

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

03/22/2016 Jan Barnes, Dir HSE Quality Sanford Transflo Terminal 500 Water St #J975 Jacksonville, FL 32202-4423

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 Sanford Transflo Terminal located at 2591 W 5th St, Sanford, FL 32771-1662

FLD984253641

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Small Quantity Generator.

Your facility is **currently registered** for the following activities: **Used Oil Transporter**, **Used Oil Transfer Facility** (reg exp on 06/30/2017).

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:

https://fideploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984253641. 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: 56230, Email Address: jbarnes@transflo.net



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
RECEIVED
(for FDEP Official Use Only)
EN IRUNMENTAL PROTECTION

FEB 1 8 2016

PERMITTING & COMPLIANCE

EPA ID: F L	D 9 8 4 2 5 3 6 4 1 Please use the instructions document to complete this form.								
1. Reason for Submittal (all submitters must complete pages 1 and 2 and sign page 5.	Mark 'X' in the correct box: (must choose one if a notification) To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities). To provide subsequent notification (to update status and facility identification information). To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)								
Pages 3 and 4, - com- plete as applicable)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page								
2. Facility or Business Name	Sanford TRANSFLO Terminal								
3. Facility Operator	Name of Operator: Arrow Mate	erial Servi	Date became Operator: 03 /11 / 13 New Operator mm dd yy						
(List additional Operators in the comments section).	Street or P.O. Box: 2605 Nicholso	on Rd	Phone Number: 412-489-00	Phone Number: 412-489-0011					
	City or Town: Sewickley			State PA	:	Zip Code: 15143	Country (if not USA):		
	Operator Type:	■Private □Fee	deral 🗖 Mur	nicipal 🗖:	State 🗖	County Other_			
4. Facility Physical	Physical Street Addr 2591 West 5th						□Vessel		
Location Information (No P.O. Boxes)	City or Town: Sanford		State: Zip Code: FL 32771						
Same address as #3 above or:	Country: Country (if not USA): Seminole								
5. Facility North An Classification Sys		а. <u> 4 8 </u>	<u> 8 2 1</u>	0 (requi	red) B.				
Code(s) (at least 5	digits)	c. _ _	<u> </u>		D.				
6. Facility or Business	Same address as	# above or: Str	eet or P.O. Bo	×: 500 Wa		'			
Mailing Address	City or Town: Jacksonville	State: Zip/Po		ostal Code: 02	Country (if not USA):				
7. Facility or Business	First Name: Jan					Director-HSE&Quality			
RCRA Contact Person	Phone Number: 904-359-132	Extension: E-Mail: jbarnes@trans			Fax: 904-245-2257				
Same address as	Street or P.O. Box:								
# <u>6</u> above or:	City or Town: Jacksonville			State:		Zip Code:	Country (if not USA):		
8. Real Property (FL Land) Owner	Name of Owner:/ unknown								
of the Facility's Physical Location	Street or P.O. Box: Phone Number:					ner mm dd yy			
(List additional owners in the com-	500 Water Street	500 Water Street 90					04-359-3200		
ments section.)	City or Town: Jacksonville			State: FL		Zip Code: 32202	Country (if not USA):		
■ Same address as # above or:	Owner Type:	Private Feder	ral Munic	cipal 🔲 St	ate 🔲 C	County Other_			

R	CRA Ha	zardou	s Waste	Status No	tification or Out of	Busi	ness Notificat	ion	EPA ID No. FLI	D98425	3641	
9.	RCRA	Haza	rdous '	Waste Act	ivities at this Fac	cility	: (Mark 'X'	n all tha	t apply):			
(/	4) (1)Gei	nerator	of Haza	rdous Waste	;		For Items	2 through	7, mark 'X' in all	that apply.		
	Yes [⊃ No	(Do no	ot include Univ	versal Waste or Used Oi	1)	(2) Trea	ter, Store	r, or Disposer of H	lazardous W	Vaste	
	If YES,	Choose	only one	of the follow	wing three categories.		(a	t your facil	lity) Note: A hazaro			
	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)			may be required for this activity. a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)								
	■ b. §	General	tes in any		onth greater than		S	(3) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial.				
		lbs.) of	non-acut	te hazardous) kg/mo (>220 to <2,2 waste and/or 1 kg	200		_	ermit is required for sto			
			s) or less	of acute haza	ırdous waste		' '	_	Boiler and/or Industrial Quantity On-sit			
	_	`	•	,					nan Quantity On-sit nelting, Melting, an			
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				(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								
	_			-	activities that apply	/ .	OR the authorization you received from FDEP.					
					ne, not on-going) me per year:SQG_	<u>, 00</u>	(6) Receives Hazardous Waste from Off-Site					
1		-		e than one-tii	- · · -	_róc	G (7) Underground Injection Control					
	_		-		adioactive) Generator	ſ						
10	your fa	acility. I	List them	n in the order	Regulated Hazare they are presented in ict codes routingly or	the re	egulations (e.g., I	D001, D00	03, F007, K019, P01	12, U112).		
7,5)001	lazaruou	is waste t	ransporters	ist codes routinely or 3	usuall		Jse comme	ents or an additional	l page ir moi	re spaces are needed	
8	1001		9		10	11		12	13		14	
15			16		17	18		19	20		21	
<u> </u>												
\vdash					longer handling wast					kip Section 1	2-16):	
((A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)											
	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 Contact or	Facility F		First Name:			Last Name:	-		Title:		
			-	Phone Numl	per:	-	Extension:	E-Mail:				
Coi	ntact for: HW Trai	-		Street or P.C). Box:			<u></u>	-14-1		2	
	Used Oil Universa	l Handler al Waste		City or Tow	n:			State:(Co	ountry):	Zip Code:		

Universal Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD98	4253641						
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 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 U	niversal 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 (UPV	V) accumulated						
☐ Revers	e Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Hea	ith [DOH])						
☐ Florida	Universal Pharmaceutical Waste (UPW) Transporter							
C. Florida Ar	nual Mercury Handler Registration:							
(1) This form	is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-ltime registering One-time \$1,000 fee for Mercury for-hire first time LQH re	hire Activities						
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						
	ry-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Registration Required						
☐ Mercu	ry-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
☐ Mercu	ry-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +						
	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 hazardous waste permit is required for this activity) st time registering Renewal	Annual Registration Required						
Briefly Describe yo	ur Universal Waste Activities:	Γορ Bulb Crusher(s).						
	te Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to R	-						

Hazardous Waste and Used Oil Transporter Registrations EPA ID No. FLD984253641								
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: 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 complete 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 (off-site) and noncontiguous locations b. Transfer Facility b. Transfer Facility								
(2) Collection Center (From businesses, no more than 55 gal per shipment) Co. 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): Our mailing (business) address The site (facility) address								
(5) Used Oil Fuel Marketer On-Spec Off-Spec								
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 p	EPA ID No. FLD98	3425	53641					
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Adv	itial notification for a transfer fac	equired for Transfer Facilities or cility and any changed items mus	Page	4, Section 14, the abmitted with any					
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)1., F.A.C.]									
A brief general description of the transfer facili	· ·								
A copy of the facility closure plan [Rule 62-730		3							
A copy of the contingency and emergency plan		2.]							
_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. 		tors transporting UO from nonco	ntiguo	us operations within					
 UO transporters transporting off-site over 	public highways only within the	eir own company must submit pr	oof of	insurance.					
UO transporters transporting more than 50 submission as a certified used oil transport	00 gallons/year must submit prod	of of insurance annually, and mu	st sign						
•	Evidence of Liability Insurar			C. is attached.					
17. Certification: I certify under penalty of law that accordance with a system designed to assure that que submitted is, to the best of my knowledge and belief alse information, including the possibility of fine and submitted is accordance.	nalified personnel properly gather of, true, accurate, and complete. I	r and evaluate the information su am aware that there are significa	ıbmitte	d. The information					
☐ I certify as a Used Oil Transporter that I am a tation and have an annual and new employee trainin bility is demonstrated by the Used Oil Transporter C	familiar with the applicable Flori	ida and Federal laws and rules go applicable used oil rules. Evider	nce of f						
Signature of owner, operator, or an authorized representative	Print Nam	e and Title	Used Oil	Date Signed (mm-dd-yyyy)					
Jan M. Barres	Jan M.	Barnes	\square	02/06/2016					
If the person that filled in this form is not the Facility	y Contact or Operator, please	complete the information belov	w:						
Lisa M. Wiedemann 90	04-228-8788	lwiedemann@wiedema	nnllc	.com					
(Name of person completing this form)	(Phone Number)	(E-mail Address)		 					



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used
Oil and Used Oil Filter Handlers Effective Date 4-23-13 Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 5 below.)

For the reporting period January 1, 2015 through December 31, 2015

Use the information recorded in your Record Keeping Form SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS	m [62-710.901(2	or equivalent	to comple	te this c	locument.
		904 359-2	312		
1. Company Name: Sanford TRANSFLO Terminal	2. Telephone No). 904 339-2.			
Site Address: 2591 West 5th Street; Sanford, FL 32771		EL DO0 4056	2011		
	3. EPA ID No.	FLD984253	1641		
Check box if any of the above items (1-3) have changed since your last registrati	on.				
Name of person preparing report (please print) Erich Moss					
Title: Manager-HSE&Q Phone number (if diffe	erent from #2, above)	()			
	Processor	End	User		
SECTION B USED OIL (TO BE COMLETED BY ALL REGISTERED USED OF	L HANDLERS, USI	ED OIL FILTER H	ANDLERS S	EE SEC	HON C)
1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)	Automotive	Industrial	Mixe	ed	Total
a. In Florida	_	-	0		0
b. From out of State			-		<u>-</u>
c. Beginning Inventory					-
d. Total (sum of totals from Lines a + b + c)					0
. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)		I	n State	О	ut of State
N - Transferred to another facility (not an end use)			_		0
O - Marketed as an on-specification used oil fuel			-		-
F - Marketed as an off-specification used oil fuel			-		
I - Marketed for an industrial process					-
B - Burned as an off-specification used oil fuel				ļ	-
D- Disposed of: Landfilled			-		_
Treated at a wastewater treatment	unit		-	 	-
Incinerated			_		-
B. Total amount (in gallons) of Used Oil managed			-		0
Lend of year, on hand estimate (difference between Line 1d and Line 3)					\cap

DEP Form #62-710.901(3)
Form Title Annual Report by
Used Oil and Used Oil Filter Handlers
Effective Date 4-23-13
Incorporated in Rule 62-710.510(5)

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS) CHECK COLUMN IF OUT OF STATE ♣							
1. Number of filters on hand from previous yea	r						
2. Number of used oil filters collected							
3. Total number of used oil filters to manage (L	•						
4. Disposition of used oil filters collected:	a. Transferred to another registered facility	:					
	b. Burned for energy recovery at a Waste-To-Energy facility						
	c. Transferred directly to a metal foundry for recycling						
	d. TOTAL						
5. End of year, on hand estimate (Line 3 minus	Line 4d)						
6. Gallons of used oil collected as a result of file	ter processing	.]					
7. Gallons of used oil transferred to a used oil h	andler (transporter or processor)						
8. Volume of oily waste collected and managed	as a result of filter processing	.					
9. Description of oily waste management							
DIRECTIONS FOR SECTION C	Conversion Table						

One 55-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters

One 55- gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters

One <u>ton</u> of drained used oil filters = approximately <u>2.350</u> used oil filters

- 1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
- 2. Enter the number of Used Oil Filters collected.
- 3. Enter the sum of Line 1 + Line 2.
- 4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- 5. Enter the number of filters on hand at your site as of December 31, last year.
- 6. Fill in the number of gallons of used oil collected by your filter operation.
- 7. Enter the number of gallons transferred to a used oil transporter or processor.
- 8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
- 9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

For assistance with this form, please call the Used Oil Coordinator at 850-245-8707.