



Department of Environmental Protection

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

David B. Struhs
Secretary

January 4, 2002

CERTIFIED MAIL

7099 3400 0004 1324 6729

Phil Reed
Service Manager
Ringhaver
401 North Tomoka Farms Road
Daytona Beach, FL 32124

OCD-HW-C-02-0003

Volusia County - HW

Dear Mr. Phil Reed,

The Department is in receipt of your FAX dated January 4, 2002, containing a waste determination for the unknown drum labeled, "NFG" and battery recycling receipts. We appreciate your response.

During the site inspection on November 7, 2001, inspectors were unable to review hazardous waste disposal documents because they were located off-site at the Tampa office. It was stated at that time that Ringhaver must maintain hazardous waste records on-site. However, when requesting the information mentioned above, it was communicated that the information was not available immediately because staff in the Tampa office was on vacation.

According to 40 CFR 262.40 (a), "A generator must keep a copy of each manifest signed in accordance the 40 CFR 262.23 () for three years...." Additionally, 40 CFR 262.40 (c) states, "A generator must keep record of any test results, waste analysis, or other determinations made in accordance with 40 CFR 262.11 for at least three years from the date that the waste was last sent to on-site or off-site treatment, storage, or disposal."

If there are any questions, please contact Nancy McKee at (407) 893-3323.

Sincerely,


Nancy McKee
Hazardous Waste Program

cc: David Brimblecombe, Ringhaver, P.O. Box 30169, Tampa, Florida, 33630

NM

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Phil Reed Mgr.

Rungkaver

401 N Tomoka Farms Rd

Daytona Beach, FL 32124

2. Article Number

(Transfer from service label)

7099 3400 0004 1324 6729 JAN - 4 200

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Michael J. Reed

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

OCD-HW-02-0003

C

NM

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
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Permit No. G-10

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STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
CENTRAL DISTRICT
3319 MAGUIRE BLVD., SUITE 232
ORLANDO, FL 32803 - 3767