

Honey, Kelly

From: Ruchlewicz, John [john.ruchlewicz@fccenvironmental.com]
Sent: Wednesday, January 05, 2011 11:12 AM
To: Honey, Kelly
Cc: Thornburgh, Conrad
Subject: FW: Hot Railcar
Attachments: PLTX126010.pdf; PTLX126010 final destination.pdf

Kelly,

The hot railcar (PTLX126010) has reached its destination. See attached.

Thank You,

John Ruchlewicz
Plant Manager
FCC Environmental
Hydrocarbon Recovery Services, Inc.
105 South Alexander Street
Plant City, Florida 33563

john.ruchlewicz@fccenvironmental.com
Phone: 813-754-1504x 3132
Fax: 813-754-3789
Cell: 813-478-5204

From: Ruchlewicz, John
Sent: Friday, December 03, 2010 9:58 AM
To: 'kelly.honey@dep.state.fl.us'
Cc: Thornburgh, Conrad; Crandall, Scott
Subject: Hot Railcar

Kelly,

The hot railcar (PLTX126010) was picked up yesterday. See attached.

Thank You,

John Ruchlewicz
Plant Manager
FCC Environmental
Hydrocarbon Recovery Services, Inc.
105 South Alexander Street
Plant City, Florida 33563

john.ruchlewicz@fccenvironmental.com
Phone: 813-754-1504x 3132
Fax: 813-754-3789
Cell: 813-478-5204



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December 3, 2010 9:32 AM EST [H](#)

Railcar Tracking	Historical Trace	Custom Reports	Shipment Tracking Map	Waybill Retrieval
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For assistance with shipment problems, use the [Shipment Problem Resolution](#) tool to contact Customer Service.

CSX - Last 1 Event

Report Name: Trace Type Test: CSX - Last 1 Events Format: V - CSXT's ETA Format

Displaying 1 - 1 of 1 equipment ids.

<input checked="" type="checkbox"/>	EQUIPMENT		EVENT	L/E	TRAIN	EVENT				ROAD	SIGHT	ETA		RESTRICTED CAR
	INIT	NUMBER	DESCRIPTION			CITY	ST	DATE	TIME		CODE	DATE	TIME	
<input checked="" type="checkbox"/>	PTLX	126010	DEPARTED	LOAD	O70902	PLANTCITY	FL	12/02	1050	CSXT	P			
			ARRIVED	LOAD	O70902	WINSTON	FL	12/02	1130	CSXT	A	12/07	1230	

Displaying 1 - 1 of 1 equipment ids.

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January 5, 2011 10:33 AM EST H

Railcar Tracking	Historical Trace	Custom Reports	Shipment Tracking Map	Waybill Retrieval
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For assistance with shipment problems, use the [Shipment Problem Resolution](#) tool to contact Customer Service.

CSX - Last 7 Events

Report Name: Trace Type Test: CSX - Last 7 Events Format: V - CSXT's ETA Format

Displaying 1 - 1 of 1 equipment ids.

<input checked="" type="checkbox"/>	EQUIPMENT		EVENT	L/E	TRAIN	EVENT				ROAD	SIGHT	ETA		RESTRICTED CAR
	INIT	NUMBER	DESCRIPTION			CITY	ST	DATE	TIME		CODE	DATE	TIME	
<input checked="" type="checkbox"/>	PTLX	126010	DEPARTED	LOAD	O70902	PLANTCITY	FL	12/02	1050	CSXT	P			
			ARRIVED	LOAD	O70902	WINSTON	FL	12/02	1130	CSXT	A			
			DEPARTED	LOAD	Q60403	WINSTON	FL	12/03	1910	CSXT	P			
			ARRIVED	LOAD	Q60403	WAYCROSS	GA	12/04	0439	CSXT	A			
			DEPARTED	LOAD	Q49206	WAYCROSS	GA	12/06	0315	CSXT	P			
			ARRIVED	LOAD	Q49206	EASSAVANN	GA	12/06	0708	CSXT	A			
			DEPARTED	LOAD	Q49206	EASSAVANN	GA	12/06	1201	CSXT	P			
			ARRIVED	LOAD	Q49206	CHARLESTO	SC	12/06	1745	CSXT	A			
			DEPARTED	LOAD	F75907	CHARLESTO	SC	12/07	0830	CSXT	P			
			ARRIVED	LOAD	F75907	CEMENTON	SC	12/07	1230	CSXT	A			
			DEPARTED	LOAD	F75508	CEMENTON	SC	12/08	0925	CSXT	P			
			ARRIVED	LOAD	F75508	GIANT	SC	12/08	0930	CSXT	D			
			DEPARTED	LOAD	F75508	GIANT	SC	12/08	0930	CSXT	P			
			PLACED AT INDUSTRY	LOAD	F75508	GIANT	SC	12/08	1000	CSXT	Z			

Displaying 1 - 1 of 1 equipment ids.

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Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

GAR000051946

CHT

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLD065680643	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 000129875	GRR	
5. Generator's Name and Mailing Address FCC ENVIRONMENTAL 1500 Farmers Rd. Suite 6-4, Conyers, GA 30012 105 SOUTH ALEXANDER STREET PLANT CITY, FL 33569							
Generator's Phone: 813-754-1504X3136				Generator's Site Address (if different than mailing address) 1500 Farmers Rd. Suite 6-4, Conyers, GA 30012			
6. Transporter 1 Company Name CSXT				U.S. EPA ID Number FLD008921340			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address GIANT CEMENT COMPANY 654 JUDGE STREET HARLEYVILLE, SC 29448				U.S. EPA ID Number SCD003351699			
Facility's Phone: 803-496-2200							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	RQ WASTE FLAMMABLE LIQUIDS, N.O.S. 3, UN1993, PGH (TRICHLOROETHYLENE)	001	TC	125,000	P	D001	
14. Special Handling Instructions and Additional Information APPROVAL NUMBER: 2515 RAILCAR: PTLX126010 2008 DOT EMERGENCY RESPONSE GUIDE NUMBER: 128 CHEMTREC EMERGENCY NUMBER: 1-800-424-9300 UNIQUE IDENTIFIER: CCN219298 Work Order #98112							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offeror's Printed/Typed Name <i>Conrad Thornburgh</i>		Signature <i>Conrad Thornburgh</i>		Month Day Year 10 27 10			
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <i>CSX Transportation, Inc.</i> Signature <i>Conrad Thornburgh</i> Month Day Year 12 10 10 Transporter 2 Printed/Typed Name _____ Signature _____ Month Day Year _____							
18. Discrepancy 18a. Discrepancy Indication Spec <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____							
18b. Alternate Facility (or Generator) Facility's Phone: _____				U.S. EPA ID Number _____			
18c. Signature of Alternate Facility (or Generator)						Month Day Year _____	
18. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. _____		2. _____		3. _____		4. _____	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name _____ Signature _____ Month Day Year _____							