



Florida Department of Environmental Protection

Bob Martinez Center
2800 Blair Stone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

04/07/2010

Matthew McClure, Prof Eng
JEA Westside Service Center
21 W Church St
Jacksonville, FL 32202-3155

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 JEA Westside Service Center located at **6727 Broadway Ave, Jacksonville.**

FLD981027279

Your facility notified FDEP requesting the following status/activities:

**Conditionally Exempt SQG
Used Oil Transporter & Transfer Facility Small Quantity Handler, Universal Batteries,
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: 50530 , Email Address: mcclmr@jea.com

Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD981027279



21 West Church Street
Jacksonville, Florida 32202-3139

	Initials _____ Date _____
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RECEIVED

FEB 26 2010

BY: BSHW

February 23, 2010

Used Oil Program Coordinator
Division of Waste Management
Hazardous Waste Regulation Section
Florida Department of Environmental Protection
2600 Blair Stone Road, MS 4560
Tallahassee, FL 32399-2400

Dear Used Oil Program Coordinator:

Enclosed for your records is a revised form 8700-12 FL for the JEA Westside Service Center, along with a check for \$100 for the 7/1/10 - 6/30/11 registration period. JEA is a municipal electric utility transporting only its own used oil, generated at its own noncontiguous facilities, to its own central collection facility, and is therefore exempt from the used oil certification program [Section 403.767(1)(c), Florida Statutes].

Please contact me at (904) 665-6253 or mcclmr@jea.com should you have any questions concerning this submittal.

Sincerely,

Matthew R. McClure
Environmental Permitting & Assessments

Poor Original



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
(for DEP Original Use Only)

EPA ID FLD981027279

1. Reason for Submittal

Mark 'X' in correct box:

- 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 status and facility identification information).
Is this the final notification (see instructions) for the facility?

2. Facility or Business Name

JEA Westside Service Center

FEID No.

592983007

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

Name of Operator:

JEA

New Operator

Date became Operator: / / mm dd yy

Street or P.O. Box:

21 West Church Street

Phone Number:

(904) 665-6253

City or Town:

Jacksonville

State:

FL

Zip Code:

32202

Operator Type: Private Federal Municipal State Other

Municipal

4. Facility Physical Location Information

Physical Street Address:

6727 Broadway Avenue

City or Town:

Jacksonville

State:

FL

Zip Code:

32254

County: Duval

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

Latitude:

dd mm ss.ssss

Longitude:

dd mm ss.ssss

Method:

Datum:

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

A.

221122

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

21 West Church Street

City or Town:

Jacksonville

State:

FL

Zip Code:

32202

7. Facility or Business Contact Person

First Name:

Matthew

Last Name:

McClure

Title:

P. E.

Phone Number:

(904) 665-6253

Extension:

E-Mail:

mccmr@jea.com

Street or P.O. Box:

21 West Church Street

City or Town:

Jacksonville

State:

FL

Zip Code:

32202

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

Name of Real Property (Land) Owner:

JEA

New Owner

Date became Owner: / / mm dd yy

Street or P.O. Box:

21 West Church Street

Phone Number:

(904) 665-6253

City or Town:

Jacksonville

State:

FL

Zip Code:

32202

Owner Type: Private Federal Municipal State Other

Municipal

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**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 *non-acute* 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 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 (HSA, 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 - Choose 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 _____ **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 (see note in instructions)	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(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)** 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.

1	D001	2	D002	3	D003	4	D005	5	D007	6	D008	7	D009
8	D035	9	F002	10	F003	11	F005	12		13		14	
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	

11. Other Status Changes (Mark 'X' in all that apply):
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) _____

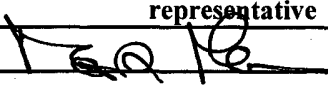
B. Facility Closed

- (1) Closed at this location and **moved or moving** to another - submit a new Form 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	Print Name and Title	Date Signed (mm-dd-yyyy)
	Matthew R. McClure	02-23-2010

If the person who 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)

13. Comments: