



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

02/20/2012
Eddie Avery, Safety Director
North Florida Shipyards Inc
2060 E Adams St
Jacksonville, FL 32202

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **North Florida Shipyards Inc** located at **2060 E Adams St, Jacksonville , FL32202-1212**

FLD093598548

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Large Quantity Generator; Small Quantity Handler, Universal Waste Lamps, Universal Waste Devices.**

Your facility is **currently registered** for the following activities: **None.**

Your facility is **currently permitted** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD093598548.

For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.



Sincerely,



FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 51177 , Email Address: eavery@nfsy.net

<p>SEND THE COMPLETED FORM TO: The Appropriate State or Regional Office</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>				
<p>1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).</p> <p><input checked="" type="checkbox"/> To provide subsequent notification (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 (If marked, see sub-bullet below)</p> <p><input checked="" type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>				
<p>2. Site EPA ID Number</p>	<p>EPA ID Number: FLD093598548 </p>				
<p>3. Site Name</p>	<p>Name: NORTH FLORIDA SHIPYARDS INC</p>				
<p>4. Site Location Information</p>	<p>Street Address: 2060 EAST ADAMS STREET</p>				
	<p>City, Town, or Village: JACKSONVILLE</p>		<p>County: DUVAL</p>		
	<p>State: FL</p>	<p>Country: US</p>	<p>Zip Code: 32202-</p>		
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>				
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. 336611</p>		<p>B.</p>		
	<p>C.</p>		<p>D.</p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 2060 EAST ADAMS STREET</p>				
	<p>City, Town, or Village: JACKSONVILLE</p>				
	<p>State: FL</p>	<p>Country: US</p>	<p>Zip Code: 32202-</p>		
<p>8. Site Contact Person</p>	<p>First Name: EDDIE</p>		<p>MI: L</p>	<p>Last: AVERY</p>	
	<p>Title: SAFETY DIRECTOR</p>				
	<p>Street or P.O. Box: 2060 EAST ADAMS STREET</p>				
	<p>City, Town, or Village: JACKSONVILLE</p>				
	<p>State: FL</p>	<p>Country: UNITED STATES</p>		<p>Zip Code: 32202-</p>	
	<p>Email: EAVERY@NFSY.NET</p>				
<p>Phone: (904) 354-3278</p>	<p>Ext: 254</p>	<p>Fax: (904) 212-1576</p>			
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: COMMODORES POINT TERMINAL CORP.</p>		<p>Date Became Owner: 04/01/1948</p>		
	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>				
	<p>Street or P.O. Box: 1010 EAST ADAMS STREET</p>				
	<p>City, Town, or Village: JACKSONVILLE</p>			<p>Phone: (904) 355-8311</p>	
	<p>State: FL</p>	<p>Country: UNITED STATES</p>		<p>Zip Code: 32202-</p>	
	<p>B. Name of Site's Operator: NORTH FLORIDA SHIPYARDS INC</p>		<p>Date Became Operator: 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"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>					

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts for Items 1 through 7.

1. Generator of Hazardous Waste

If "Yes" mark only one of the following - a, b, or c.

a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.) of non-acute hazardous waste

c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste

If "Yes" above, indicate other generator activities.

d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

e. United States Importer of Hazardous Waste

f. Mixed Waste (hazardous and radioactive) Generator

2. Transporter of Hazardous Waste
If "Yes", mark all that apply.

- Transporter
- Transfer Facility

3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for these activities

4. Recycler of Hazardous Waste (at your site)
Note: A hazardous waste permit may be required for this activity.

5. Exempt Boiler and/or Industrial Furnace

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, Refining Furnace Exemption

6. Underground Injection Control

7. Receives Hazardous Waste from Off-site

B. Universal Waste Activities Complete all parts 1 - 2.

1. Large Quantity Handler of Universal Waste (you accumulate 5,000 KG or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

Manage or Accumulate

- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other _____
- f. Other _____
- g. Other _____

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities -Complete all parts 1-4.

1. Used Oil Transporter
If "Yes", mark all that apply.

- a. Transporter
- b. Transfer Facility

2. Used Oil Processor and/or Re-refiner -
If "Yes", mark all that apply.

- a. Processor
- b. Re-refiner.

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer
If "Yes", mark all that apply.

- 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

(First 2 Pages on Disk)

North Florida Shipyard

EPA ID No. FLD093598548

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
[Note: 4 lamps = 1 kg, 62-737.200(10)]
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

Received

FEB 13 2012

BSHW

(1) For those Managing	Generate/ Accumulate	Transport	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50.00
e. Mercury Containng Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	400.00

(3) Mercury Recovery and/or Reclamation Facility Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW Pharmaceuticals Lamps Devices

(5) Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:

- (1) Used Oil Transporter - Indicate type(s) of activity(ies)
 - a. Transporter
 - b. Transfer Facility
- (2) Used Oil Collection Center
- (3) Used Oil Processor (A permit is required for this activity.)
- (4) Off-Specification Used Oil Burner
- (5) Used Oil Fuel Marketer
- (6) Used Oil Filter
 - a. Transporter
 - b. Transfer Facility
 - c. Processor
 - d. End User

(8) Specific Certification to be signed by all Used Oil Transporters I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- Our mailing (business) address
- The site (facility) address

EPA ID No. FLD093598548

D. Other State Regulated Waste Activities:

Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.]
 Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

D001	D008	D009	F002	F003	F005	

11. Other Status Changes (Mark 'X' in the appropriate boxes):

A. Non-Handler of Regulated Waste at this facility

- 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
- 2. Waste generated by business has been delisted.
- 3. Other (explain) _____

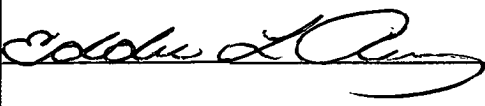
B. Facility Closed

- 1. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
- 2. Out of Business - Business closed on ____/____/____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
 Contact _____ Phone _____
 Address _____
 City, State, Zip _____

C. Property Tax Default

D. Petition for Bankruptcy Protection

12. 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. 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. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	EDDIE L AVERY SAFETY DIRECTOR	01/31/2012

Contact: EDDIE LAVERY

(904)354-3278

eavery@nfsy.net

13. Comments

Land Type: Private Federal Municipal State