

2007 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

Site EPA_ID FLD0093598548 Site Name North Florida Shipyard New Site Contact? Phone:

	form	rcv pages	Submission		Quality Control		QC error pages	Data Entry		Transfer	
			Paper	Disk	initial	date		initial	date	Initial	Date
Receipt and Data Entry	SI	3	✓		Et	2/28		Et	2/29	Ag	3/7
	GM	1									
	WR										
	OI	1									

	form	page	sub pg	Action Item	QC		Site Contact		Corrective Action	data entry		DE Comment
					init	date	date	date		initial	date	
Data entry or Basic edit errors	SI	2		Didn't check generator status	Et	2/28	Vernon Wright	2/24	Checked it (LOG)	Et	2/29	left message

Advanced Edit Errors	form	page	sub pg	Action Item	QC init	QC date	Site Contact	date	Corrective Action	data entry initial	data entry date	DE Comment

Subsequent Notification Notification DATA Entered by: _____ Date: / /

<p>SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.</p>	<p>United States Environmental Protection Agency</p> <p>RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>	
<p>1. Reason for Submittal (See instructions on page 9)</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)</p> <p><input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report</p>	
<p>2. Site EPA ID Number (page 10)</p>	<p>EPA ID Number</p> <p style="text-align: center;">F L D 0 9 3 5 9 8 5 4 8</p>	
<p>3. Site Name (page 10)</p>	<p>Name:</p> <p style="text-align: center;">North Florida Shipyards</p>	
<p>4. Site Location Information (page 10)</p>	<p>Street Address: 2060 East Adams Street</p>	
	<p>City, Town, or Village: Jacksonville</p>	<p>State: Florida</p>
	<p>County Name: Duval</p>	<p>Zip Code: 32202</p>
<p>5. Site Land Type (page 10)</p>	<p>Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)</p>	<p>A.</p> <p style="text-align: center;">336611</p>	<p>B.</p>
	<p>C.</p>	<p>D.</p>
<p>7. Site Mailing Address (page 11)</p>	<p>Street or P. O. Box: P.O. Box 3255</p>	
	<p>City, Town, or Village: Jacksonville</p>	
	<p>State: Florida</p>	
	<p>Country: Duval</p>	<p>Zip Code: 32206</p>
<p>8. Site Contact Person (page 11)</p>	<p>First Name: Vernon</p>	<p>MI: L Last Name: Wright</p>
	<p>Phone Number: (904) 354-3278 Extension: 254</p>	<p>E-mail address:</p>
<p>9. Operator and Legal Owner of the Site (pages 11 and 12)</p>	<p>A. Name of Site's Operator: North Florida Shipyards</p> <p>Date Became Operator (mm/dd/yyyy): 01-01-1970</p>	
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
	<p>B. Name of Site's Legal Owner: Commodores Point Terminal Corp</p>	<p>Date Became Owner (mm/dd/yyyy): 04-01-48</p>

9. Legal Owner (Continued) Address	Street or P. O. Box: 1010 East Adams Street	
	City, Town, or Village: Jacksonville	
	State: Florida	
	Country: USA	Zip Code: 32202

10. Type of Regulated Waste Activity
 Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

A. Hazardous Waste Activities Complete all parts for 1 through 6.

<p><input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste If "yes", choose only one of the following - a, b, or c.</p> <p><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> N <input type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> N <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p>	<p><input type="checkbox"/> N <input type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> N <input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> N <input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> N <input type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> N <input type="checkbox"/> 6. Underground Injection Control</p>
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B. Universal Waste Activities

~~N~~ 1. **Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply:**

Managed

a. Batteries	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>

~~N~~ 2. **Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
 Mark all boxes that apply.

~~N~~ 1. **Used Oil Transporter**
 If "yes", mark each that applies.

a. Transporter

b. Transfer Facility

~~N~~ 2. **Used Oil Processor and/or Re-refiner**
 If "yes", mark each that applies.

a. Processor

b. Re-refiner

~~N~~ 3. **Off-Specification Used Oil Burner**

~~N~~ 4. **Used Oil Fuel Marketer**
 If "Yes", mark each that applies.

a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

b. Marketer Who First Claims the Used Oil Meets the Specifications

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 Hazardous Waste Report

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: North Florida Shipyards, Inc.

EPA ID NO: FLD 0193 5198 5418

FORM 01

OFF-SITE IDENTIFICATION

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>NJ 0154 1126 1164</u>	B. Name of off-site installation or transporter <u>Freehold Cartage Inc.</u>
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation
	Street <u>P.O. Box 5010</u>
	City <u>Freehold</u>
	State <u>NJ</u> Zip <u>01772 1815 010</u>

Site 2	A. EPA ID No. of off-site installation or transporter <u>AR 0181 0157 8170</u>	B. Name of off-site installation or transporter <u>Rineco Inc.</u>
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation
	Street <u>1007 Vulcan Road</u>
	City <u>Benton</u>
	State <u>AR</u> Zip <u>72101 5</u>

Site 3	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation
	Street _____
	City _____
	State _____ Zip _____

Site 4	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation
	Street _____
	City _____
	State _____ Zip _____

Comments:

U.S. ENVIRONMENTAL PROTECTION AGENCY

2007 Hazardous Waste Report

WASTE GENERATION AND MANAGEMENT

FORM GM

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: North Florida Shipyards, Inc.

EPA ID NO: E 1 D 0 9 3 5 9 8 5 4 8

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste description General Type Spent Solvents, Ignitable Mineral Spirits

B. EPA hazardous waste code D001 F003
D002

C. State hazardous waste code _____

D. Source code G106
Management Method code for Source code G25 _____

E. Form code W209

F. Quantity generated in 2007 30800.00

G. UOM Density _____
 lbs/gal sg

Sec. 2 Was any of this waste managed on site? (pages 24 and 25)
 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)
 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code	Quantity treated, disposed, or recycled on site in 2007	On-site Management Method code	Quantity treated, disposed, or recycled on site in 2007
<u>4</u>	_____	<u>4</u>	_____

Sec. 3 A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)
 1 Yes (CONTINUE TO BOX B) 2 No (FORM IS COMPLETE)

Site	B. EPA ID No. of facility to which waste was shipped	C. Off-site Management Method code Shipped to	D. Total quantity shipped in 2007
Site 1	<u>AR 10 81 0 57 8 70</u>	<u>41131</u>	<u>30800.00</u>
Site 2	_____	<u>4</u>	_____
Site 3	_____	<u>4</u>	_____

Comments: