



ENVIRONMENTAL REMEDIATION SERVICES, INC.

Env. Rem. Services 8/13/04

File: FDEP/ Used Oil Permit
December 20, 1995

Ms. Joan M. Flint
Florida DEP
Hazardous Waste Management Section
Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Re: FLD984178152

Dear Ms. Flint:

current correct ID #

RECEIVED
DEC 27 1995
HAZARDOUS WASTE

Please find enclosed the additional information you requested to update Environmental Remediation Services' Used Oil information.

If there are any questions concerning this matter, please do not hesitate to contact me at 721-7225.

Sincerely,

Charles M. Owens,
President/ Sr. Chemist

DATA ENTERED

JAN 5 Ent'd

BY _____

Attachments

DOCKET# *C.04.1*



Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

TO: Used Oil Transporters

FROM: Joan M. Flint, Administrative Assistant *JMF*
Hazardous Waste Management Section

DATE: November 8, 1995

SUBJECT: Updating Information

In a review of EPA Notification files, we find that your Used Oil information is not current.

Please complete the attached form and return it to me as soon as possible so that we may complete the update of our files.

Thank you.

JMF/f

Attachment

RECEIVED
DEC 27 1995

HAZARDOUS WASTE

RECEIVED
NOV 10 1995
RECEIVED

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

RECEIVED
Date Received
(For Official Use Only)
DEC 27 1985

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

HAZARDOUS WASTE

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

FLD984178152

II. Name of Installation (Include company and specific site name)

ENVIRONMENTAL REMEDIATION SVCS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

465 TRESKA ROAD

Street (Continued)

City or Town

JACKSONVILLE

State

FL

Zip Code

32225-

County Code

County Name

DUVAL

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

OWENS

(First)

CHARLES

Job Title

PRESIDENT

Phone Number (Area Code and Number)

904-221-7225

VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

SAME

Street, P.O. Box, or Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Yes

No

(Date Changed)
Month Day Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Deferral <input type="checkbox"/> 2. Small Quantity Exemption. Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications <input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.21 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	8	9	10	11	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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.

Signature <i>Charles M. Owens</i>	Name and Official Title (Type or print) <i>Charles M. Owens, President</i>	Date Signed <i>12/19/85</i>
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XI. Comments

and filter transport, filter facility

new

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

3116 P04894
United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number
FLD984178152

II. Name of Installation (Include company and specific site name)

FLD984261412
ENVIRONMENTAL REMEDIATION SVCS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

465 TRESKA ROAD

Street (continued)

City or Town

JACKSONVILLE

State

FL

ZIP Code

32225-6566

County Code

County Name

031 DUVAL

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

OWENS

(first)

CHARLES

Job Title

PRESIDENT

Phone Number (area code and number)

904-721-7225

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

City or Town

JACKSONVILLE

State

FL

ZIP Code

32225-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CHARLES M OWENS

Street, P.O. Box, or Route Number

10956 SOUTH RACEY CREEK DRIVE

City or Town

JACKSONVILLE

State

FL

ZIP Code

32225-

Phone Number (area code and number)

904-721-7225

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

Yes No

ID - For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input checked="" type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input checked="" type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify <input type="text"/></p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p>2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p> <p><input type="checkbox"/></p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Charles M. Owens</i>	Name and Official Title (type or print) CHARLES M. OWENS, PRES.	Date Signed 6/24/93
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XI. Comments
