

## 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

02/26/2016

Jackie Hamilton Rineco Transportation LLC PO Box 729 Benton, AR 72015-

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 **1002 Vulcan Rd, Benton, AR 72015** has been registered through **March 1, 2017** with the following status:

Facility ID # ARR000016733

**Transporter of Universal Waste Lamps and Devices** 

The registration form for the year **2017** 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 <a href="mailto:Laurie.Tenace@dep.state.fl.us">Laurie.Tenace@dep.state.fl.us</a>.

Sincerely,

Laurie Tenace

Environmental Specialist Waste Reduction Section

**Enclosures** 

## FLORIDA 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)
FEB 2 5 2016

ASSISTARCE PROGRAM!

EPA ID: ARROOOCIGA 33										
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.	if a notification)						pages 1,2,5)			
Pages 3 and 4, - complete as applicable)	FL Registration(s)	UW Mercury (see page 3) HW Transporter (see					ge 4) Used Oil (see page 4)			
2. Facility or Business Name	RINECO TRANSPORTATION LLC									
3. Facility Operator	Name of Operator: RINECO TRANSPORTATION LLC				Date became Operator: 08 /08 / 2007					
(List additional Operators in the comments section).	Street or P.O. Box: P.O. BOX 729	9				Phone Number: 501-778-9089				
,	City or Town: BENTON			State:		Zip Code: <b>72018</b>		Country (if not USA):		
	Operator Type:	■Private □Fed	leral DMunio	cipal State	. 🗆	County DO	ther			
4. Facility Physical	Physical Street Address: 1002 VULCAN ROAD					□Vessel				
Location Information (No P.O. Boxes)	City or Town: BENTON					State: Zip Code: 72015				
Same address as #3 above or:	County: Country (if not USA): SALINE									
5. Facility North A		A. 1516	2111	a (required)	В.					
Classification Sys Code(s) (at least 5		c.								
6. Facility or	Same address as # above or: Street or P.O. Box:									
Business Mailing Address	City or Town:			State:	Zip/P	ostal Code:		Country (if not USA):		
7. Facility or Business	First Name: Last Name JACKIE HAMIL					Title: ASST TRANSPORTATION MGR				
RCRA Contact Person	Phone Number 501-778-908	Extension: 5324	E-Mail: jackie.hamilton@rineco.c			om	Fax: 501-776-1629			
	Street or P.O. Box:									
Same address as #above or:	City or Town: BENTON			State:			Zip Code: <b>72015</b>		Country (if not USA):	
8. Real Property (FL Land) Owner	Name of Owner:	Name of Owner: RINECO TRANSPORTATION LLC					Date became Owner: $\frac{08}{\sqrt{98}} = \frac{\sqrt{2007}}{\sqrt{2007}}$ New Owner mm dd yy			
of the Facility's Physical Location (List additional						Phone Number: 501-778-9089				
owners in the comments section.)	City or Town: BENTON	State: AR		Zip Code: Country (if not USA): 72015			ot USA):			
Same address as # above or:	Owner Type:   III Private   I Federal   Municipal   I State   I County   10ther									

RCRA Hazardous Waste Status Notification or Out of Business Notification				EPA ID No. ARR000016733				
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):								
(A) (1)Generator of Hazardous Waste For Items 2 through 7, mark 'X' in all that apply.								
☐Yes ☐ No (Dor	Used Oil)	(2) Treat	Treater, Storer, or Disposer of Hazardous Waste					
If YES, Choose only one of the following three categories.  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)			(at your facility) Note: A hazardous waste permit may be required for this activity.  a. Operating Commercial TSD b. Operating Non-Commercial TSD					
	ous waste (at least once a					osure or Corrective 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): 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.			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  (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.					
d. Short-Term Gene	rator (one-time, not on-go	ing)	(6)	Receives	Hazardous Waste	from Off-Site		
<ul> <li>e. Episodic: Not more than one-time per year:SQGLQG</li> <li>f. United States Importer of hazardous waste</li> <li>g. Mixed Waste (hazardous and radioactive) Generator</li> </ul> (7) Underground Injection Control					trol			
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.								
I SEE ATTACHED 2	3	4		5	6	7		
8 9	10	11		12	13	14		
15 16	17	18		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 Reg	gulated Waste at This Fac	cility (Sections	9, 10 and 12-16	should b	e 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(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 First Name:		Last Name:			Title:			
Contact on page 1 or enter:	Phone Number:		Extension:	E-Mail:				
HW Transporter	Street or P.O. Box:	or P.O. Box:						
Used Oil Handler Universal Waste City or Town:				State:(C	ountry): Zip Code:			

Universal Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. ARR00	0016733						
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	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	Iniversal Pharmaceutical Waste (UPW): one-time registration							
Pharma	aceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)							
Pharma	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])						
C. Florida A	Annual 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-h	re Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual						
For-h	For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices							
☐ Merci	· · · · · · · · · · · · · · · · · · ·							
☐ Merci	ary-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +						
☐ Merci	ary-Containing Lamps <b>LQH</b> = 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 hazardous waste permit is required for this activity) rst time registering   Renewal	Annual Registration						
Briefly Describe your Universal Waste Activities:								
	ite 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 R	ule [62-740.300(5)]						

Hazardous Waste and Used Oil Transporter Registrati	ons EPA ID No. ARR000016733						
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  ARR000016733							
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  Panerual  Notification of changes  Concel Registration							
This form is: 🗖 Initial Registration 🖷 Renewal 🚨 Notification of changes 🚨 Cancel Registration							
	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	0, 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) Gff-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 requirem	ents and required signature page	EPA ID No. ARRO	0001	16733				
(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 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								
A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)0., 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 Transportance (Frameticus in	40 CED 270 40(a)(1 4))							
(15 cont.) Used Oil Transporters: (Exemptions in								
	In addition to the requirements on Page 4 Section 15:  • ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.							
UO transporters transporting off-site over	public highways only within their owr	company must submit pro	of of i	nsurance.				
<ul> <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 pur	rsuant to 62-710.600(2)(e).	, F.A.C	C. is attached.				
17. Certification: I certify under penalty of law that accordance with a system designed to assure that qu submitted is, to the best of my knowledge and belief false information, including the possibility of fine ar	alified personnel properly gather and e true, accurate, and complete. I am av	evaluate the information su vare that there are significa	bmitte	d. The information				
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	Title	Used Oil	Date Signed (mm-dd-yyyy)				
and familto	Jackie Hamilton, Asst Tr	ansportation Mgr		2/25/2016				
		·						
				<u>.</u>				
If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:								
(Name of person completing this form)	(Phone Number)	(E-mail Address)						