
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		•					
_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 Secti							
 ALL registered UO Handlers must submit their own company. 	t an annual report except generators tra	nsporting UO from noncor	ntiguou	s operations within			
 UO transporters transporting off-site over 	public highways only within their own	n company must submit pro	oof of i	nsurance.			
 UO transporters transporting more than 50 submission as a certified used oil transpor 	•	-	_	and certify this			
The used oil annual report is attached	Evidence of Liability Insurance pu	rsuant to 62-710.600(2)(e).	, F.A.0	C. is attached.			
17. Certification: I certify under penalty of law that	t this document and all attachments we	re prepared under my dire	ction o	r 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	Tide	Used Oil	Date Signed (mm-dd-yyyy)			
Cle	Chris Hyatt,	SLM		2/5/15			
If the person that filled in this form is not the Facilit	y Contact or Operator, please comp	lete the information belov	v:				
(Name of person completing this form)	(Phone Number)	(E-mail Address)					



Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Rick Scott Governor

Jennifer Carroll Lt. Governor

Herschel T. Vinyard Jr. Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers that are not engaging in transport activities need not complete this form.

Ryder Integrated Log	gistics, Inc 24	55 Port West	Blvd	Riviera, Fl	-
Facility Name	Stre	et Address		City and Sta	te
561-845-4930	561-845-	-4937	chyatt@r	yder.com	
Phone	Fax		E-mail		
_	ll sections and cl	heck all boxes t	hat apply.	•	
1. Estimated <u>number</u> Types: F	of LAMPS hand luorescent ☑	lled during the	last calendar HID ☑	year. 88,900	
2. Estimated <u>number</u> Types: T Thermo	hermostats 🗹		tches/Relays		
3. Estimated <u>weight</u> o	of DEVICES hand	dled during the	e last calenda	r year. 25	lb.
4. Estimated <u>number</u> Check the boxes for la and contact information	of lamps or devi mps (L) or devi	ices you shippe	ed to a mercu	ry recycling fac	_
Number L D F	acility Name		City/State		Phone
Number L□D□ F	acility Name		City/State		Phone
Number LDD F	acility Name	ζ	City/State	2/1/.	Phone
Print Name of Authoriz	# // ed Agent	Signature of Autho	rized Agent	Date	2