



## 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 19, 2010

Bernard Korzekwinski  
FCC Environmental  
5690 W Midway Rd Ste B  
Fort Pierce, FL 34981- 4833

### BE IT KNOWN THAT

FCC Environmental  
1280 NE 48th St  
Pompano Beach, FL 33064- 4909

### IS HEREBY REGISTERED AS A USED OIL

Transfer Facility, Processor, Marketer, Filter Transfer Facility, Filter  
Processor

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **FLD984262410** on March 19, 2010  
Insurance Carrier: **EVEREST NATIONAL INSURANCE CO**

**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**



Hydrocarbon Recovery Services Inc.  
105 S. Alexander Street  
Plant City, FL 33563

RECEIVED

FEB 02 2010

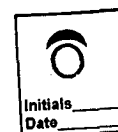
BY: BSHW

January 25, 2010

Department of Environmental Protection  
2600 Blair Stone Road  
MS 4550  
Tallahassee, Florida 32399-2400

Re: Annual Used Oil and Used Oil Filter Handler registration for the following  
Hydrocarbon Recovery Services Inc facilities:

- 5690 West Midway Road, Ft. Pierce, FL 34981
- 2058 East 21<sup>st</sup> Street, Jacksonville, FL 32206
- 233 Central Florida Parkway, Orlando, FL 32824
- 105 S. Alexander Street, Plant City, FL 33563
- 1280 NE 48<sup>th</sup> Street, Pompano Beach, FL 33064



To Whom It May Concern:

Enclosed please find a completed copy of form 8700-12FL – Florida Notification of Regulated Waste Activity for each of our five facilities in Florida, as well as our Used Oil and Hazardous Waste Transportation activities throughout the State.

For information submitted in 2010 compared to 2009, items to note are as follows:

- HRSI has discontinued operations at 3450 Canal Street, Ft. Myers. The owner of the property is still in business. Notification was made to FDEP in May 2009 and acknowledged by the Department in a letter dated 5/28/09.
- HRSI has discontinued operations at 405 NE 1<sup>st</sup> Avenue in High Springs. The owner of the property is still in business. Notification was made to FDEP in December 2009 and acknowledged in a letter dated 12/16/09.

If questions arise or further information is required, please contact me. Thank you for your time and attention in this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Kelli R Winter'.

Kelli R Winter, CHMM  
Hydrocarbon Recovery Services Inc, dba FCC Environmental  
105 S Alexander Street, Plant City, FL 33563  
813-754-1504 ext. 3129  
kelli.winter@fccenvironmental.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

Date Received  
(for FDEP Official Use Only)

RCRA Info

EPA ID F L D 9 8 4 2 6 2 4 1 0

MTS

## 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

Hydrocarbon Recovery Services Inc. d.b.a. FCC Environmental

FEID No.

4 5 0 5 6 9 5 5 7

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

Name of Operator:

Hydrocarbon Recovery Services Inc. d.b.a. FCC Environmental

☐ New Operator

Date became Operator: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box:

1280 NE 48th Street

Phone Number:

954-785-2320

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

## 4. Facility Physical Location Information

Physical Street Address:

1280 NE 48th Street

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

County:

Broward

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

Latitude: 2 8 0 0 4 5 6  
d d m m s s . ssss

Longitude: 8 2 0 8 1 7 1  
d d m m s s . ssss

Method:

geocoder

Datum:

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

A.

423930

B.

C.

D.

## 6. Facility or Business Mailing Address

Street Address or P.O. Box:

1280 NE 48th Street

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

## 7. Facility or Business Contact Person

First Name:

Bernard

Last Name:

Korzekwinski

Title:

Branch Manager

Phone Number:

954-785-2320

Extension:

1104

E-Mail:

bernard.korzekwinski@fccenvironmental.com

Street or P.O. Box:

1280 NE 48th Street

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

## 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:

Hydrocarbon Recovery Services, Inc. d.b.a. FCC Environmental

☐ New Owner

Date became Owner: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box: 523 N Sam Houston Pkwy East, Ste 400

Phone Number:

281-668-3315

City or Town:

Houston

State:

TX

Zip Code:

77060

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**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/<br>Accumulate  | Transport<br>(see note in<br>instructions) | Handle at Transfer<br>Facility      | (2) Enter your estimate of the maximum amount (in pounds)<br>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"/> | unknown (see comments)  |
| b. Pesticides                 | <input type="checkbox"/> | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> | "   |
| c. Pharmaceuticals            | <input type="checkbox"/> | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> | "   |
| d. Mercury Containing Devices | <input type="checkbox"/> | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> | 1000 lbs on-site  |
| e. Mercury Containing Lamps   | <input type="checkbox"/> | <input type="checkbox"/>                   | <input checked="" type="checkbox"/> | 1000 lbs on-site  |

**(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

\_\_\_\_\_  
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.

FLD984262410

**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    | 2    | 3    | 4    | 5    | 6    | 7    |
| D001 | D004 | D006 | D007 | D008 | D018 | D039 |
| 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) |
|--|--------------------------|--------------------------|
|  | Kelli R Winter, EH&S Mgr | 01/25/2010               |
|  |                          |                          |
|  |                          |                          |

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

Kelli R Winter

813-754-1504

kelli.winter@fccenvironmental.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

We have not started handling batteries, pesticides, or pharmaceuticals.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/19/2010

PRODUCER (813)637-8877 FAX (813)637-8484

Insurance Office of America, Inc.

4915 W. Cypress Street

Tampa, FL 33607

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.

INSURED FECC

Florida Environmental Compliance Corp.

dba: AquaTech Industrial Services

3652 Old Winter Garden Road

Orlando, FL 32805

BY: BSHW

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Everest Indemnity Ins Co A+1

10851

INSURER B: Everest National Ins Co A+1

10120

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 LTR | ADD'L LTR                           | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|----------|-------------------------------------|---|---------------|----------------------------------|-----------------------------------|--|
| A        |                                     | GENERAL LIABILITY   | EF4ML01716091 | 11/01/2009                       | 11/01/2010                        | 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"/> | Poll/Prof included  |               |                                  |                                   | PERSONAL & ADV INJURY \$ 1,000,000                   |
|          | <input checked="" type="checkbox"/> | Bkt Contractual   |               |                                  |                                   | GENERAL AGGREGATE \$ 2,000,000                       |
|          |                                     | GEN'L AGGREGATE LIMIT APPLIES PER:                        |               |                                  |                                   | PRODUCTS - COMP/OP AGG \$ 2,000,000                  |
|          | <input type="checkbox"/>            | POLICY  |               |                                  |                                   |  |
|          | <input checked="" type="checkbox"/> | PRO-JECT  |               |                                  |                                   |  |
|          | <input type="checkbox"/>            | LOC   |               |                                  |                                   |  |
| B        |                                     | AUTOMOBILE LIABILITY                                      | EF4CA00013091 | 11/01/2009                       | 11/01/2010                        | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000     |
|          | <input checked="" type="checkbox"/> | ANY AUTO  |               |                                  |                                   |  |
|          | <input checked="" type="checkbox"/> | ALL OWNED AUTOS   |               |                                  |                                   | BODILY INJURY (Per person) \$                        |
|          | <input checked="" type="checkbox"/> | SCHEDULED AUTOS   |               |                                  |                                   |  |
|          | <input checked="" type="checkbox"/> | HIRED AUTOS   |               |                                  |                                   | BODILY INJURY (Per accident) \$                      |
|          | <input checked="" type="checkbox"/> | NON-OWNED AUTOS   |               |                                  |                                   |  |
|          | <input checked="" type="checkbox"/> | Pollution   |               |                                  |                                   | PROPERTY DAMAGE (Per accident) \$                    |
|          | <input checked="" type="checkbox"/> | CA9948 03 06  |               |                                  |                                   |  |
|          |                                     | GARAGE LIABILITY  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$                           |
|          | <input type="checkbox"/>            | ANY AUTO  |               |                                  |                                   | OTHER THAN EA ACC \$                                 |
|          |                                     |   |               |                                  |                                   | AUTO ONLY: AGG \$                                    |
| A        |                                     | EXCESS/UMBRELLA LIABILITY                                 | EF4CU00136091 | 11/01/2009                       | 11/01/2010                        | EACH OCCURRENCE \$ 4,000,000                         |
|          | <input checked="" type="checkbox"/> | OCCUR <input type="checkbox"/> CLAIMS MADE                |               |                                  |                                   | AGGREGATE \$ 4,000,000                               |
|          | <input type="checkbox"/>            | DEDUCTIBLE  |               |                                  |                                   | \$   |
|          | <input checked="" type="checkbox"/> | RETENTION \$ 10,000                                       |               |                                  |                                   | \$   |
|          |                                     |   |               |                                  |                                   | \$   |
|          |                                     |   |               |                                  |                                   | \$   |
|          |                                     | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY             |               |                                  |                                   | WC STATUTORY LIMITS OTH-ER                           |
|          |                                     | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? |               |                                  |                                   | E.L. EACH ACCIDENT \$                                |
|          |                                     | If yes, describe under SPECIAL PROVISIONS below           |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE \$                        |
|          |                                     |   |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT \$                       |
| A        |                                     | OTHER Pollution Liability                                 | EF4ML01716091 | 11/01/2009                       | 11/01/2010                        | \$2,000,000 Aggregate                                |
|          |                                     |   |               |                                  |                                   | \$1,000,000 Each Pollution                           |
|          |                                     |   |               |                                  |                                   | \$5,000 Ded Each Pollution                           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

10 days notice of cancellation for non-payment of premium.

## CERTIFICATE HOLDER

Florida Dept of Environmental Protection  
Attn: Richard Neves  
Hazardous Waste Management Section MS4555  
P O Box 3070  
Tallahassee, FL 32315-3070

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30\* DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

J. Bryan Yoho/BRIDGR

*J. Bryan Yoho*

## **IMPORTANT**

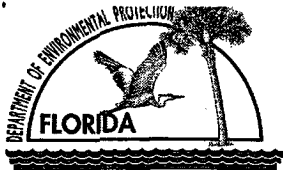
If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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**

The Certificate of Insurance on the reverse side of this form 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.





## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Everest National Ins. Company (the Insurer), 477 Martinsville Rd. Liberty Corner, NJ  
(Name of the Insurer) (Address of the Insurer) 07938-0836

hereby certifies that it has issued liability insurance to: FEC, Inc. (the Insured),  
(Name of the Insured)

3652 Old Winter Garden Rd, Orlando, FL 32805 whose EPA Identification number is 981 748 015  
(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 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 EF4CA00013091, issued on 11/01/2009  
(Date)

The expiration date of said policy is 11/01/2010 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]  
(Signature of Insurer or Authorized Representative)

J. Bayen Yoho  
(Type Name)

V. P.  
(Title)

Authorized Representative of

Everest National Ins. Company  
(Name of Insurer)

4915 W. Cypress Street, Tampa, FL 33607  
(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: [sebrena.bolton@dep.state.fl.us](mailto:sebrena.bolton@dep.state.fl.us), OR Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us)



# 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: Hydrocarbon Recovery Svcs dba FCC Environmental 2. Telephone No. (954) 785-2320

Site Address: 1280 NE 48th Street

Pompano Beach, FL 33064

3. EPA ID No. FLD 984262410

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) JoAnne Goodwin

Title Office Mgr

Phone number (if different from #2, above) (813) 754-1504

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☒ Collection Center/Aggregation Point ☒ Processor ☒ Marketer

o Burner (of off-specification used oil)

Used Oil Filter: ☒ Transporter

☒ Transfer Facility

o Processor

o 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     |
|------------|------------|-------|-----------|
| 3026350    | 12,909     | 230   | 3,039,489 |
|            |            |       | 0         |
|            |            |       | 99,664    |
|            |            |       | 3,139,153 |

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 |
|-----------|--------------|
| 118241    | 351,975      |
| 2,314,719 | 0            |
| 0         | 0            |
| 127,785   | 0            |
| 0         | 0            |
| 0         | 0            |
| 0         | 0            |
| 0         | 0            |
| 2,560,745 | 351,975      |
| 226,433   |              |

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

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

|           |  |
|-----------|--|
| 0         |  |
| 1,948,250 |  |
| 1,948,250 |  |
| 1,948,250 |  |
| 0         |  |
| 0         |  |
| 1,948,250 |  |
| 0         |  |
| 0         |  |
| 0         |  |
| 0         |  |

**DIRECTIONS FOR SECTION C**

Conversion Table

|  |
|--|
| One <b>55</b> -gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters  |
| One <b>55</b> gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters |
| One <b>ton</b> of drained used oil filters = approximately <b>2,350</b> 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.).

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