



## 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 22, 2010

Kurt Fogleman  
Perma - Fix of Orlando Inc  
1940 N W 67 Place  
Gainesville, FL 32653

### BE IT KNOWN THAT

Perma - Fix of Orlando Inc  
10100 Rocket Blvd  
Orlando, FL 32824- 8565

### 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 **FLD980559728** on June 22, 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:

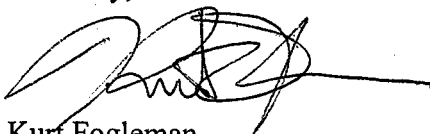
With this letter I am submitting the 8700-12FL (Florida Notification of Regulated Waste Activity) for the Perma-Fix of Florida, Inc. (FLD 980 711 071) and Perma-Fix of Orlando, Inc. (FLD 980 559 728) facilities located respectively in Gainesville and Orlando.

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

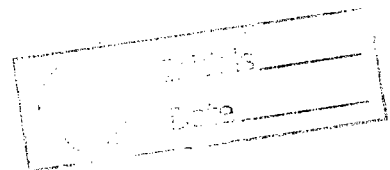
- Enclosure 1 for Item 9.A.(7) Hazardous Waste Transporter Certificate of Liability Insurance
- Enclosure 2 for Item 9.C.(7) \$100 Check for Used Oil Registration Fee
- Enclosure 3 for Item 9.C.(8) Certificate of Liability Insurance Used Oil Transporters
- Enclosure 4 for Item 10 Facility Waste Codes
- Enclosure 5 Universal Waste Lamp 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](mailto:kfogleman@perma-fix.com).

Sincerely,



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





**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, New York, NY 10038Contact Thomas Orabona

Telephone \_\_\_\_\_

Policy Number EG 311-28-95Expiration date 9/1/2010d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_e. ☒ **Hazardous Waste Transfer Facility:**Storage Volume 59,106 gallons☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

☐ **Notification of changes in above items**☒ **Annual update notification**

EPA ID No.

FLD980559728

**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 checked="" type="checkbox"/>	3,000 lbs.
b. Pesticides	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3,000 lbs.
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3,000 lbs.
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3,000 lbs.
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8,000 lbs.

**(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):**

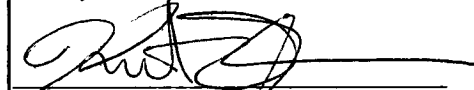
- ☒ a. Transporter
- ☒ b. Transfer Facility

**(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, EH&amp;S Manager

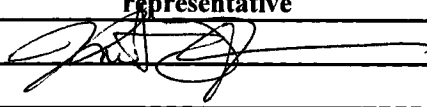
Print Name of Authorized Person

**(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.

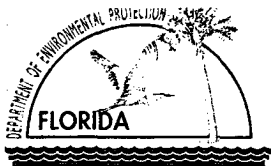
**(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):**

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

	<b>EPA ID No.</b> FLD980559728					
<b>D. Other State Regulated Waste Activities:</b> <input checked="" type="checkbox"/> <b>Petroleum Contact Water (PCW) Handler</b> [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.						
<b>10. Waste Codes for Federally Regulated Hazardous Wastes:</b> 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	D002	D003	D004	D005	D006	D007
8	9	10	11	12	13	14
D008	D009	D010	D011	F001	F002	F003
15	16	17	18	19	20	21
F004	F005	F006	F007	F009	F019	P005
22	23	24	25	26	27	28
P012	U002	U003	U154	U220	U219	U404
<b>11. Other Status Changes (Mark 'X' in all that apply):</b>						
<b>A. Non-Handler of Regulated Waste at This Facility</b> <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>B. Facility Closed</b> <input type="checkbox"/> (1) Closed at this location and <b>moved or moving</b> 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"/> <b>C. Property Tax Default</b>			<input type="checkbox"/> <b>D. Petition for Bankruptcy Protection</b>			
<b>12. Certification:</b> 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.						
<b>Signature of owner, operator, or an authorized representative</b> 			<b>Print Name and Title</b> Kurt Fogleman, EH&S Manager		<b>Date Signed (mm-dd-yyyy)</b> 2/9/2010	
<b>If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:</b>						
Kurt Fogleman (Name of person completing this form)			(352) 395-1356 (Phone Number)		kfogleman@perma-fix.com (E-mail Address)	
<b>13. Comments:</b> See attached list of facility waste codes.						

## Waste Codes Accepted at the Perma-Fix of Orlando Facility

D001	F001	P010	P064	P122	U025	U072	U118	U162	U209	U373
D002	F002	P011	P066	P123	U026	U073	U119	U163	U210	U375
D003	F003	P012	P067	P127	U027	U074	U120	U164	U211	U376
D004	F004	P013	P068	P128	U028	U075	U121	U165	U213	U377
D005	F005	P014	P069	P185	U029	U076	U122	U166	U214	U378
D006	F006	P015	P070	P188	U030	U077	U123	U167	U215	U379
D007	F007	P016	P071	P189	U031	U078	U124	U168	U216	U381
D008	F008	P017	P072	P190	U032	U079	U125	U169	U217	U382
D009	F009	P018	P073	P191	U034	U080	U126	U170	U218	U383
D010	F010	P020	P074	P192	U035	U081	U127	U171	U219	U384
D011	F011	P021	P075	P194	U036	U082	U128	U172	U220	U385
D012	F012	P022	P077	P196	U037	U083	U129	U173	U221	U386
D013	F019	P023	P081	P197	U038	U084	U130	U174	U222	U387
D014	F027	P024	P082	P198	U039	U085	U131	U176	U223	U389
D015	F032	P026	P084	P199	U041	U086	U132	U177	U225	U390
D016	F034	P027	P085	P201	U042	U087	U133	U178	U226	U391
D017	F035	P028	P087	P202	U043	U088	U134	U179	U227	U392
D018	F037	P029	P088	P203	U044	U089	U135	U180	U228	U393
D019	F038	P030	P089	P204	U045	U090	U136	U181	U235	U394
D020	F039	P034	P092	P205	U046	U091	U137	U182	U236	U395
D021	K001	P036	P093	U001	U047	U092	U138	U183	U237	U396
D022	K048	P037	P094	U002	U048	U093	U140	U184	U238	U400
D023	K049	P038	P097	U003	U049	U094	U141	U185	U239	U401
D024	K050	P039	P098	U004	U050	U095	U142	U186	U240	U402
D025	K051	P040	P099	U005	U051	U097	U143	U187	U243	U403
D026	K052	P041	P101	U006	U052	U098	U144	U188	U244	U404
D027	K061	P042	P102	U007	U053	U099	U145	U189	U246	U407
D028	K062	P043	P103	U008	U055	U101	U146	U190	U247	U409
D029	K086	P044	P104	U009	U056	U102	U147	U191	U248	U410
D030	K156	P045	P105	U010	U057	U103	U148	U192	U249	U411
D031	K157	P046	P106	U011	U058	U105	U149	U193	U271	
D032	K158	P047	P108	U012	U059	U106	U150	U194	U277	
D033	K159	P048	P109	U014	U060	U107	U151	U196	U278	
D034	K160	P049	P110	U015	U061	U108	U152	U197	U279	
D035	K161	P050	P111	U016	U062	U109	U153	U200	U280	
D036	P001	P051	P113	U017	U063	U110	U154	U201	U328	
D037	P002	P054	P114	U018	U064	U111	U155	U202	U353	
D038	P003	P057	P115	U019	U066	U112	U156	U203	U359	
D039	P004	P058	P116	U020	U067	U113	U157	U204	U364	
D040	P005	P059	P118	U021	U068	U114	U158	U205	U365	
D041	P006	P060	P119	U022	U069	U115	U159	U206	U366	
D042	P007	P062	P120	U023	U070	U116	U160	U207	U367	
D043	P008	P063	P121	U024	U071	U117	U161	U208	U372	



# Department of Environmental Protection

FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(4)  
Form Title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2005

## 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 Orlando, Inc. (the Insured),  
(Name of the Insured)

10100 Rocket Blvd., Orlando, FL 32824 whose EPA Identification number is FLD 980 559 728.  
(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: [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, 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 Orlando 2. Telephone No. (407) 559-4441

Site Address: 10100 Rocket Blvd. Orlando, FL 32824

3. EPA ID No. FLD 980 559 728

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
465,035	7,610	5,065	477,710
2,750	0	0	2,750
			12,392
			492,852

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
484,814	
480,417	
8,038	

**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 <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55 gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One ton 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.).

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)