

## Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Rick Scott Governor

Jennifer Carroll Lt. Governor

Herschel T. Vinyard, Jr. Secretary

April 08, 2011

Dave Strickland Ring Power Corp PO Box 30169 Tampa, FL 33630- 3169

#### **BE IT KNOWN THAT**

Ring Power Corp 500 World Commerce Pkwy St Augustine, FL 32092- 3788

#### IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)

The Department of Environmental Protection hereby issues
Registration Number FLR000119347 on April 08, 2011
Insurance Carrier: TRAVELERS CASUALTY INS OF AM

Insurance Policy #: HC2ECAP475M5399TCT11
Insurance Ex. Date: 04/01/2012
Transporter Type: FH

This registration will expire on 06/30/2012

This certificate documents receipt of your annual registration and annual report. It shall be displayed in a prominent place at your facility. This certificate and your cancelled check are your receipts.

**Aprilia Graves** 

Engineering Specialist IV

**Hazardous Waste Regulation Permitting** 



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772 Date Received (for FDE **FREE Wee** hly

FEB 24 2011

EPA ID F L R	0 0 0 1 1	9 3 4 7	MTS			RCRAIN			
1. Reason for Submittal	Mark 'X' in correct box:  □ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). □ To provide subsequent notification (to update status and facility identification information). □ Is this the final notification (see instructions) for the facility?								
2. Facility or Business Name		Ring Power Corpor	ration		FEID 5	No. 9 0 9 3	4 2 4 6		
3. Facility Operator (List additional Operators in the	F	Ring Power Corporati		New Operator Date became Operator://					
comments section).	Street or P.O. Box	500 World Co	mmerce Parkw	ay	Phone	Number: 9	04-737-7730		
	City or Town:	St Augus	tine	State:	FL	Zip Code:	32092		
	Operator Type:	Private Federal	State	Other	ſ				
4. Facility Physical Location	Physical Street Ad	dress:	ommerc	ommerce Parkway					
Information	City or Town:	St Augusti	ne	State:	FL	Zip Code:	32092		
	County: St. Johr	ease attacl	ase attach a map or sketch of the facility						
	Latitude:               Longitude:               .     Method:  dd mm ss.ssss dd mm ss.ssss Datum:								
5. Facility North Am Classification Syst Code(s)	0.1010			B.					
6. Facility or	Street Address or P.O. Box: 500 World Commerce Parkway								
Business Mailing Address	City or Town:	State:	FL	Zip Code:	32092				
7. Facility or Business Contact	First Name:	David	Last Name:	Strickland	d	<sup>Title</sup> Ėnviroi	nmental Mgr		
Person	Phone Number:	E-Mail: dave.strickland@ringpower.com							
	Street or P.O. Box: 500 World Commerce Parkway								
	City or Town:	State:	FL	Zip Code:	32092				
8. Real Property (Land) Owner of the Facility's	Name of Real Pro	New Owner Date became Owner:/ mm dd yy							
Physical Location	Street or P.O. Box		Phone	Number: 90	04-737-7730				
(List additional	Street or P.O. Box	500 World Cor	mmerce Parkwa	ıy		•	J <del>4</del>		
(List additional real property owners in the comments	City or Town:	St August		la.	L FL	Zip Code:	32092		

EPA ID No. FLR000119347
nat apply):
For Items 2 through 7, mark 'X' in all that apply.
(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.)
(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
(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.
(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.
e of Liability Insurance is required along with this registration.] n waste only  b. For commercial purposes  ion
Telephone
Expiration date
Water Other - specify
Storage Volume
with the initial notification for a transfer facility [Rule 62-730.171(3),  f the transporter that the proposed location satisfies the  i (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]  lity [Rule 62-730.171(3)(a)3., F.A.C.]  r operations [Rule 62-730.171(3)(a)4., F.A.C.]  171(3)(a)5., F.A.C.]  Rule 62-730.171(3)(a)6., F.A.C.]  30.171(3)(a)7., F.A.C.]

	Mary Mary Control (1987)			de familie en gegende de familie en familie George familie en gegende familie en familie George familie en fami		EPA ID No.	FLR000119347	,
B. Universa	al Waste (UW)	Activities (	(Mark 'X' ir	ı all that apply) (	''accumula	ted" means at any o	ne time):	
Larg	ge Quantity Hand	ler (LQH) =	5,000 kg (1	1,000 lb) or more	of any comb	oination of UW accun	nulated	
⊠ Sma	all Quantity Hand	ler (SQH) =	always less t	than 5,000 kg acci	ımulated			
	-			220 lb) or more ac 100 kg accumulate		by for-hire handler re handler		i
Mei	cury-containing la	amps LQH =	= 2,000 kg (4	1400 lbs/8,000 lam	nps) or more	e accumulated by for-	hire handler	
Mer	cury-containing la	amps SQH =	e less than 2,	000 kg (8,000 lam	ips) accumu	lated by for-hire hand	ller	
	[Note: 4 lan	1ps = 1 kg, 6	52-737.200(1	0)]				
Pha	rmaceuticals LQH	I = 5,000  kg	or more of u	universal pharmac	eutical wast	e (UPW) accumulated	d	
Pha:	rmaceuticals LQF	I = more tha	n 1 kg (2.2 ll	b) of acutely haza	rdous ("P-li	sted") pharmaceutical	waste accumulated	
Pha	rmaceuticals SQH	í = always le	ess than 5,00	0 kg of UPW and	always 1 kg	g or less of acutely haz	zardous UPW accumula	ıted
(1) For those	Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	1 ' '		maximum amount (in transported at any one	-
a. Batteries						1000		
b. Pesticides								
c. Pharmaceuti	cals							
d. Mercury Co	ntaining Devices							
e. Mercury Coi	ntaining Lamps	$\square$				200		
•	Recovery and/or -737, F.A.C.]	Reclamation	on Facility		Note: A hazar F.A.C.]	rdous waste permit is requi	ired for this activity. [Rule 62	!-737.800,
(4) Reverse I	Distributor of UV	v 🗆		Pharmaceuticals		Lamps	Devices	
(5) Destination	on Facility for U	w 🗆		Note: for this activi		must treat, dispose or re	ecycle a UW. A permit is r	equired for
C. Used Oil	Activities:				8) Specific	Certification to be sign	ed by all Used Oil Trans	sporters
	Oil Transporter -	indicate ty	pe(s) of act	ivity(ies):		-	hat the training program a on 62-710.600, F.A.C., are	
× ×	a. Transporter	its					modifications have been	
ſ					orginally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is			
(3) Used Oil Processor (A permit is required for this activity.)			demonstrated by the attached Used Oil Transporter Certificate of					
	Off-Specification		urner		Lizoility Ins	surance, DEP form 62-7	10.901(4), F.A.C.	
	Jsed Oil Fuel Ma Oil Filter	rketer						
(0) Used	a. Transporter				\ \mathread \mathread \ \mathread \ \mathread \ \mathread \ \mathread \mathrea	us Halit	to	
×	b. Transfer Facil	ity				f Althorized Person trickland		
	c. Processor							
	d. End User				Print Name	of Authorized Person		
( <b>7</b> ) Used Oil	Transporters, Trai	nsfer Faciliti	ies, Collectio	on Centers, Off-	1			
Specification	Burners and Mari	keters must p	pay an annua	1 \$100				
_	registration fee. Used Oil Processors are exempt from this fee. If				(9) The records required under the provisions of Rule 62-710.510,			
applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.					e kept at (check one): ailing (business) addre	ess		
	is enclosed.					te (facility) address		
<u> </u>								

300 150/01/ 1 /0 510 500/II

1/0 505 100/01/ 10 5 1 0 500

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	distribute de la compactión de la compac	er en	to de la salidada. Tanta per per personal de la salidada de la salida	EPA ID No	FLR	000119347
	egulated Waste A		☐ Petroleu	m Contact Water	(PCW) Handler [Chermit may be required	
your facility. List	them in the order	they are presented i	n the regulation	ns (e.g., D001, D00		zardous wastes handled at are needed.
<sup>/</sup> D001	<sup>2</sup> D005	<sup>3</sup> D006	<sup>4</sup> D039	<sup>5</sup> F003	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
11. Other Statu	ıs Changes (Ma	rk 'X' in all that a	pply):			
☐ (1) Bus ☐ (2) Was	iness no longer ger te generated by bu	siness has been del	treats, stores, o isted.	r disposes of hazar	dous waste	
be  (2) Out add	sed at this location handling regulated of Business - Busi ress, and phone nu	waste there.	n be reached at	(Date	). Please provide a con	new location if you will
Address						
City, St						
C. Pro	perty Tax Default		D. Peti	ition for Bankrup	tcy Protection	
in accordance with information submi for submitting fals facility, I am awar	a system designed tted is, to the best e information, incl e that transfer facil	I to assure that qual of my knowledge a uding the possibilit	lified personnel and belief, true, y of fine and in with the require	I properly gather an accurate, and comp nprisonment for kn	nd evaluate the information of the detection of the detec	here are significant penalties have notified as a transfer le 62-730.182, FAC.
Signature of ow	representative	al authorized		Print Name an	d Title	Date Signed (mm-dd-yyyy)
	eren A	Vilen	David S	trickland, Envi	ronmental Mgr	02/14/2011
					<del> </del>	
If the person who	o filled in this for	n is not the Facilit	y Contact or (	Operator, please c	omplete the informat	ion below:
(Name of person c	ompleting this for	n)	(Phone Numb	er)	(E-mail Address)	
13. Comments: Annual regis	tration					



# Department of Environmental Protection FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers Effective Date June 9, 2005

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, 2010 through December 31, 2010
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 Power Corporation 2. Telep	hone No. ( <u>904) 49</u>	4-1417
Site Address: 500 World Commerce, Park way		
	A ID No. FLR	NNO 1162
3. EP	A ID No. FLI	m 1143
☐ Check box if any of the above items (1-3) have changed since your last registration		
4. Name of person preparing report (please print)David Strickland		
Title Environmental Manager Phone number (if different from #	2, above) ()	
5. Type of operation (check as many as apply to your operations) Used Oil: ☑ Transporter ☑ Transfer Facility □ Collection Center/Aggregation Point □ Proce □ Burner (of off-specification used oil) Used Oil Filter: ☑ Transporter ☑ Transfer Facility □ Processor □	essor 🗅 Marketer	
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  Automotive Industrial	Mixed	Total
a. In Florida		35,823
b. From out of state	1	
c. Beginning Inventory		
d. Total (sum of totals from Lines a + b + c)		
	In State	Out of State
2. Amount (in gallons) of Used Oil and Oily Wastes Managed		
N - Not an end use, transferred to another facility for storage or processing	35,823	
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	35,823	
4. End of year, on hand estimate (Difference between Lines 1D and Line 3)		



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

DEP Form \$52-710.501(4)
Form Title Certificate of Liability insuran
Lised Oil Transporters
Effective Date June 5, 2005

## Certificate of Liability Insurance Used Oil Transporters Please Print or Type Form

1.	Travelers Property Casualty Co of America Insurer), 4401 Northside Pkwy, Suite 250, Atlanta, GA 30327
	(Address of the Insurer)
	hereby certifies that it has issued liability insurance to: Ring Power Corporation (the Insured),
	(Name of the Insured)
	500 World Commerce Pkwy, St. Augustine, Fl whose EPA Identification number is FLR000119347 (Address of the Insured)
	This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida
	Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]
	The insurance is primary and the company shall be liable for amounts up to $\frac{1,000,000}{1,000,000}$ less the deductible or
	retention of \$\(\frac{1,000,000}{\}\) for each accident exclusive of legal defense costs. If a deductible or retention is applied,
	its amount may not exceed 10% of the equity of the Insured.
	This coverage is provided under policy number HC2ECAP475M5399TCT11, issued on04-01-11
	The expiration date of said policy is
2.	The Insurer further certifies the following with respect to the insurance described in Paragraph 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 amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer.
	c. Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
	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 a copy 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 any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.
	I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus linearinsurer, in one or more States, including Florida.
(5	Authorized Representative of Insurer or Authorized Representative)
	L. Kipp Minter  Travelers Property Casualty Co of America
(T	Type Name)  (Name of Insurer)  Wise President  BB&T – J. Rolfe Davis Insurance
	Vice President  BB&T – J. Rolfe Davis Insurance P.O. Box 4927, Orlando, FL 32802-4927
(T	itle) (Address of Representative)
	Page 1 of 2

DEP Form #52.710.90 ((4)
Form Title Certificate of Liability
Insurance, Used Oil Transporters
Effective Data June 9, 2005

### Chapter 62-710.600(2)(e), Florida Administrative Code Certification Program for Used Oil Transporters

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: <a href="mailto:sebrens.bolton@dep.state.fl.us">sebrens.bolton@dep.state.fl.us</a>, OR Phone (850) 245-8755, email: <a href="mailto:aprilia.graves@dep.state.fl.us">aprilia.graves@dep.state.fl.us</a>