



## Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

03/08/2010

Eddie Avery, Safety Director  
North Florida Shipyards Inc  
2060 E Adams St  
Jacksonville, FL 32202-

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for North Florida Shipyards Inc located at **2060 E Adams St, Jacksonville.**

**FLD093598548**

Your facility has been registered with the following requested status/activities:

**Large Quantity Generator  
Small Quantity Handler, Universal Lamps**

**THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.**

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,

for Michael Redig

Michael X. Redig  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 51177 , Email Address: [eavery@nfsy.net](mailto:eavery@nfsy.net)

Link: [http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLD093598548](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD093598548)

[« Back to main page](#)

8700-12 Submitted As: HWG **▼ BRS**

Logged in as [Noland\\_T](#) [\[Logout\]](#)

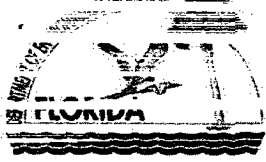
HWR : [vwright@nfsy.net](mailto:vwright@nfsy.net)

Program Area	Process	Date	Author
<b>HWG</b>			
HWG	Logged	2/9/2010 9:43:44 AM	Sullivan_TA
HWG	BRS data processing complete	2/11/2010 8:35:08 AM	Griffith_J
HWG	Data processing	3/8/2010 11:54:14 AM	Noland_T

HWG   or

Date	Comment	Program Area	Author
<b>HWG</b>			
2/11/2010 8:35:05 AM	Disk loaded - OK	HWG	Griffith_J
2/16/2010 8:33:01 AM	Please book into OCULUS with comment: also Biennial Report	HWG	Griffith_J

Add new comment



8/00-12FL - FLORIDA NOTIFICATION OF  
**REGULATED WASTE ACTIVITY**  
 DEP Waste Management Division-HWRS, MS4560  
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
 (850) 245-8760

Date Received

**RECEIVED**

FEB 0 3 2007

EPA ID FLD093598548

BY: DCI/W

1. Reason for Submittal

To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

To provide subsequent notification (to update site identification information).

As a component of the Hazardous Waste Report.  Is this the final notification (see instructions) for the facility?

2. Facility or Business Name: NORTH FLORIDA SHIPYARDS, INC

FEID No. 59-28951

3. Facility Operator (List additional Operators in the comments section):

A. Name of Operator: NORTH FLORIDA SHIPYARDS, INC

New Operator

Date Became Operator: 01/01/1970 mm dd yy

Street or P.O. Box: 2060 EAST ADAMS STREET

Phone Number: (904) 354-3278

City or Town: JACKSONVILLE State: FL Zip Code: 32202-

Operator Type:  Private  Federal  Municipal  State  Other

4. Facility Physical Location Information

Physical Street Address: 2060 EAST ADAMS STREET

City or Town: JACKSONVILLE State: FL Zip Code: 32202-

County: DUVAL

If available, please attach a map or sketch of the facility boundaries.

Latitude: 0 0 0.0000 Longitude: 0 0 0.0000 Method: Datum:

dd mm ss.ssss dd mm ss.ssss

5. Facility North American Industry Classification System (NAICS) Code(s)

A. 336611 B.

C. D.

6. Facility Mailing Address

Street or P.O. Box: 2060 EAST ADAMS STREET

City or Town: JACKSONVILLE State: FL Zip Code: 32202-

7. Facility Contact Person

First Name: EDDIE L Last Name: AVERY Title: SAFETY DIRECTOR

Phone Number: (904) 354-3278 Extension: 254 Email: eavery@nfsy.net

Street or P.O. Box: EAST ADAMS STREET

City or Town: JACKSONVILLE State: FL Zip Code: 32202-

8. Real Property Owner of the Facility's Physical Location (List additional real property owners in the comments section).

Name of Real Property Owner: COMMODORES POINT TERMINAL CORP.

New Owner

Date Became Owner: 04/01/1948 mm dd yy

Street or P.O. Box: 1010 EAST ADAMS STREET

Phone Number: (904) 355-8311

City or Town: JACKSONVILLE State: FL Zip Code: 32202-

Owner Type:  Private  Federal  Municipal  State  Other US

## 9. Type of Regulated Waste Activity Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice.

## A. Hazardous Waste Activities

## 1. Generator of Hazardous Waste

(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 nonacute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste
- 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
- c. Conditionally Exempt SQG (CESQG):  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste

In addition, indicate other generator activities (that apply)

- d. United States Importer of Hazardous Waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

## 2. Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity

- a. Operating Commercial TSD
- b. Operating Non-commercial TSD
- c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

3.  Recycler of Hazardous Waste (at your facility)Specify:  Commercial;  Non-Commercial.

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 - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

6.  Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.

7.  **Transporter of Hazardous Waste** Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually.  a. For own waste only;  b. For Commercial Purposes

**c. Hazardous Waste Transporter Insurance Information:**

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration date: / / \_\_\_\_\_

- d. Transportation Mode:  Air;  Rail;  Highway;  Water;  Other - specify \_\_\_\_\_

- e.  Hazardous Waste Transfer Facility: Storage Volume 0.00

 Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [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 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.]

- Notification of changes in above items

- Annual update notification

**B. Universal Waste (UW) Activities ( Mark 'X' in all that apply) ("accumulated" means at any one time):**

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
  
- Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
  
- Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler  
 [Note: 4 lamps = 1 kg, 62-737.200(10)]
  
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
e. Mercury Containng Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	840.00

(3) Mercury Recovery and/or Reclamation Facility  Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]  
 [Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW       Pharmaceuticals       Lamps       Devices

(5) 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.

**C. Used Oil Activities:**

- (1) Used Oil Transporter - Indicate type(s) of activity(ies)
  - a. Transporter
  - b. Transfer Facility
- (2)  Used Oil Collection Center
- (3)  Used Oil Processor (A permit is required for this activity.)
- (4)  Off-Specification Used Oil Burner
- (5)  Used Oil Fuel Marketer
- (6) Used Oil Filter
  - a. Transporter
  - b. Transfer Facility
  - c. Processor
  - d. End User

**(8) Specific Certification to be signed by all Used Oil Transporters**  
 I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

\_\_\_\_\_  
 Signature of Authorized Person

\_\_\_\_\_  
 Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.  
 A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):  
 Our mailing (business) address  
 The site (facility) address

**D. Other State Regulated Waste Activities:**

**Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.]**  
 Note: A water facility permit may be required for this activity.

**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, U112).  
 Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

D001	D002	D009	F003	F005		

**11. Other Status Changes (Mark 'X' in the appropriate boxes):**

**A. Non-Handler of Regulated Waste at this facility**

- 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
- 2. Waste generated by business has been delisted.
- 3. Other (explain) \_\_\_\_\_

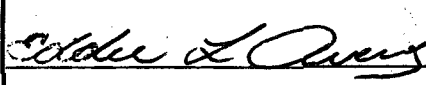
**B. Facility Closed**

- 1. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
- 2. Out of Business - Business closed on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.  
 Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**C. Property Tax Default**

**D. Petition for Bankruptcy Protection**

**12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or 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. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	EDDIE L AVERY SAFETY DIRECTOR	01/30/2010

**13. Comments**

Land Type:  Private  Federal  Municipal  State

