



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

March 09, 2010

John Clesen
Stericycle Specialty Waste Solutions Inc
28161 N Keith Dr
Lake Forest, IL 60045- 4528

BE IT KNOWN THAT

Stericycle Specialty Waste Solutions Inc
314 W Landstreet Rd # B
Orlando, FL 32824- 7803

IS HEREBY REGISTERED AS A USED OIL

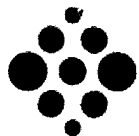
Transporter, Transfer Facility, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLR000006353** on March 09, 2010
Insurance Carrier: **ACE AMERICAN INSURANCE**

This registration will expire on 06/30/2011

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.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Permitting



Stericycle

Specialty Waste Solutions

January 12, 2010

EPA ID Notification Coordinator
Hazardous Waste Regulation Section MS 4560
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399-2400

RE: Form "8700-12FL – Florida Notification of Regulated Waste Activity" - Subsequent Notification (FLR 000006353)

To Whom It May Concern:

Attached is a completed form "8700-12FL – Florida Notification of Regulated Waste Activity," indicating subsequent notification for a change in operator status of the 10-day hazardous waste transfer facility (Facility), formerly known as Environmental Enterprises of Florida (EEFI), located at 314-B West Landstreet Road, Orlando, Florida. Pursuant to a recent merger, the new Facility operator will be Stericycle Specialty Waste Solutions, Inc. (SSWSI), a subsidiary of Stericycle, Inc. of Lake Forest, Illinois. This letter highlights updated Facility status and other changes as indicated in pertinent sections on the attached form 8700-12FL.

Items 2 and 3. New Business Name: Stericycle Specialty Waste Solutions, Inc. (SSWSI)

FEID No.: 260811463

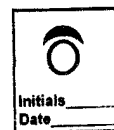
Date became Operator: May 31, 2009

Operator Type: Public

Item 7. Business Contact Person: Mr. John Clesen, V.P.

Phone Number: (800) 643-0240, ext. 1114

E-Mail: jclesen@stericycle.com

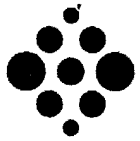


Item 8. Real Property (Land) Owner: CORRECTION from EEFI's previous 8700-12 FL submittals:

Dr. Robert Baker
424 Riverside Drive
Battle Creek, MI 49015
(296) 964-7113

Date became Owner: March 13, 1986

Stericycle Specialty Waste Solutions, Inc.



Stericycle®

Specialty Waste Solutions

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FLR 000006353
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Item 9.A.(7). NOTE: Stericycle Specialty Waste Solutions, Inc is a registered transporter of hazardous waste in Florida. The Transporter EPA ID is MNS000110924. See **Attachment A**: “State of Florida Hazardous Waste Transporter Status Form,” “State of Florida Hazardous Waste Transporter Certificate of Liability Insurance,” and “State of Florida Hazardous Waste Transporter Liability Endorsement.”

Item 9.A.7.e. ☒ Evidence of the transporter’s financial responsibility...

See **Attachment A**: “State of Florida Hazardous Waste Transporter Status Form,” “State of Florida Hazardous Waste Transporter Certificate of Liability Insurance,” and “State of Florida Hazardous Waste Transporter Liability Endorsement.”

Item 9.B. Universal Waste (UW) Activities...

Mercury-containing devices/lamps SQH: “Mercury Forms”

See **Attachment B**: “Universal Waste Lamp and Device Transporter and Transfer Facility Information Checklist.” Per Mr. Jack Price, Florida Department of Environmental Protection, Stericycle Specialty Waste Solutions, Inc. has been entered in as the new facility name, with EEFI statistics under **Section 1** for the previous calendar year.

Item 9.C.(7). Used Oil Transporters, Transfer Facilities...must pay an annual \$100.00 registration fee...

☒ A check is enclosed

Item 9.C.(8). Specific Certification to be signed by all Used Oil Transporters

Certification signed by Mr. John Clesen, V.P.

See **Attachment C**: “Certificate of Liability Insurance Used Oil Transporters.”

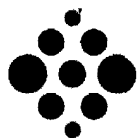
Item 12. Certification:

Mr. John Clesen, V.P.

Person completing this form:

Mr. Stephen A. Gross, (612) 285-9865, sgross@stericycle.com

Stericycle Specialty Waste Solutions, Inc.



Stericycle*

Specialty Waste Solutions

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Please note that Stericycle Specialty Waste Solutions, Inc. is reviewing applicable Facility documents and updating them as necessary. Per my October 29, 2009 discussion with Mr. Tony Trip, Florida Department of Environmental Protection - Hazardous Waste Management Division, applicable updated Facility documents will be submitted with another copy of form 8700-12 FL upon completion of review of the applicable documents.

If you have any questions, or if I can be of further service, please call me at (612) 285-9865.

Sincerely,

Stephen A. Gross
Compliance and Regulatory Affairs

Encls. **Form 8700-12FL**

Attachment A: “State of Florida Hazardous Waste Transporter Status Form,” “State of Florida Hazardous Waste Transporter Certificate of Liability Insurance,” and “State of Florida Hazardous Waste Transporter Liability Endorsement”

Attachment B: “Universal Waste Lamp and Device Transporter and Transfer Facility Information Checklist”

Attachment C: “Certificate of Liability Insurance Used Oil Transporters” (two)

Check in the amount of \$100.00, made payable to the Florida Department of Environmental Protection

Stericycle Specialty Waste Solutions, Inc.

2850 100th Court NE • Blaine, Minnesota 55449 • Phone (612) 285-9865 • Fax (612) 285-9000 • www.stericycle.com



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

RECEIVED

Date Received
EPA Official Use Only

EPA ID F L R 0 0 0 0 0 6 3 5 3

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

Stericycle Specialty Waste Solutions, Inc.

FEID No.

2 6 0 8 1 1 4 6 3

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

Name of Operator:

Stericycle Specialty Waste Solutions, Inc.

☒ New Operator

Date became Operator: 05 / 31 / 2009
mm dd yy

Street or P.O. Box:

314-B West Landstreet Road

Phone Number:

800-762-9162

City or Town:

Orlando

State:

FL

Zip Code:

32824

Operator Type: ☐ Private ☐ Federal ☐ Municipal ☐ State ☒ Other

Public

4. Facility Physical
Location
Information

Physical Street Address:

314-B West Landstreet Road

City or Town:

Orlando

State:

FL

Zip Code:

32824

County:

Orange

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

Latitude: 2 8 4 3 5 7 . 93 Longitude: 8 1 3 8 3 1 . 52 Method:
d d m m s s . ssss d d m m s s . ssss Datum:

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

A. 562112

B.

C.

D.

6. Facility or
Business Mailing
Address

Street Address or P.O. Box:

314-B West Landstreet Road

City or Town:

Orlando

State:

FL

Zip Code:

32824

7. Facility or
Business Contact
Person

First Name:

John

Last Name:

Clesen

Title:

V.P.

Phone Number:

(800) 643-0240

Extension:

1114

E-Mail:

jclesen@stericycle.com

Street or P.O. Box:

28161 N. Keith Drive

City or Town:

Lake Forest

State:

IL

Zip Code:

60045

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:

Dr. Robert Baker

☐ New Owner

Date became Owner: 03 / 13 / 86
mm dd yy

Street or P.O. Box:

424 Riverside Drive

Phone Number: (269) 964-7113

City or Town:

Battle Creek

State:

MI

Zip Code:

49015

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 _____ See Cover Letter and Attachment A

Address _____

Contact _____ Telephone _____

Policy Number _____ Expiration date _____

d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☒ **Hazardous Waste Transfer Facility:** Storage Volume 300, 55-gallon drums in ☒☐ **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**

J. 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,000 lbs.
b. Pesticides	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60 lbs.
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,000 lbs.
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25 lbs.
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1,000 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

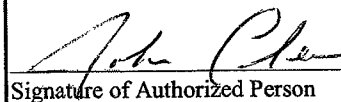
- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(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.

(8) Specific Certification to be signed by all Used Oil Transporters

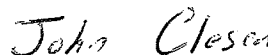
I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this 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

John Clesen, V. P.

Print Name of Authorized Person



(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.

FLR000006353

J. 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	AIID	2	AIIF	3	AIIP	4	AIIU	5		6		7	
8		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)
	John Clesen, V.P.	01/12/2010

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

Stephen A. Gross

(612) 285-9865

sgross@stericycle.com

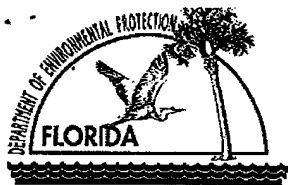
(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

See attached cover letter and Attachment 1. Completion of this form was discussed with Ms. Theresa A. Sullivan and Mr. Tony Trip, both with the Florida DEP - Hazardous Waste Management Division. Associated documents are being updated and will be submitted with subsequent 8700-12FL per Mr. Trip.



Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. ACE USA, (the Insurer), 436 Walnut Street, Philadelphia, PA 19106
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Stericycle Specialty Waste Solutions, Inc. the Insured),
(Name of the Insured)

314 West Landstreet Road, Building B, Orlando, Florida 32834 whose EPA Identification number is FLR000006353.
(Address of the Insured) (List of vehicles is attached)

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 per Pollution Condition and
\$1,000,000 per aggregate for all Pollution Conditions** less the deductible or retention of **\$50,000** 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 COO G24894046 002, issued on November 13, 2009.
(Date)

The expiration date of said policy is November 8, 2010 or the annual renewal date is November 8, 2010.
(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.

Colin P. Wyatt
(Signature of Insurer or Authorized Representative)

Authorized Representative of Illinois Union Insurance Company

Colin P. Wyatt
(Type Name)

ACE USA
(Name of Insurer)

Assistant Vice President, ACE Environmental Risk
(Title)

525 W Monroe, Suite 400, Chicago, IL 60661
(Address of Representative)

**Chapter 62-710.600(2)(e), Florida Administrative Code
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain Pollution Insurance of no less than \$1,000,000, ~~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: sebrena.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us

Unit Number	Owned or Leased	Vehicle Type	Year	Make	Model	VIN	GVWR	License Plate No.	License Plate State	Garage City	Garage State	Garage Zip Code
T-112	Own	Tanker	1998	Fruehauf	SS Tanker ML407	1L921J2F7W1224084	52,000	C1220F	FL	Orlando	FL	32824
VT-2	Own	Vac Truck	1992	Ford	Turbo Vac	1FDZY90T4NV A31630	50,560	I69HSD	FL	Orlando	FL	32824
635	Own	Tractor	1998	Freightliner	FLD120	1FUPDXBYBWL 964008	80,000	Z3451D	FL	Orlando	FL	32824
636	Own	Tractor	1999	Freightliner	Tractor	1FUYSSEB7XL 985739	80,000	Z3450D	FL	Orlando	FL	32824
639	Financed	Tractor	2000	Mack	Tractor	1M1AE07Y81 W007407	80,000	Z3449D	FL	Orlando	FL	32824
641	Financed	Truck	2007	Mitsubishi	FM260 Fuso	JL6DGP1E87K 000656	25,999	U62ZDM	FL	Orlando	FL	32824
642	Financed	Truck	2006	Ford	Truck Low Cab Forward	3FRML55Z76V 338933	26,000	B3030N	FL	Orlando	FL	32824



Department of Environmental Protection

FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005

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, 2009 through December 31, 2009

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: Stericycle Speciality Waste Solutions, Inc 2. Telephone No. (407) 855-0141

Site Address: 314-B W Landstreet Road

Orlando, FL 32824

3. EPA ID No. FLR000006353

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

4. Name of person preparing report (please print) Dawn Huff

Title Transportation Secretary

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)

1. Amount (in gallons) of Used Oil and Oily Wastes collected

a. In Florida.....

b. From out of state.....

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total
960	5580	0	6540
55	275	0	330
			1175
			8045

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.....

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

In State	Out of State
5915	330
6245	
1800	

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.....	12750	
3. Total number of used oil filters to manage (1 plus 2).....	12750	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	11233	
b. Burned for energy recovery at a Waste-To-Energy facility.....		
c. Transferred directly to a metal foundry for recycling.....		
d. TOTAL.....	11233	
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	1517	
6. Gallons of used oil collected as a result of filter processing.....	150	
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.....	1000	
9. Description of oily waste management.....	UOF goes to Veolia Environmental Services Taylor County Landfill Permafix of Orlando and Lewis Environmental picks up used oil	

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.).

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) 245-8755, email: aprilia.graves@dep.state.fl.us.