



## Florida Department of Environmental Protection

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

Rick Scott  
Governor

Herschel T. Vinyard Jr.  
Secretary

06/06/2013  
Chuck Nevin, Proj Manager  
IntraCoastal Environmental LLC  
1575 Main St  
Atlantic Beach, FL 32233

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 **IntraCoastal Environmental LLC** located at **1575 Main St Ste 1A & 1B, Atlantic Beach , FL32233-6938**

**FLD984216655**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Handler of Hazardous Waste.**

Your facility is **currently registered** for the following activities: **Used Oil Transporter (reg exp on 06/30/2014).**

Your facility is **currently permitted/active** 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=FLD984216655](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984216655).

For further assistance, please contact me at (850) 245-8749 or email at

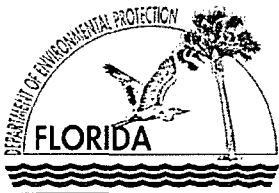
[Glen.Perrigan@dep.state.fl.us](mailto:Glen.Perrigan@dep.state.fl.us) .

Sincerely,

  
FOR

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 33046 , Email Address: [chuck.nevin@lceresponse24.com](mailto:chuck.nevin@lceresponse24.com)

 <b>8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY</b> DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707		Date Received (for FDEP Official Use Only)	
EPA ID: <b>FLR984216655</b>		Please use the instructions document to complete this form	
<b>1. Reason for Submittal</b> <small>(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)</small>		<b>Mark 'X' in the correct box:</b> <small>(must choose one if a notification)</small> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).  <input type="checkbox"/> To provide subsequent notification (to update status and facility identification information).  <input type="checkbox"/> To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)         </div> <div style="text-align: right;"> <b>BSHIV</b> </div> </div>	
		<b>FL Registration(s)</b> <input type="checkbox"/> UW Mercury (see page 3) <input type="checkbox"/> HW Transporter (see page 4) <input type="checkbox"/> Used Oil (see page 4)	
<b>2. Facility or Business Name</b>		<b>IntraCoastal Environmental, LLC</b>	
<b>3. Facility Operator</b> <small>(List additional Operators in the comments section).</small>		Name of Operator: <b>IntraCoastal Environmental, LLC</b> Date became Operator: <u>11</u> / <u>01</u> / <u>2012</u> Street or P.O. Box: <b>8408 Benjamin Rd</b> Phone Number: <del>904-435-0758</del> <b>813-658-3771</b> City or Town: <b>Tampa</b> State: <b>FL</b> Zip Code: <b>33634</b> Country (if not USA): Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	
<b>4. Facility Physical Location Information</b> <small>(No P.O. Boxes)</small> <input type="checkbox"/> Same address as #3 above or:		Physical Street Address: <input type="checkbox"/> Vessel <b>1575 Main Street, #1A</b> City or Town: <b>Atlantic Beach</b> State: <b>FL</b> Zip Code: <b>32233</b> County: <b>Duval</b> Country (if not USA): <div style="text-align: right;"><b>Received</b> MAY 10 2013</div>	
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b> <small>(at least 5 digits)</small>		A. <b>562910</b>           (required)    B. <b>562998</b>           C.              D.	
<b>6. Facility or Business Mailing Address</b>		<input type="checkbox"/> Same address as #__ above or: Street or P.O. Box: City or Town: <b>8408 Benjamin Rd</b> State: <b>FL</b> Zip/Postal Code: <b>33634</b> Country (if not USA):	
<b>7. Facility or Business RCRA Contact Person</b>		First Name: <b>Chuck</b> Last Name: <b>Nevin</b> Title: <b>VP</b> Phone Number: <b>904-435-0758</b> Extension:    E-Mail: <b>chuck.nevin@iceresponse24.com</b> Fax: <b>904-249-8054</b> Street or P.O. Box: <b>1575 Main Street, #1A</b> City or Town: <b>Atlantic Beach</b> State: <b>FL</b> Zip Code: <b>32233</b> Country (if not USA): <input type="checkbox"/> Same address as #__ above or:	
<b>8. Real Property (FL Land) Owner of the Facility's Physical Location</b> <small>(List additional owners in the comments section.)</small> <input type="checkbox"/> Same address as #__ above or:		Name of Owner: <b>Ray-Mond Corbin, Jr.</b> Date became Owner: <u>1</u> / <u>12</u> / <u>1979</u> <input type="checkbox"/> New Owner    mm    dd    yy Street or P.O. Box: <b>1575 Main Street</b> Phone Number: <b>904-923-1583</b> City or Town: <b>Atlantic Beach</b> State: <b>FL</b> Zip Code: <b>32233</b> Country (if not USA): Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____	

<b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b>	EPA ID No.
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**9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**

**(A) (1)Generator of Hazardous Waste**

☐ Yes ☒ No (Do not include Universal Waste or Used Oil)

If YES, Choose only one of the following three categories.

☐ **a. Large Quantity Generator (LQG):**  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) of acute hazardous waste (at least once a year)

☐ **b. Small Quantity Generator (SQG):**  
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste (at least once a year)

☐ **c. Conditionally Exempt SQG (CESQG):**  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste

**In addition, indicate other generator activities that apply.**

☐ d. Short-Term Generator (one-time, not on-going)

☐ e. Episodic: Not more than one-time per year:    SQG    LQG

☐ f. United States Importer of hazardous waste

☐ g. Mixed Waste (hazardous and radioactive) Generator

**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 Order (HWA, etc.)

**(3) ☐ Recycler of Hazardous Waste** (at your facility)  
Specify: ☐ Commercial ☐ Non-Commercial.  
Note: 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) ☐ Receives Hazardous Waste from Off-Site**

**(7) ☐ Underground Injection Control**

**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, K019, P012, U112).  
Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

**11. Other Status Changes** (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

**(A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)

☐ (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

**(B) Facility Closed** (Complete this section only if all business activities at this facility have ceased.)

☐ (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will

☐ (2) Out of Business - Business closed on \_\_\_\_\_ (date)

☐ **(C) Property Tax Default**

☐ **(D) Petition for Bankruptcy Protection**

**12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

<input type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:  Contact for: <input type="checkbox"/> HW Transporter <input checked="" type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name: <b>Chuck</b>	Last Name: <b>Nevin</b>	Title: <b>VP</b>
	Phone Number: <b>904-435-0758</b>	Extension:	E-Mail: <b>chuck.nevin@iceresponse24.com</b>
	Street or P.O. Box: <b>1575 Main Street, #1a</b>		
	City or Town: <b>Atlantic Beach</b>	State:(Country): <b>FL</b>	Zip Code: <b>32233</b>

<b>Universal Waste Notification and Mercury Transporter/Handler Registration</b>		EPA ID No.
<b>12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :</b>		
<b>A. Federal Notification</b>	<input type="checkbox"/> <b>Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time)</b>  <div style="display: flex; justify-content: space-between;"> <span>Accumulates: <input type="checkbox"/> a. UW Batteries</span> <span><input type="checkbox"/> b. Pesticides</span> <span><input type="checkbox"/> c. Pharmaceuticals</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> d. Mercury Containing Devices</span> <span><input type="checkbox"/> e. Mercury Containing Lamps</span> </div> <input type="checkbox"/> <b>Destination Facility for UW</b> Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.	
<b>B. Florida Universal Pharmaceutical Waste (UPW): one-time registration</b>		
<input type="checkbox"/> Pharmaceuticals <b>LQH</b> = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals <b>Acute LQH</b> = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> <b>Reverse Distributor</b> of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])		
<b>C. Florida Annual Mercury Handler Registration:</b>		
<p><b>For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).</b></p> <p><b>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</b></p>		
<b>(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities</b> <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
	<input type="checkbox"/> For-hire <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) <b>SQH</b> = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
	<input type="checkbox"/> Mercury-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>LQH</b> = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + one-time \$1,000 fee+ More Requirements (contact FDEP)
<b>(2) Mercury Recovery and/or Reclamation Facility</b> (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities: <span style="float: right;"><input type="checkbox"/> We use Drum Top Bulb Crusher(s).</span>		
<b>13. Other State Regulated Waste Activities:</b> <b>Petroleum Contact Water (PCW)</b> <input type="checkbox"/> <b>Recovery</b> <input checked="" type="checkbox"/> <b>Transport</b> [62-740 F.A.C.] Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]		

<b>Hazardous Waste and Used Oil Transporter Registrations</b>	EPA ID No. _____										
<b>14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)</b>											
<p><b>Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration.</b> Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. <b>Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.</b></p>											
<p><b>A. HW Transporter Registration Information</b> (must be completed annually and when this information changes)</p> <p><b>This facility is a registered transporter of hazardous waste.</b></p> <p><b>This form is:</b>   <input type="checkbox"/> Initial Registration   <input type="checkbox"/> Renewal   <input type="checkbox"/> Notification of changes   <input type="checkbox"/> Cancel Registration</p> <p style="margin-left: 40px;"><input type="checkbox"/> 1. For own waste only   <input type="checkbox"/> 2. For commercial purposes   <input type="checkbox"/> 3. Both commercial and own waste</p> <p><b>4. Transportation Mode</b>   <input type="checkbox"/> Air   <input type="checkbox"/> Rail   <input type="checkbox"/> Highway   <input type="checkbox"/> Water   <input type="checkbox"/> Other - specify _____</p>											
<p><b>B. HW Transfer Facility Registration Information</b> (must be completed annually and when this information changes)</p> <p><input type="checkbox"/> <b>This facility is a Hazardous Waste Transfer Facility:</b> (at this location) Storage Volume _____</p> <p><b>This form is:</b>   <input type="checkbox"/> Initial Registration   <input type="checkbox"/> Renewal   <input type="checkbox"/> Notification of changes   <input type="checkbox"/> Cancel Registration</p> <p><b>Note:</b> Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.</p> <p><b>The Transfer Facility records required under the provisions of Rule 62-730.171(6) , F.A.C., are kept at (check one):</b></p> <p style="margin-left: 40px;"><input type="checkbox"/> Our mailing (business) address   <input type="checkbox"/> The site (facility) address</p> <p>Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:   <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table></p> <p style="margin-left: 40px;"><b>Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:</b></p>											
<b>15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),</b>											
<p><b>Transporters (exemptions in 40 CFR 279.40(a)(1-4) , transfer facilities, processors, off-specification burners, and/or marketers <u>must annually register</u> with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.</b></p> <p><b>This form is:</b>   <input checked="" type="checkbox"/> Initial Registration   <input type="checkbox"/> Renewal   <input type="checkbox"/> Notification of changes   <input type="checkbox"/> Cancel Registration</p> <p><input checked="" type="checkbox"/> If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.</p>											
<p>(1) Used Oil Transporter - mark activities: (occurring in Florida)</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> a. Transporter (off-site) and noncontiguous locations</p> <p style="margin-left: 40px;"><input type="checkbox"/> b. Transfer Facility</p> <p>(2) <input type="checkbox"/> Collection Center (From businesses, <u>no more than</u> 55 gal per shipment)</p> <p>(3) <input type="checkbox"/> Used Oil Processor (A permit is required.)</p> <p>(4) <input type="checkbox"/> Off-Specification Used Oil Burner</p> <p>(5) Used Oil Fuel Marketer   <input type="checkbox"/> On-Spec   <input type="checkbox"/> Off-Spec</p>	<p>(6) Used Oil Filter Management (must annually register)</p> <p style="margin-left: 40px;"><input type="checkbox"/> a. Transporter</p> <p style="margin-left: 40px;"><input type="checkbox"/> b. Transfer Facility</p> <p style="margin-left: 40px;"><input type="checkbox"/> c. Processor (Annual Report Required )</p> <p style="margin-left: 40px;"><input type="checkbox"/> d. End User</p> <p>(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):</p> <p style="margin-left: 40px;"><input type="checkbox"/> Our mailing (business) address   <input checked="" type="checkbox"/> The site (facility) address</p>										
<p><b>Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.</b></p>											

