



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 26, 2010

Conrad Thornburgh
FCC Environmental
105 S Alexander St
Plant City, FL 33563- 4833

BE IT KNOWN THAT

FCC Environmental
105 S Alexander St
Plant City, FL 33563- 4833

IS HEREBY REGISTERED AS A USED OIL

Transfer Facility, Processor, Marketer, Burner, 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 **FLD065680613** on March 26, 2010
Insurance Carrier: **CHARITIS SPECIALTY 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.

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

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 21st Street, Jacksonville, FL 32206
- 233 Central Florida Parkway, Orlando, FL 32824
- 105 S. Alexander Street, Plant City, FL 33563
- 1280 NE 48th 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:

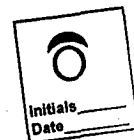
- HRSI has discontinued operations at 3450 Canal Street, Ft. Myers. The owner of the property is still in business. Notification was made to FDEP in May 2009 and acknowledged by the Department in a letter dated 5/28/09.
- HRSI has discontinued operations at 405 NE 1st Avenue in High Springs. The owner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

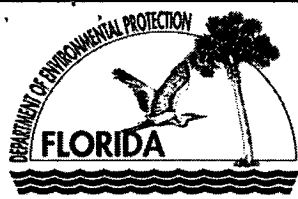
If questions arise or further information is required, please contact me. Thank you for your time and attention in this matter.

Sincerely,

A handwritten signature in black ink 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 FDER Official Use Only)
 RECEIVED

EPA ID **F L D 0 6 5 6 8 0 6 1 3**

MTS RCRAInfo
 BY: BSHW

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: 105 S. Alexander Street **Phone Number:** 813-754-1504

City or Town: Plant City **State:** FL **Zip Code:** 33563

Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information

Physical Street Address: 105 S. Alexander Street

City or Town: Plant City **State:** FL **Zip Code:** 33563

County: Hillsborough **If available, please attach a map or sketch of the facility boundaries.**

Latitude: 28° 00' 45.6" **Longitude:** 82° 08' 17.1" **Method:** geocoder
 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. 423930 B. _____
 C. _____ D. _____

6. Facility or Business Mailing Address

Street Address or P.O. Box: 105 S. Alexander Street

City or Town: Plant City **State:** FL **Zip Code:** 33563

7. Facility or Business Contact Person

First Name: Conrad **Last Name:** Thornburgh **Title:** Branch Manager

Phone Number: 813-754-1504 **Extension:** 3117 **E-Mail:** conrad.thornburgh@fccenvironmental.com

Street or P.O. Box: 105 S. Alexander Street

City or Town: Plant City **State:** FL **Zip Code:** 33563

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/ 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"/>	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 Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW Pharmaceuticals Lamps Devices

(5) Destination Facility for UW Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:

- (1) Used Oil Transporter - indicate type(s) of activity(ies):**
- a. Transporter
 - b. Transfer Facility
- (2) Collection Center**
- (3) Used Oil Processor (A permit is required for this activity.)**
- (4) Off-Specification Used Oil Burner**
- (5) Used Oil Fuel Marketer**
- (6) Used Oil Filter**
- a. Transporter
 - b. Transfer Facility
 - c. Processor
 - d. End User

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

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Signature of Authorized Person

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- our mailing (business) address
- The site (facility) address

EPA ID No.

FLD065680613

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.

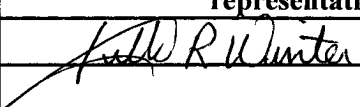
Contact _____ Phone _____

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/11/2010

PRODUCER
Aon Risk Services Southwest, Inc.
Houston TX Office
1330 Post Oak Blvd.
Suite 900
Houston TX 77056-3089 USA

PHONE-(866) 283-7122 FAX-(847) 953-5390

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
Hydrocarbon Recovery Services, Inc.
dba FCC Environmental
523 N. Sam Houston Pkwy East #400
Houston TX 77060 USA

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Commerce & Industry Ins Co	19410
INSURER B:	Insurance Company of the State of PA	19429
INSURER C:	New Hampshire Ins Co	23841
INSURER D:	Chartis Specialty Insurance Company	26883
INSURER E:		

COVERAGES

SIR applies per terms and conditions of the policy

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.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YYYY)	POLICY EXPIRATION DATE(MM/DD/YYYY)	LIMITS	
B		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	GL4572975	05/01/2009	05/01/2010	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
B	B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS	CA 093-44-08 AOS CA 093-44-15 VA	05/01/2009 05/01/2009	05/01/2010 05/01/2010	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY : EA ACC AGG	
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	2682127	05/01/2009	05/01/2010	EACH OCCURRENCE	\$1,000,000
						AGGREGATE	\$2,000,000
C	B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below	WC9915098 AOS WC9915099 CA WC9915143 FL WC9915411 TX	05/01/2009 05/01/2009 05/01/2009 05/01/2009	05/01/2010 05/01/2010 05/01/2010 05/01/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE-EA EMPLOYEE	\$1,000,000
						E.L. DISEASE-POLICY LIMIT	\$1,000,000
D		OTHER Poll Legal Liab	PLS12780665	10/01/2009	05/01/2011	Aggregate SIR/Deductible (1)	\$2,000,000 \$500,000

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

Evidence Only*****

CERTIFICATE HOLDER**CANCELLATION**

Hydrocarbon Recovery Services, Inc.
International Petroleum Corporation of Delaware, dba FCC Environmental
523 N. Sam Houston Parkway East
Suite 400
Houston TX 77060 USA

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

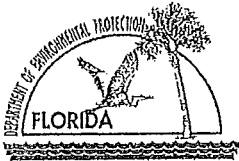
AUTHORIZED REPRESENTATIVE

Aon Risk Services Southwest, Inc.

Holder Identifier :

Certificate No : 570038078553





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 Inc., dba FCC Environmental 2. Telephone No. (813) 754-1504
 Site Address: 105 S. Alexander St
Plant City, FL 33563 3. EPA ID No. FLD 065680613

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) Jo Anne Goodwin
 Title Office Mgr. 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.....	9,638,225	161,076	465,392	10,264,693
b. From out of state.....	547,430	141		547,571
c. Beginning Inventory.....				869,252
d. Total (sum of totals from Lines a + b + c).....				11,681,516

	In State	Out of State
2. Amount (In gallons) of Used Oil and Oily Wastes Managed		
N - Not an end use, transferred to another facility for storage or processing.....	13,036	563,696
O - Marketed as an on-specification used oil fuel..... <u>(Burner)</u>	5,451,775	0
F - Marketed as an off-specification used oil fuel.....	21,643	0
I - Marketed for an Industrial process..... <u>(Flot)</u>	4,393,556	0
B - Burned as an off-specification used oil fuel	941,568	0
D - Disposed of		
Landfilled.....	0	0
Treated at a wastewater treatment unit.....	0	0
Incinerated.....	0	0
3. Total amount (In gallons) of used oil managed.....	10,821,578	563,696
4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....	296,242	0

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.....	2,825,500	
3. Total number of used oil filters to manage (1 plus 2).....	2,825,500	
4. Disposition of used oil filters collected:		
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.....	2,825,500	
d. TOTAL.....	2,825,500	
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	0	
6. Gallons of used oil collected as a result of filter processing.....	43,082	
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	43,082	
8. Volume of oily waste collected and managed as a result of filter processing.....	101.1 cubic yds	
9. Description of oily waste management..... <u>WTE</u>		

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters
One 55 gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters
One ton of drained used oil filters = approximately <u>2,350</u> 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: aprilla.graves@dep.state.fl.us,