



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

June 21, 2010

Kurt Fogleman
Perma-Fix Of Florida Inc
1940 NW 67th Pl
Gainesville, FL 32653- 1649

BE IT KNOWN THAT

Perma-Fix Of Florida Inc
1940 NW 67th Pl
Gainesville, FL 32653- 1649

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Marketer, 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 **FLD980711071** on June 21, 2010
Insurance Carrier: **AMERICAN INTL SPECIALTY**

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



February 18, 2010

VIA FedEx

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

RE: 8700-12FL Florida Notification of Regulated Waste Activity for Perma-Fix Facilities
Perma-Fix of Florida, Inc. (FLD 980 711 071)
Perma-Fix of Orlando, Inc. (FLD 980 559 728)

Dear Sir or Madame:

With this letter I am submitting the 8700-12FL (Florida Notification of Regulated Waste Activity) for the Perma-Fix of Florida, Inc. (FLD 980 711 071) and Perma-Fix of Orlando, Inc. (FLD 980 559 728) facilities located respectively in Gainesville and Orlando.

In addition to the registration form, I am submitting the following attachments for each facility:

- Enclosure 1 for Item 9.A.(7) Hazardous Waste Transporter Certificate of Liability Insurance
- Enclosure 2 for Item 9.C.(7) \$100 Check for Used Oil Registration Fee
- Enclosure 3 for Item 9.C.(8) Certificate of Liability Insurance Used Oil Transporters
- Enclosure 4 for Item 10 Facility Waste Codes
- Enclosure 5 Universal Waste Label and Device Transporter and Transfer Facility Information Checklist
- Enclosure 6 Annual Report by Used Oil and Used Oil Filter Handlers


If you have any questions regarding this information, please feel free to call me at (352) 395-1356 or e-mail me at kfogleman@perma-fix.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Kurt Fogleman".

Kurt Fogleman
Environmental, Health & Safety Manager
Perma-Fix Southeast Region



		8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772		Date Received (for FDEP Official Use Only)		
EPA ID F L D 9 8 0 7 1 1 0 7 1		MTS		RCRAInfo		
1. Reason for Submittal		Mark 'X' in correct box: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). </div> <div> <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). </div> <div> <input type="checkbox"/> Is this the final notification (see instructions) for the facility? </div> </div>				
2. Facility or Business Name		Perma-Fix of Florida, Inc.		FEID No. 5 9 3 2 4 1 8 8 8		
3. Facility Operator (List additional Operators in the comments section).		Name of Operator: Perma-Fix of Florida, Inc.		<input type="checkbox"/> New Operator Date became Operator: ____/____/____ <div style="text-align: center; font-size: small;">mm dd yy</div>		
		Street or P.O. Box: 1940 NW 67th Place		Phone Number: (352) 373-6066		
		City or Town: Gainesville		State: FL	Zip Code: 32653	
		Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____				
4. Facility Physical Location Information		Physical Street Address: 1940 NW 67th Place				
		City or Town: Gainesville, FL 32653		State: FL	Zip Code: 32653	
		County: Alachua		If available, please attach a map or sketch of the facility boundaries.		
		Latitude: 2 9 4 3 0 0 Longitude: 8 2 2 0 5 8 Method: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> dd mm ss.ssss dd mm ss.ssss Datum: </div>				
5. Facility North American Industry Classification System (NAICS) Code(s)		A. 562211		B.		
		C.		D.		
6. Facility or Business Mailing Address		Street Address or P.O. Box: 1940 NW 67th Place				
		City or Town: Gainesville		State: FL	Zip Code: 32653	
7. Facility or Business Contact Person		First Name: Kurt		Last Name: Fogleman		
		Phone Number: (352) 395-1356		Extension:	E-Mail: kfogleman@perma-fix.com	
		Street or P.O. Box: 1940 NW 67th Place				
		City or Town: Gainesville		State: FL	Zip Code: 32653	
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: Perma-Fix of Florida, Inc.		<input type="checkbox"/> New Owner Date became Owner: ____/____/____ <div style="text-align: center; font-size: small;">mm dd yy</div>		
		Street or P.O. Box: 1940 NW 67th Place		Phone Number: (352) 373-6066		
		City or Town: Gainesville		State: FL	Zip Code: 32653	
		Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> 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 American International Specialty Lines Insurance CompanyAddress 175 Water Street, 12th Floor, New York, NY 10038Contact Thomas Orabona

Telephone _____

Policy Number EG 311-28-95Expiration date 09/01/2010d. **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**

EPA ID No.

FLD980711071

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,000
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30,000
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,000
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10,000

(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):**

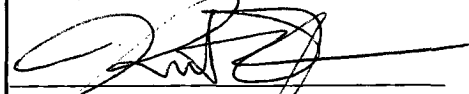
- ☒ a. Transporter
- ☒ b. Transfer Facility

(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

Kurt Fogleman

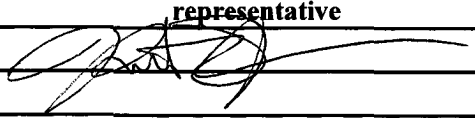
Print Name of Authorized Person

(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.

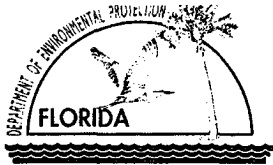
(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ Our mailing (business) address
- ☒ The site (facility) address

	EPA ID No. FLD980711071												
D. Other State Regulated Waste Activities: <input type="checkbox"/> Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.													
10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.													
1	D001	2	D002	3	D003	4	D004	5	D005	6	D006	7	D007
8	D008	9	D009	10	D010	11	D011	12	D012	13	D013	14	D014
15	D015	16	D016	17	D017	18	D018	19	D019	20	D020	21	D021
22	D022	23	D023	24	D024	25	D025	26	D026	27	D027	28	D028
11. Other Status Changes (Mark 'X' in all that apply):													
A. Non-Handler of Regulated Waste at This Facility <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste <input type="checkbox"/> (2) Waste generated by business has been delisted. <input type="checkbox"/> (3) Other (explain) _____													
B. Facility Closed <input type="checkbox"/> (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. <input type="checkbox"/> (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 _____													
<input type="checkbox"/> C. Property Tax Default							<input type="checkbox"/> 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 Environmental Health & Safety Manager				Date Signed (mm-dd-yyyy) 02/08/2010					
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:													
Kurt Fogleman				(352) 395-1356				kfogleman@perma-fix.com					
(Name of person completing this form)				(Phone Number)				(E-mail Address)					
13. Comments: See Attachment II.A.4.1 from facility Part B permit for list of additional waste codes handled at the facility (Enclosure 1).													

ATTACHMENT II.A.4.1**List of Waste Codes Accepted at the Facility**

D001	D037	P021	P063	P106	U002	U038	U076	U113	U149	U185	U225
D002	D038	P022	P064	P108	U003	U039	U077	U114	U150	U186	U226
D003	D039	P023	P065	P109	U004	U041	U078	U115	U151	U187	U227
D004	D040	P024	P066	P110	U005	U042	U079	U116	U152	U188	U228
D005	D041	P026	P067	P111	U006	U043	U080	U117	U153	U189	U234
D006	D042	P027	P068	P112	U007	U044	U081	U118	U154	U190	U235
D007	D043	P028	P069	P113	U008	U045	U082	U119	U155	U191	U236
D008	F001	P029	P070	P114	U009	U046	U083	U120	U156	U192	U237
D009	F002	P030	P071	P115	U010	U047	U084	U121	U157	U193	U238
D010	F003	P031	P072	P116	U011	U048	U085	U122	U158	U194	U239
D011	F004	P033	P073	P118	U012	U049	U086	U123	U159	U196	U240
D012	F005	P034	P074	P119	U014	U050	U087	U124	U160	U197	U243
D013	F006	P036	P075	P120	U015	U051	U088	U125	U161	U200	U244
D014	F007	P037	P077	P121	U016	U052	U089	U126	U162	U201	U246
D015	F008	P038	P078	P122	U017	U053	U090	U127	U163	U202	U247
D016	F009	P039	P081	P123	U018	U055	U091	U128	U164	U203	U248
D017	F039	P040	P082	P127	U019	U056	U092	U129	U165	U204	U249
D018	P001	P041	P084	P128	U020	U057	U093	U130	U166	U205	U271
D019	P002	P042	P085	P185	U021	U058	U094	U131	U167	U206	U278
D020	P003	P043	P087	P188	U022	U059	U095	U132	U168	U207	U279
D021	P004	P044	P088	P189	U023	U060	U096	U133	U169	U208	U280
D022	P005	P045	P089	P190	U024	U061	U097	U134	U170	U209	U328
D023	P006	P046	P092	P191	U025	U062	U098	U135	U171	U210	U353
D024	P007	P047	P093	P192	U026	U063	U099	U136	U172	U211	U359
D025	P008	P048	P094	P194	U027	U064	U101	U137	U173	U213	U364
D026	P009	P049	P095	P196	U028	U066	U102	U138	U174	U214	U367
D027	P010	P050	P096	P197	U029	U067	U103	U140	U176	U215	U372
D028	P011	P051	P097	P198	U030	U068	U105	U141	U177	U216	U373
D029	P012	P054	P098	P199	U031	U069	U106	U142	U178	U217	U387
D030	P013	P056	P099	P201	U032	U070	U107	U143	U179	U218	U389
D031	P014	P057	P101	P202	U033	U071	U108	U144	U180	U219	U394
D032	P015	P058	P102	P203	U034	U072	U109	U145	U181	U220	U404
D033	P016	P059	P103	P204	U035	U073	U110	U146	U182	U221	U409
D034	P017	P060	P104	P205	U036	U074	U111	U147	U183	U222	U410
D035	P018	P062	P105	U001	U037	U075	U112	U148	U184	U223	U411
D036	P020										



Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. American Int'l Specialty Lines Ins. (the Insurer), 175 Water Street, New York, NY 10038
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Perma-Fix of Florida, Inc. (the Insured),
(Name of the Insured)

1940 N.W. 67th Place, Gainesville, FL 32653 whose EPA Identification number is FLD 980 711 071.
(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 \$4mm Occ/\$8mm Agg less the deductible or retention of \$ 10,000 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 EG 3111895, issued on 9/1/09.

The expiration date of said policy is 9/1/10 or the annual renewal date is 9/1/10.
(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.

Thomas Orabona
(Signature of Insurer or Authorized Representative)

Thomas Orabona
(Type Name)

Authorized Representative of

American Int'l Specialty Lines Ins. Co.
(Name of Insurer)

Vice President - Environmental Casualty 100 Connell Drive, Berkeley Heights, NJ 07922
(Title) (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: sebrene.bolton@dep.state.fl.us , OR Phone (850) 245-8755, email: 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, 2008 through December 31, 2008

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: Perma-Fix of Florida 2. Telephone No. (352) 373-6066

Site Address: 1940 NW 67th Place Gainesville, FL 32653

3. EPA ID No. FLD 980 711 071

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) Kurt Fogleman

Title Environmental Health & Safety Manager Phone number (if different from #2, above) (352) 395-1356

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

Used Oil: ☒ Transporter ☒ Transfer Facility o Collection Center/Aggregation Point o 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
60,431	4,593	148,690	213,714
479	16,379	38,001	54,859
			5,144
			273,717

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
202,576	8,788
8,706	42,716
211,282	51,504
7,576	3,355

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 had 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.....

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) 245-8754, email: sebrina.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us