

## FLORIDA DEPARTMENT OF Environmental Protection

Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Shawn Hamilton Secretary

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

03/23/2023 Lynn Ballard, Environmental Mgr Groendyke Transport Inc PO Box 632 Enid, OK 73702-0632

The Florida Department of Environmental Protection has reviewed your submittal for a hazardous waste DEP/EPA Identification Number or status/information change.

Based on the information received, you have been issued the following number or reports for **Groendyke Transport Inc** located at **5200 Sterling Way, Pace, FL 32571-2762** 

## DEP/EPA Identification Number: FLR000193292

Your facility status is the following: Very Small Quantity Generator (VSQG).

Florida Administrative Code 62-730 requires all persons who generate, transport, recycle, store, or dispose of hazardous waste to notify the department of their hazardous waste activities. You are required to renotify on form 8700-12FL when there are changes in your operations which would affect your status, activity or contact information. Additional hazardous waste information including the 8700-12FL form can be found at:

https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page.

Please note that pending program registrations, certifications, or permits will be sent to you separately. **To review the details of your status**, visit: <u>https://fldeploc.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLR000193292</u>.

For further assistance, please contact me at (850) 245-8707 or email me at <u>Jeff.Gregg@dep.state.fl.us</u>.

Sincerely,

Jeff Gregg Environmental Manager Waste Compliance Assistance Program

ME ID: 100900, Email Address: <a href="mailto:lballard@groendyke.com">lballard@groendyke.com</a>

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EPA ID:	F	L F	2 0	0	0	1	9	3 2	9	2		use the instructior latory fields	ns doo	cument to complete this form
1. Reason fo Mark 'X' in the correct b (must choose	I submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable) obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities). provide updated information for an EPA ID number (to update status and facility identification information).													
	if a notification)       To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)         To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.         Submitting new or revised notification for Part A for permitted facilities.													
FL Registrat			_	W M	ercur	y (se	e page	4)		XI	HW Transpo	rter (see page 5)		Used Oil (see page 6)
2. Facility or	Busi	ness Nai	me:*				(	Groer	idyk	e Tra	ansport, I	nc.		
3. Facility Phy			on Info	rmat	ion: (	No P.	O. Boxe	es)						
Physical Street	t Add	ress*:						52	200 \$	Sterl	ing Way			Vessel
City or Town:					Milt	on						State: 7	Zip Co	ode: 32571
County*:			Sa	nta F	Rosa	a			Co	ountry	(if not USA) <sup>*</sup>	:		
4. Facility or	Busin	ess Mai	ling A	ddres	s:									
Same addı	ess a	s # <u>2</u> ab	ove or	*:										
City or Town*:				5	State*	ate*: Zip/Postal Code*: Co			puntry (if not USA):					
5. Facility No	rth A	mericar	ı Indu	stry C	lassi	ficati	on Sys	tem (N	AICS	) Cod	le(s)*: (at l	east 5 digits)		
A. <u>4</u>	8	4 1	2 1	(re	equire	d)				В.	_			
C.							D							
6. Facility or Business RCRA Contact Person: Same address as #above or:														
First Name <sup>*</sup> : Last Name <sup>*</sup> :					allard Title <sup>*</sup> : Enviro				onmental Manager					
Phone Number*: Extension*: Fax*:														
E-Mail*: Iballard@groendyke.com														
Street or P.O.	Box	(or same	addre	ss box	is ch	ecked	d)*:					P. O. Box 63	32	
City or Town <sup>*</sup>	÷.			E	nid				Sta	ite*:	OK	Zip Code*: 73702		Country (if not USA):

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date: 12/2019 Page 1 of 10

RCRA Hazardous Waste	Status Notification or Out of	Business Notificatio	n	EPA ID No.*	FLR000193292			
7. Real Property (FL Land)	7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)							
Name of Owner*:	932 Property Group, LLC	Date became Owner <sup>*</sup> : 01 / 01 / 19 New Owner mm dd yy						
Street or P.O. Box (or same ad	dress box is checked)*: P.	Phone Number*: 580-977-3306						
City or Town*:					Zip Code*: 73702 Country (if not USA):			
E-Mail*:	lb	allard@groendyk	e.com	1				
Owner Type*: X Private	Federal Municipal	State County O	ther					
Comments:								
8. Facility Operator (List addi	tional Operators in the comments secti	on). Same address as #_	7_abov	e or:				
Name of Operator*:			Date became Operator <sup>*</sup> :// New Operator mm dd yy					
Street or P.O. Box (or same ad	dress box is checked)*:		Phone	Number*:				
City or Town*:		State*:	Zip Co	ode*:	Country (if not USA):			
E-Mail*:			_l					
Operator Type*: Private	e Federal Municipal	State County	Other		_			
Comments:								
<ul> <li>9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):</li> <li>(1) Generator of Hazardous Waste</li> <li>✓ Yes  No (This does not include Universal Waste or Used Oil)</li> <li>If YES, Choose only one of the following three categories.</li> <li>a. Large Quantity Generator (LQG):</li> <li>Generates in any calendar month (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or</li> <li>Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or</li> <li>Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.</li> </ul>								
<ul> <li>b. Small Quantity Generator (SQG):         <ul> <li>Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material.</li> <li>c. Very Small Quantity Generator (VSQG):                 <ul> <li>Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste.</li> </ul> </li> </ul> </li> </ul>								
<ul> <li>hazardous waste.</li> <li>In addition, indicate other generator activities that apply.</li> <li>d. Short-Term Generator (one-time, not on-going)</li> <li>e. Mixed Waste (hazardous and radioactive) Generator</li> <li>f. United States Importer of hazardous waste</li> <li>g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required)</li> <li>h. Episodic: Not lasting more than 60 days: SQG LQG (Addendum B Required)</li> <li>i. Electronic Manifest Broker, as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.</li> </ul>								

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RCRA Hazardous Waste Status	Notification or Out	of Business	Notification	EPA ID	No.* FLR000193292			
9. RCRA Hazardous Waste	Activities at this	Facility con	tinued: (Mark 'X'	in all that apply):				
For Items 3 through 9, mark 'X' i	n all that apply.							
(2) Treater, Storer, or Disposer of Hazardous Waste (at your facility—Choose Only One) Note: A hazardous waste permit may be								
required for this activity.								
a. Operating Commercial TSD								
b. Operating Non-Commercial TSD								
c. Non-Operating: Po	stelosure or Corrective	Action Permit	or Order (HSWA, etc.)					
(3) Recycler of Hazardous	and the second se							
Specify: Commerc	providence							
	or to recycling							
(4) Exempt Boiler and/or	Industrial Furnace							
	On-site Burner Exemp							
b. Smelting, Melting	ng, and Refining Furna	ace Exemption						
(5) Person Authorized to I Choose this management EITHER a copy of you	ent activity ONLY if y	ou attach	Generated at Other F R the authorization you		).			
(6) Receives Hazardous V	Vaste from Off-Site							
(7) Underground Injectio	n Control							
(8) Recognized Trader—	Mark all that apply							
a. Importer								
b. Exporter	Smant Land Aald Da	ttanias (SLADa	and an 40 CED such as	at C Mark all that	ann hu			
(9) Importer/Exporter of a. Importer	Spent Lead-Acid Ba	tteries (SLABS	) under 40 CFK subpa	reg Mark an that	арріу			
b. Exporter								
10. Waste Codes for Federa	lly Regulated Ha	zardous Wa	stes*: List the waste	codes of the Federal I	hazardous wastes handled at			
your facility. List them in the		0						
Hazardous waste transporters mus	3	or usually transp	5	6	1 more spaces are needed.			
· · · · · · · · · · · · · · · · · · ·	5				ĺ.			
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	items 9 and 10 should	be left blank and iter	ns 12-16 skipped):			
(A) Central Accumulation Area			interno y una re onouro		10 12 10 okipped).			
Central Accumulation A								
		II husingas activ	ution at this facility have	(hereen p				
(B) Closure Dates:	<ul> <li>Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.)</li> <li>(B) Closure Dates:</li> </ul>							
(1) Expected closure date (date in mm/dd/yyyy)								
(a) Requesting new closure date								
(date in mm/dd/yyyy)								
a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)								
b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)								
				uptcy Protection	-			

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Universal Waste Notification and Mercury Transporter/Handler Registration EPA II	D No.* FLR000193292							
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :								
A. Federal Notification								
Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)								
Accumulates: a. UW Batteries b. Pesticides c. Pharmace	enticals							
d. Mercury Containing Devices e. Mercury Conta	ining Lamps							
Destination Facility for UW Note: For this activity, a facility must treat, dispose, or recycle a A permit is required for storage prior to recycling.	UW.							
B. Florida Universal Pharmaceutical Waste (UPW): one-time notification								
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated	(at any one time)							
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmace	utical waste (UPW) accumulated (at any							
C. Florida Annual Mercury Handler Registration:								
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.,F.A.C. (please contact FDEP first).         If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.         (1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Handler for-hire Activities         Ist Annual Registration       Annual Renewal         One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached								
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices								
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual							
Mercury-Containing Devices (thermostats, etc.) <b>SQH</b> = less than 100 kg accumulated by for-hire	handler Registration							
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire han								
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for	-hire handler Annual Registration + one- time \$1,000 fee+							
$\square Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler (contact FDEP) More Requirements (contact FDEP)$								
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) Annual Registration Ist Annual Registration Annual Renewal								
Briefly Describe your Universal Waste Activities:       We use Drum Top Bulb Crusher(s).         13. Other State Regulated Waste Activities:       Petroleum Contact Water (PCW)       Recovery       Transport [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)] F.A.C.							

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Hazardous Waste Transporter and Academic Laboratories	EPA ID No.*	FLR000193292						
4. HW Transporter Activities: (Mark 'X' and complete all that apply if you nee	d <b>to re</b> gister your H	W Transporter activities)						
<b>Transporters of and Transfer Facilities for Hazardous Waste in the State of renew their registration.</b> Evidence of casualty/liability insurance pursuant to 62-730. Transporters and transfer facilities may only begin operations after receiving approval from	170(2)(a) is required							
Generators who transport waste only within the boundaries of their facility s	should NOT regist	er in box 14.A below.						
A. HW Transporter Registration Information (must be completed annual	ly and when this in	formation changes)						
This form is: I Initial Registration Renewal Notification of	changes Can	cel Registration						
1. For own waste only								
2. For commercial purposes								
3. Both commercial and own waste								
4. Transportation Mode Air Rail Highway Water O	than enwith							
4. Transportation Mode All Kan Highway water 0	finer - specify							
B. HW Transfer Facility Registration Information (must be completed a	annually and when	this information changes)						
This facility is a Hazardous Waste Transfer Facility: (as listed in	Item 3) Storage Vol	ume						
This form is: Initial Registration Renewal Notification of	changes Can	cel Registration						
Note: Hazardous Waste transfer facilities must comply with the requirements of R	ule 62-730.171, F.A.	C., and Rule 62-730.182, F.A.(						
<b>The Transfer Facility records required under the provisions of Rule 62</b> -730.17 Our mailing (business) address The site (facility)		ept at (check one):						
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this								
Please see 14.C for additional items to be submitted for registration of a Hazardou. Florida Administrative Code (F.A.C.)]:	s Waste Transfer Fa	ncility [Rule 62-730.171(3),						
<b>C.</b> The following items are required to be submitted with the initial notification for a tra- submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrat		y changed items must be						
Certification by a responsible corporate officer of the transporter facility that the pro-	posed location satisfi	es the criteria of						
Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]								
Evidence of the transporter facility's financial responsibility [Rule $62-730.171(3)(a)$								
A brief general description of the transfer facility operations [Rule 62-730.171(3)(a) A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]	)4., F.A.C.							
A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]								
A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]								
<b>15. Eligible Academic Entities with Laboratories</b> —Notification for optilaboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K	ting into or with	drawing from managing						
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the ma	magement of hazard	lous wastes in laboratories						
See the item-by-item instructions for definitions of types of eligible acad								
a. College or University								
<ul> <li>b. Teaching Hospital that is owned by or has a formal written affiliation a</li> <li>c. Non-profit Institute that is owned by or has a formal written affiliation a</li> </ul>								
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardo	ne waster in Johnmit	antas						

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Used Oil and Hazardous Secondary Material	EPA ID No.*	FLR000193292					
16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that app	<b>p</b> (y)						
Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers <u>must</u> <u>annually register</u> with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.							
This form is: 🔲 Initial Registration 🗌 Renewal 🔲 Notification of c	hanges 🗌 Canc	el Registration					
If applicable, a check or money order, in the amount of \$100, payable to Florida Dep UO Collection Centers must check 16.(2) of this form (not as a registration).	partment of Environn	nental Protection is enclosed.					
(1) Used Oil Transporter - mark 'X' in all that apply: (occurring in Florida)							
a. Transporter (off-site) and noncontiguous locations							
b. Transfer Facility							
(2) Collection Center (From businesses, <u>no more than</u> 55 gal per shipment)							
(3) Used Oil Processor (A permit is required.)							
<ul> <li>(4) Used Oil Re-refiner (A permit is required.)</li> </ul>							
(5) Off-Specification Used Oil Burner							
Utility Boiler Industrial Boiler Industrial Furnace							
(6) Used Oil Fuel Marketer On-Spec Off-Spec							
<ul> <li>(7) Used Oil Filter Management (must annually register) <ul> <li>a. Transporter</li> <li>b. Transfer Facility</li> <li>c. Processor (Annual Report Required )</li> <li>d. End User (see instructions for definition)</li> </ul> </li> <li>(8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check - Our mailing (business) address (as listed in Item 4)</li> <li>The site (facility) address (as listed in Item 3)</li> </ul>	one):						
<ul> <li>(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))</li> <li>ALL registered UO transporters must submit an annual report except generators within their own company.</li> <li>UO transporters transporting off-site over public highways only within their ow</li> <li>UO transporters transporting more than 500 gallons/year must submit proof of i submission as a certified used oil transporter in section 19 (except those exemption)</li> <li>The used oil annual report is attached</li> </ul>	vn company must sub insurance annually, ar ted by Rule 62-710.6	mit proof of insurance. nd must sign and certify this 00(1), F.A.C.).					
17. Notification of Hazardous Secondary Material (HSM) Activity							
(1) Notifying under 40 CFR 260.42 that you will begin managing, are managing, or w under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required		ardous secondary material					
(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process comparable to or unable to be compared to a legitimate product or intermediate but (Addendum C Required)							
DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.4	1000002 FAC Effe	crive Date: 12/2019 Page 6 of 10					

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Required signature page		EPA ID No.*	FLR000193292
18. Comments (attach a page if more space is needed):			
Completion of this form is for ownship/o	perator name change r	notification.	
<b>19. Certification:</b> I certify under penalty of law that this accordance with a system designed to assure that qualifies submitted is, to the best of my knowledge and belief, true false information, including the possibility of fine and in	ed personnel properly gather and le, accurate, and complete. I am a	evaluate the informat ware that there are sig	ion submitted. The information
<b>I certify as a Used Oil Transporter</b> that I am famil tation and have an annual and new employee training pro- bility is demonstrated by the Used Oil Transporter Certi	ogram in place covering the appli ficate of Liability Insurance, DEF	cable used oil rules. I	Evidence of financial responsi-
Signature of owner, operator, or an authorized represent L Ballard		n-dd-yyyy): 21.2025	
Print Name (First, Middle Initial, Last):	Title:		
Lynn Ballard		Environmenta	Manager
Organization: 1932 Property Group, Inc.	Used Oil		
Email:	lard@groendyke.com		
Signature of owner, operator, or an authorized represent		<b>n-d</b> d-yyyy):	
Print Name (First, Middle Initial, Last):	Title:		
Organization:	Used Oil		
Email:			
If the person that filled in this form is not the Facility Co	ontact or Operator, please com	lete the information	below:
(Name of person completing this form) (Pl DEP Form 62-730 900(1)(b) adopted by reference in rule 62-730 15	hone Number)	(E-mail Address)	tive Date: 12/2019 Page 7 of 7

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