



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

October 23, 2009

Bahram (Bob) Ahmadi
Photographic Waste Control Inc
1943 High St
Longwood, FL 32750- 3711

BE IT KNOWN THAT

Photographic Waste Control Inc
1943 High St
Longwood, FL 32750- 3711

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLD984229609** on October 23, 2009
Insurance Carrier: **EMPIRE FIRE & MARINE**

This registration will expire on 06/30/2010

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.

A handwritten signature in cursive script that reads "Aprilia Graves".

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 FDEP Official Use Only)

RECEIVED SEP 08 2009



EPA ID FLD984229609

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

PHOTOGRAPHIC WASTE CONTROL, INC.

FEID No.

593114474

3. Facility Operator (List additional Operators in the comments section).

Name of Operator:

BAHRAM AHMADI

New Operator

Date became Operator: 04 / 01 / 92 mm dd yy

Street or P.O. Box:

1943 HIGH ST.

Phone Number:

407-328-9651

City or Town:

LONGWOOD

State:

FL

Zip Code:

32750

Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information

Physical Street Address:

1943 HIGH ST.

City or Town:

LONGWOOD

State:

FL

Zip Code:

32750

County:

Seminole

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

Latitude:

28 43 35.31 d d m m s s . ssss

Longitude:

81 18 26.53 d d m m s s . ssss

Method:

Datum:

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

A.

48-49

B.

C.

7389

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

1943 HIGH ST.

City or Town:

LONGWOOD

State:

FL

Zip Code:

32750

7. Facility or Business Contact Person

First Name:

BOB

Last Name:

AHMADI

Title:

PRESIDENT

Phone Number:

407-328-9651

Extension:

E-Mail:

PWCI@BELLSOUTH.NET

Street or P.O. Box:

1943 HIGH ST.

City or Town:

LONGWOOD

State:

FL

Zip Code:

32750

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:

RSSR LLC

New Owner

Date became Owner: mm dd yy

Street or P.O. Box:

P.O. BOX 1538

Phone Number:

407-323-5662

City or Town:

SANFORD

State:

FL

Zip Code:

32772

Owner Type: Private Federal Municipal State Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(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

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.**(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 EMPIRE FIRE AND MARINE

Address _____

Contact REYNOLDS & REYNOLDS-LEANN JOINER Telephone 407-333-9478Policy Number CL672594 Expiration date 09-09-2010d. Transportation Mode Air Rail Highway Water Other - specify _____e. Hazardous Waste Transfer Facility: Storage Volume 7,500 GALLONS 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 checked="" type="checkbox"/>	1000 LBS
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100 LBS
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25 LBS
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	60 LBS
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	250 LBS

(3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.] 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) 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

BOB AHMAD
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	D001	2	D002	3	D011	4	F002	5	F003	6	F005	7	D008
8	D009	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)

BAHRAM AHMADI, PRESIDENT

08/27/2009

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

ALISON CROUSE

407-328-9651

PWCI@BELLSOUTH.NET

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

PRODUCER 407.333.9478 FAX 407.333.4116
 Reynolds & Reynolds of FL, Inc
 1325 S International Parkway
 Suite 2201
 Lake Mary, FL 32746

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

RECEIVED

INSURED **Photographic Waste Control, Inc.**
 1943 High Street
 Longwood, FL 32750

SEP 08 2009

BY: BSHW

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Underwriters at Lloyds	49219
INSURER B: Empire Fire & Marine	21326
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	BB403910T-GL-090615-27	09/18/2009	09/18/2010	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> \$1,000 Ded				PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY	CL672594	09/09/2009	09/09/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$
B	Physical Damage	CL672594	09/09/2009	09/09/2010	Comprehensive & Collision Coverage Subject to \$1,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 2005 Mitsubishi Truck, #JL6CCH1S35K000855 - \$20,000 Stated Amount
 1975 Progress Trailer, B28194

CERTIFICATE HOLDER

CANCELLATION

Florida Dept. of Environmental Protection
 Hazardous Waste Management Section, MS4555
 Twin Towers Office Bldg.
 2600 Blair Stone Road
 Tallahassee, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Leah Ann Joiner/CAG

Leah Ann Joiner

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



Department of Environmental Protection
Post Office Box 3070 Tallahassee, Florida 32399-2400

DEP Form #62-710.901(1)
Form Title Application for Registration
Used Oil & Oil Filter Handlers
Effective Date June 9, 2005

Application for Registration
Used Oil and 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 item 4b below)
For registration period July 1, 2008 through June 30, 2009
Please print or type

1. Business Name PHOTOGRAPHIC WASTE CONTROL, INC. FEID No. 59-3114474
DBA (Doing Business As) Telephone No. (407) 328-9651
Business Mailing Address: 1943 HIGH ST.
City: LONGWOOD County SEMINOLE State: FL Zip Code: 32750
Site Address: 1943 HIGH ST.
City: LONGWOOD County SEMINOLE State: FL Zip Code: 32750

2. Name of Contact Person (if different from owner/operator)
Telephone No. (407) 328-9651 email: PWCT@BELLSOUTH.NET

3. The records required under the provisions of Rule 62-710.510, F.A.C. are kept (check one):
[X] at our mailing (business) address [] at the site (facility) address

4. Include the registration fee of \$100.00, in the form of a check or money order payable to Florida Department of Environmental Protection. Permitted Used Oil Processing Facilities are exempt from this fee.

4a. Registration Status: X New Renewal EPA ID No. FLD 984 229 609

4b. Check boxes which apply to your used oil/used oil filter activity(ies).

Used Oil: [X]Transporter [X]Transfer Facility [] Collection Center/Aggregation Point []Marketer []Processor
[]Burner of off-spec used oil

Used Oil Filter: [X]Transporter [X]Transfer Facility []Processor []End User

5. Certification

5a. General Certification to be signed by all Registrants:

To the best of my knowledge and belief I certify the information provided in this application is true, accurate and correct.

BAHRAM R. AHMADI Signature of Authorized person 09/03/09
Name of Authorized Person (Print or Type) Date

5b. Specific Certification to be signed by all Used Oil Transporters

(Except those exempted by Rule 62-710.600(1), F.A.C.)
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.

BAHRAM R. AHMADI Signature of Authorized person 09/03/09
Name of Authorized Person (Print or Type) Date



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, 2007 through December 31, 2007
 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: Photographic Waste Control, Inc. 2. Telephone No. (407) 328-9651
 Site Address: 1943 High St., Longwood, FL 32750
 3. EPA ID No. FLD 984 229 609

Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) Alison Crouse
 Title Office 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 Processor Marketer
 Burner (of off-specification used oil)
 Used Oil Filter: Transporter Transfer Facility Processor End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

	Automotive	Industrial	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected				
a. In Florida.....	400 gal	450 gal	∅	850 gal
b. From out of state.....	∅	∅	∅	∅
c. Beginning Inventory.....				∅
d. Total (sum of totals from Lines a + b + c).....				850 gal.

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

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.....

	In State	Out of State
N	850 gal.	∅
O	∅	∅
F	∅	∅
I	∅	∅
B	∅	∅
D	∅	∅
D	∅	∅
D	∅	∅
3. Total amount (in gallons) of used oil managed.....	850 gal.	∅
4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....	∅	∅

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....	0	
2. Number of used oil filters collected.....	250	
3. Total number of used oil filters on hand at beginning of year.....	0	
4. Disposition of used oil filters collected:	250	
a. Transferred to another registered facility.....	0	
b. Burned for energy recovery at a Waste-To-Energy facility.....	0	
c. Transferred directly to a metal foundry for recycling.....	0	
d. TOTAL.....	0	
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....	0	
6. Gallons of used oil collected as a result of filter processing.....	0	
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	0	
8. Volume of oily waste collected and managed as a result of filter processing.....	0	
9. Description of oily waste management.....		

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55 gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).



Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. Empire Fire and Marine Ins. Co. (the Insurer), 13810 FNB Parkway, Omaha, NE 68154
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Photographic Waste Control (the Insured),
(Name of the Insured)

1943 High Street, Longwood, FL 32750 whose EPA Identification number is FLD 984 229 609
(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 \$1,000,000. CSL less the deductible or
retention of \$ 0 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 CL672594 Issued on 09-09-2009
(Date)

The expiration date of said policy is 09-09-2010 or the annual renewal date is
(Date) (Date)

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 lines insurer, in one or more States, including Florida.

(Signature of Insurer or Authorized Representative)

Authorized Representative of

Andrew Easton
(Type Name)

Empire Fire and Marine Ins. Co.
(Name of Insurer)

Authorized Representative
(Title)

6602 East 75th St., Ste 450, Indianapolis, IN 46250
(Address of Representative)

**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: sebrina.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us

PHOTOGRAPHIC WASTE CONTROL, INC.

11994

Vendor: FLOIDA DEPT. ENVIR. PROTECTION

Check Number 11993
Check Date: Sep 4, 2009

Item to be Paid - Description

Check Amount \$100.00
Discount Take: Amount Paid

TRANSPORTER OIL REG.

100.00

9/8/09

Cash/3/13/09
78524

Poor Original