

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

04/28/2010

David Strickland, Environmental Manager Ring Power Corporation 500 World Commerce Pkwy St Augustine, FL 32092-

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 Ring Power Corporation located at **390 SW Ring Ct, Lake City.**

FLD984206854

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,

fin n. L.

for Michael Redig

Michael X. Redig Environmental Manager Hazardous Waste Regulation Section

ME ID: 40828 , Email Address: <u>dave.strickland@ringpower.com</u> Link: <u>http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984206854</u>



Ring Power Corporation 500 World Commerce Parkway St. Augustine, Florida 32092 (904) 494-7464

March 16, 2010

Aprilia Graves Engineering Specialist IV Division of Waste Management Bureau of Solid and Hazardous Waste Hazardous Waste Regulation Section 2600 Blair Stone Road, MS 4560 Tallahassee, FL 32399-2400

RE: Ring Power Corporation's Used Oil Registrations

Dear Aprilia,

Enclosed are Ring Power Corporation's Used Oil Registrations. Please note that our Certificate of Liability Insurance will expire on April 1, 2010. I will send you the updated certificates once I receive them from our insurance company. Thank you.

Sincerely,

Dave Strickland Environmental Manager

DS:jls

BROULATED WASTE ACTIVITY Date Received FLORIDA Base Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 0850) 245-8772								
EPA ID F L R O O 1 O 8 5 7 1 MTS RCRAInfo								
1. Reaso FLD984206854 correct 1. Reaso number for address Subm To provide initial notification (to obtain an EPA ID Number for address). X To provide subsequent notification (to update status and facility)								
	information).							
2. Facility or Business Name								
3. Facility Operator (List additional Operators in the	Name of Operator: Ring	or: Ring Power Corporation			New Operator Date became Operator: / / / mm dd yy			
comments section).	Street or P.O. Box: 500 World Commerce Parkway			у	Phone	e Number: 9	04-737-7730	
	City or Town: St Augustine			State:	FL	Zip Code:	32092	
	Operator Type: X P		Municipal	State]Other	r		
4. Facility Physical Location	Physical Street Address: 390 Ring Court							
Information	City or Town:	1	State:	FL	Zip Code:	32025		
	^{County:} Columbia		If available, please attach a map or sketch of the facility boundaries.					
	Latitude: _ d d m		tude: d d m m	<u> </u>		Method: Datum:		
5. Facility North Am Classification Syst	-	4218	1	В.				
Code(s)	c.			D.				
6. Facility or Business Mailing	Street Address or P.C). Box:	500 World C	Commei	rce P	arkway		
Address	City or Town:	St August		State:	FL	Zip Code:	32092	
7. Facility or Business Contact	First Name:	David	Last Name: Si	rickland	b	Title Enviro	nmental Mgr	
Person	Phone Number: 904-494-1417 Extension:			E-Mail: dave.strickland@ringpower.com				
	Street or P.O. Box: 500 World Commerce Parkway							
	City or Town:	ne	State:	FL	Zip Code:	32092		
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner: Ring Power Corporation			New Owner Date became Owner: / / mm dd yy				
Physical Location (List additional	Street or P.O. Box:	Street or P.O. Box: 500 World Commerce Parkway			Phon		04-737-7730	
real property owners in the comments	City or Town:	St Augustine			FL	Zip Code:	32092	
section.)	Owner Type: X Priv	vate Federal [Municipal Sta	ite 🔲 🤇	Other			

ĩ,

	EPA ID No. FLR000108571
9. Type of Regulated Waste Activity (Mark 'X' in all that	at apply):
A. Hazardous Waste Activities:	For Items 2 through 7, mark 'X' in all that apply.
 (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 <i>non-acute</i> hazardous waste; or Greater than 1 kg (2.2 lbs) of <i>acute</i> hazardous waste 	 (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.)
 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 <i>non-acute</i> hazardous waste and/or 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste 	 (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
 c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of <i>non-acute</i> hazardous waste and 1 kg (2.2 lbs) or less of <i>acute</i> 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 OR the authorization you received from FDEP.
 In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator 	(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 Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Informati Insurance Company	
Contact	Telephone
Policy Number	Expiration date
d. Transportation Mode 🗋 Air 🗋 Rail 🛄 Highway	Water Other - specify
e. 🔲 Hazardous Waste Transfer Facility:	Storage Volume
Florida Administrative Code (F.A.C.)]:	ity [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] Rule 62-730.171(3)(a)6., F.A.C.]

٠.,

			1.4		EPA ID No.	FLR00	0108571	
B. Universal Waste	(UW) Activities	(Mark 'X' in	all that apply) (ny one time):		
	y Handler (LQH) =							
Small Quantit	y Handler (SQH) =	always less t	han 5,000 kg accu	imulated				
Mercury-cont	aining devices LQI	H = 100 kg (2	cumulated b	y for-hire handl	er			
Mercury-cont	Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler							
Mercury-cont	Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more					for-hire handler		
Mercury-cont	aining lamps SQH =	= less than 2,0	000 kg (8,000 lam	ps) accumu	lated by for-hire	handler		
[Not	e: 4 lamps = 1 kg, 6	52-737.200(1	0)]					
	als LQH = 5,000 kg		-					
	als LQH = more that	-						
Pharmaceutica	als SQH = always le		0 kg of UPW and :	always 1 kg I	or less of acutel	ly hazardous UP	W accumulated	
(1) For those Managir	g Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility				amount (in pounds) d at any one time.	
a. Batteries					1000			
b. Pesticides								
c. Pharmaceuticals								
d. Mercury Containing De								
e. Mercury Containing La					200		<u></u>	
(3) Mercury Recovery [Chapter 62-737, F A C		ion Facility		Note. A hazar F A C]	rdous waste permit i	s required for this ac	tivity. [Rule 62-737 800,	
(4) Reverse Distributo	r of UW		Pharmaceuticals		Lamps 🗖	Devices		
(5) Destination Facilit	y for UW		Note: for this activi storage prior to rec	•	must treat, dispose	e or recycle a UW.	A permit is required fo	
C. Used Oil Activiti							ed Oil Transporters ing program and financi	
(1) Used Oil Trans	porter - indicate ty porter	ype(s) of act	ivity(ies):	responsibili	ty required under	Section 62-710.60	0, F.A.C., are in place,	
	b. Transfer Facility				current and being adhered to. If any modifications have been made to the orginally approved training program, they are explained in attachments t			
🗙 a. Transp	er Facility			orginally an	proved training pr	opram, they are expression of the second sec	CONTRACT OF AUXCONNECTING	
Xa. TransportXb. Transport(2)Collection	Center		.a	this registra	tion form. Eviden	ce of financial resp	oonsibility is	
 ☑ a. Transp ☑ b. Transp (2) □ Collection (3) □ Used Oil F 	Center rocessor (A permit	-	this activity.)	this registra demonstrate	tion form. Eviden	ce of financial resp Used Oil Transpo	oonsibility is rter Certificate of	
	Center	-	this activity.)	this registra demonstrate	tion form. Eviden	ce of financial resp	oonsibility is rter Certificate of	
 X a. Transp X b. Transp (2) □ Collection (3) □ Used Oil F (4) □ Off-Specif (5) □ Used Oil Filter (6) Used Oil Filter 	Center Processor (A permit ication Used Oil B Suel Marketer	-	this activity.)	this registra demonstrate	tion form. Eviden	ce of financial resp Used Oil Transpo	oonsibility is rter Certificate of	
	Center rocessor (A permit ication Used Oil B uel Marketer	-	this activity.)	this registra demonstrate Lizoility Ins	tion form. Evidence and by the attached surance, DEP for f Authorized Person	ce of financial resp Used Oil Transpo 62-710.901(4), F	oonsibility is rter Certificate of	
	Center rocessor (A permit ication Used Oil B iuel Marketer porter fer Facility	-	this activity.)	this registra demonstrate Lizoility Ins	tion form. Evidence and by the attached surance DEP for	ce of financial resp Used Oil Transpo 62-710.901(4), F	oonsibility is rter Certificate of	
 a. Transp b. Transp c) Collection (2) Collection (3) Used Oil F (4) Off-Specified (5) Used Oil Filter (6) Used Oil Filter a. Transp b. Transp 	Center Processor (A permit ication Used Oil B uel Marketer porter fer Facility ssor	-	this activity.)	this registra demonstrate Liability Ins Signature of David S	tion form. Evidence and by the attached surance, DEP for f Authorized Person	ce of financial resp Used Oil Transpo 6 62-710.901(4), F Luus on	oonsibility is rter Certificate of	
 a. Transport b. Transport collection Collection Used Oil F Used Oil F Used Oil Filter a. Transport b. Transport c. Proce d. End U 	Center rocessor (A permit ication Used Oil B ruel Marketer borter fer Facility ssor Jser	surner	(this registra demonstrate Liability Ins Signature of David S	tion form. Evidence by the attached surance, DEP for f Authorized Perso trickland	ce of financial resp Used Oil Transpo 6 62-710.901(4), F Luus on	oonsibility is rter Certificate of	
 X a. Transport X b. Transport (2) □ Collection (3) □ Used Oil F (4) □ Off-Specifies (5) □ Used Oil Filter (6) Used Oil Filter X a. Transport X b. Transport C Proce C d. End U 	Center Processor (A permit fication Used Oil B Suel Marketer Forter fer Facility ssor Jser ers, Transfer Facilit nd Marketers must	ties, Collectic pay an annua	on Centers, Off- al \$100	this registra demonstrate Liability Ins Signature of David S	tion form. Evidence by the attached surance, DEP for f Authorized Perso trickland	ce of financial resp Used Oil Transpo 6 62-710.901(4), F Luus on	oonsibility is rter Certificate of	
 X a. Transport X b. Transport (2) □ Collection (3) □ Used Oil F (4) □ Off-Specif (5) □ Used Oil Filter (6) Used Oil Filter X a. Transport X b. Transport C. Proce I d. End U 	Center rocessor (A permit ication Used Oil B ruel Marketer borter fer Facility ssor Jser ers, Transfer Facilit and Marketers must Dil Processors are ex-	ties, Collectic pay an annua xempt from th	on Centers, Off- al \$100 his fee. If	this registra demonstrate Lizbility Ins Signature of David S Print Name (9) The reg	tion form. Evidence and by the attached surance DEP for f Authorized Perso trickland of Authorized Perso cords required u	ce of financial resp Used Oil Transpo 62-710.901(4), F Luus on rson	oonsibility is rter Certificate of A.C.	
 X a. Transport X b. Transport (2) □ Collection (3) □ Used Oil F (4) □ Off-Specifies (5) □ Used Oil Filter (6) Used Oil Filter X a. Transport X b. Transport C Proce I d. End U 	Center rocessor (A permit ication Used Oil B ruel Marketer borter fer Facility ssor Jser ers, Transfer Facilit and Marketers must Dil Processors are ex- neck or money orde	ties, Collectic pay an annua xempt from th r, in the amou	on Centers, Off- al \$100 his fee. If unt of \$100,	this registra demonstrate Liability Ins Signature of David S Print Name (9) The reg	tion form. Evidence ad by the attached surance, DEP for f Authorized Perso trickland of Authorized Per	ce of financial resp Used Oil Transpo 62-710.901(4), F Luus on rson	oonsibility is rter Certificate of	

•				EPA ID No.	FLR	000108571		
D. Othe	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.							
your faci	lity. List them in th	lerally Regulated H the order they are present s list codes routinely o	nted in the regulations	(e.g., D001, D003,	F007, U112).	zardous wastes handled at are needed.		
/ D(001 2	3	4	5	6	7		
8	9	10	11	12	13	14		
15	16	17	18	19	20	21		
22	23	24	25	26	27	28		
11. Oth	ier Status Chang	es (Mark 'X' in all t	hat apply):					
B. Fa	 (2) Waste generat (3) Other (explain cility Closed (1) Closed at this be handling to 	onger generates, transp ed by business has bee) location and moved of regulated waste there. ss - Business closed of	r moving to another -	submit a new Form	1 8700-12FL for the	new location if you will		
_	• •	phone number where y						
	Contact		Phone					
	City, State, Zip							
	C. Property Tax	Default	D. Petiti	on for Bankruptc	y Protection			
in accord informat for subm facility, I	lance with a system ion submitted is, to hitting false informa I am aware that tran	designed to assure tha the best of my knowle tion, including the pos- sfer facilities must con	It qualified personnel p dge and belief, true, a sibility of fine and imp nply with the requiren	properly gather and ccurate, and comple prisonment for know	evaluate the informate tete. I am aware that t wing violations. If I	there are significant penalties have notified as a transfer le 62-730.182, FAC.		
Signatu	7	rator, or an author ntavive	ized	Print Name and	Title	Date Signed (mm-dd-yyyy)		
14	no. Al	itus	David St	rickland, Enviro	onmental Mgr	03/15/200.		
						1 11 11 11		
		· · ·			·····			
If the p	erson who filled in	this form is not the F	facility Contact or O	perator, please co	nplete the informat	tion below:		
(Name o	(Name of person completing this form) (Phone Number) (E-mail Address)							
13. Co	mments:							

•



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 reporting period January 1, 2009 through December 31, 2009 Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent] to complete this document

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS								
1. Company Name: Ring Paul Corputation 2. Telep	hone No. (<u>104</u>) 19	14-1417						
Site Address: 390 SW Ring Court								
Lake City 32025 3. EP.	A ID NO. FLD 92	P4206854						
∂ o Check box if any of the above items (1-3) have changed since your last registration		·						
Name of person preparing report (please print) David Strickland								
Title <u>Environmental Mgr</u> Phone number (if different from #2, above) (
5. Type of operation (check as many as apply to your operations) Used Oil: of Transporter of Transfer Facility to Collection Center/Aggregation Point of Process of Burner (of off-specification used oil)								
SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED O	IL FILTER HANDLERS	SEE SECTION C)						
1. Amount (in gallons) of Used Oil and Oily Wastes collected a. In Florida	Mixed							
b. From out of state	<u> </u>							
c. Beginning Inventory		the second s						
d . Total (sum of totals from Lines a + b + c)								
	In State	Out of State						
Amount (in gallons) of Used Oil and Oily Wastes Managed	0 070							
N - Not an end use, transferred to another facility for storage or processing	2,210	<u> </u>						
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								
D - Disposed of Landfilled Treated at a wastewater treatment unit Incinerated								
3. Total amount (in gallons) of used oil managed	2,278							
4. End of year, on hand estimate (Difference between Lines 1D and Line 3)								



l

Department of Environmental Protection FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #52-719.591(4) Form Tible <u>Certificate of Lightly insurance</u> <u>Used Cil Transconters</u> Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

	Discover Property & Casualty Insurance	Please Print or Ty	4401 Manthalda Dhuma Guite	a 250 Atlanta C A 2022	7			
1.	(Name of the insurer)	, (the Insurer),	4401 Northside Pkwy, Suit	OA 5052				
	(Name of the Insurer)							
	hereby certifies that it has issued liability insurance	to:	ver Corporation	(the Insured),				
			me of the Insured)					
	390 SW Ring Court, Lake City, FL	w	hose EPA Identification nu	mber is FLD98420	<u>6854</u> .			
	(Address of the Insured)							
	This insurance complies with the insured's obligation	on to demonstr	ate the financial responsibi	lity required by Florida				
	Administrative Code Rule 62-710.600(2)(e). [See							
	The insurance is primary and the company shall be	e liable for amo	unts up to \$5,000,000	less the dedu	ictible or			
	retention of \$_3,000,000 for each acci	ident exclusive	of legal defense costs. If a	deductible or retention	n is applied,			
	its amount may not exceed 10% of the equity of the	e Insured.			}			
	This coverage is provided under policy number The expiration date of said policy is04-01-10 (Date	D004A00337	issued on	04-01-09	N .			
			, iocade on	(Date) 04-01-10	_,			
	The expiration date of said policy is(Date	or ti e}	ie annual renewal date is _	(Date)	- *			
2								
۷.	The Insurer further certifies the following with respe	ect to the Insuri	ince described in Paragrap	n 1:				
	a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.							
	b. The Insurer is liable for the payment of amounted by the Insured for any such payment made by the I		luctible applicable to the p	olicy, with a right of rei	nbursement			
	mental Protection (FD ndorsements.	EP), lhe						
d. Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.								
	e. The Insurer shall not be liable for the payment of accidents which occur after the termination of the insurer for the payment of any such judgments	insurance desci	ribed herein, but such term	ination shall not affect	the liability of			
	I hereby certify that the incurer is thensed to transi surplus lines insurer to one or more States, includ	act the busines ing Florida.	s of insurance, or eligible to	o provide insurance as	an excess or			
	And		Authorized Repres	entative of				
(S	ignature of insurer or Authorized Representative)							
	L. Kipp Minter		Discover Property	& Casualty Insurance				
(1	ype Name)	BB&T	J. Rolfe Davis Insurance.					
	Senior Vice President		4927, Orlando, FL 32802-4	1927				
(T	ītle}	(Address o Page 1 o	f Representative) 12					



Ring Power Corporation 10421 Fern Hill Drive Riverview, FL 33569 (813) 671-3700

Re: Halogen testing procedures for Used oil collection

Ring Power Corp. does not engage in the collection of Used Oil and / or Filters generated by anyon other than our employees.

We do not and will not accept or transport any used oil or filter stored in any container, tank, barrel c bucket which has been removed by anyone other than a Ring Power technician.

We collect oil and filters only from engine and drive train servicing,, performed by our employees and removed directly from the from the unit being serviced, which is then returned to our facility for storage awaiting removal and recycling by our vendor, Synergy Recycling LLC. This product is checked for halogens before removal from our property by Synergy Recycling.

Explanation of this procedure is a part of our annual training provided to all our preventive maintenance drivers and dispatchers.