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NAS CECIL FIELD
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LETTER REGARDING NOTIFICATION OF REGULATED WASTE ACTIVITY CHANGE FROM
LARGE TO SMALL GENERATOR NAS CECIL FIELD FL
2/27/2012
NAVFAC SOUTHEAST



DEPARTMENT OF THE NAVY
BASE REALIGNMENT AND CLOSURE
PROGRAM MANAGEMENT OFFICE SOUTHEAST
4130 FABER PLACE DRIVE
SUITE 202
NORTH CHARLESTON, SC 29405

Ser BPMOSE afs/0034
27 Feb12

Florida Department of Environmental Protection
Attn: Mr. Jack Griffith
2600 Blairstone Road, Twin Towers
Mail Stop 4550
Tallahassee, Florida 32399-2400

Subj: FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY CHANGE FROM
LARGE QUANTITY GENERATOR (LQG) TO SMALL QUANTITY GENERATOR
(SQG) AT FL5170022474, FORMER NAVAL AIR STATION CECIL FIELD, FL

Dear Mr. Griffith:

Enclosed please find a hard copy of form 8700-12FL documenting the notification of regulated waste activity change from a LQG to SQG for the former Naval Air Station Cecil Field. An electronic copy of this form was sent on February 23, 2012.

If you have any questions or comments please do not hesitate to contact Art Sanford at art.sanford.ctr@navy.mil.

Sincerely,

A handwritten signature in blue ink, reading "Mark E. Davidson", is positioned above the typed name.

MARK E. DAVIDSON
BRAC Environmental Coordinator

Encl: (1) 8700-12FL –Florida Notification of Regulated Waste Activity

Copy to w/o encl:

FDEP (David Grabka)
Tetra Tech (Rob Simcik)
Tetra Tech (Joe Logan)
NAVFAC LANT (Stacin Martin)



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 FDEP Official Use Only)

EPA ID FL5170022474

MTS

RCRAInfo

1. Reason for Submittal

Mark 'X' in correct box:

- To provide initial notification
To provide subsequent notification
Is this the final notification

2. Facility or Business Name

NAVFAC SOUTHERN DIV - Cecil Field

FEID No.

Grid for FEID No.

3. Facility Operator

Name of Operator:

U.S. Navy

New Operator

Date became Operator: 07 / 22 / 1941

Street or P.O. Box:

4130 Faber Place Suite 202

Phone Number:

(843) 743-2135

City or Town:

North Charleston

State: SC

Zip Code:

29405

Operator Type: Private Federal Municipal State Other

Federal

4. Facility Physical Location Information

Physical Street Address:

103rd Street and Normandy Blvd

City or Town:

Jacksonville

State: FL

Zip Code:

32215

County: Duval

If available, please attach a map or sketch of the facility boundaries.

Latitude: 30 14 45.8000

Longitude: 81 53 30.3000

Method: geocoder.us Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)

A. 928110

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

4130 Faber Place Suite 202

City or Town:

North Charleston

State: SC

Zip Code:

29405

7. Facility or Business Contact Person

First Name:

Art

Last Name:

Sanford

Title: Remedial Project Manager

Phone Number:

(843) 743-2135

Extension:

E-Mail:

art.sanford.ctr@navy.mil

Street or P.O. Box:

4130 Faber Place Suite 202

City or Town:

North Charleston

State: SC

Zip Code:

29405

8. Real Property (Land) Owner of the Facility's Physical Location

Name of Real Property (Land) Owner:

Jacksonville Aviation Authority; U.S. Navy (See Comments)

New Owner

Date became Owner: 07 / 15 / 2005

Street or P.O. Box:

14201 Pecan Park Rd.

Phone Number:

(904) 741-2000

City or Town:

Jacksonville

State: FL

Zip Code:

32218

Owner Type: Private Federal Municipal State Other

Federal

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****For Items 2 through 7, mark 'X' in all that apply.****(1) Generator of Hazardous Waste**

(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
- 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
- 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. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

(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.**(7) Transporter of Hazardous Waste** [Note: A Certificate of Liability Insurance is required along with this registration.]Registration must be renewed annually. a. For own waste only b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company _____

Address _____

Contact _____ Telephone _____

Policy Number _____ Expiration date _____

d. **Transportation Mode** Air Rail Highway Water Other - specify _____e. **Hazardous Waste Transfer Facility:** Storage Volume _____ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- Certification by a responsible corporate officer of the transporter that the proposed location satisfies 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's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- A copy of the facility closure plan [Rule 62-730.171(3)(a)5., 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.]
- Notification of changes in above items**
- Annual update notification**

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

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	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"/>	<input style="width: 100%;" type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

(3) Mercury Recovery and/or Reclamation Facility Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, 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) 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

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.

1	D002	2	D018	3	D020	4	D029	5	D040	6	F002	7	F003
8	F005	9		10		11		12		13		14	
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	

11. Other Status Changes (Mark 'X' in all that apply):

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 Form 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	Print Name and Title	Date Signed (mm-dd-yyyy)
 Digitally signed by SANFORD ARTHUR.F.1229009083 <small>DN: cn=US, o=U.S. Government, ou=DoD, ou=PKI, ou=CONTRACTOR, cn=SANFORD.ARTHUR.F.1229009083, Date: 2012.02.22 11:07:27 -0500</small>	Art Sanford, Remedial Project Manager	02-22-2012

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

Joseph W. Logan, Jr. (TtNUS) (412) 921-7231 joe.logan@tetrattech.com
 (Name of person completing this form) (Phone Number) (E-mail Address)

13. Comments:

Mailing address and Contact are US Navy BRAC PMO SE Office. Parts of the base have been transferred to JAA and City of Jacksonville, but Navy is responsible for remediation. Note for Block 8: Although one date is given, there are multiple transfer dates. JAA first became an owner 07/15/2005. The Navy originally owned the base starting 07/22/1941.