



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Mimi A. Drew  
Secretary

01/14/2011

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

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **1280 NE 48th St, Pompano Beach, FL 33064-4909** has been registered through **March 1, 2012** with the following status:

Facility ID # **FLD984262410**

**Transfer Facility for Universal Waste Lamps**

**Transfer Facility for Universal Waste Devices**

**Small Quantity Handler Facility for Universal Waste Lamps and Devices**

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2012** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
Waste Reduction Section



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

October 28, 2010

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Mimi A. Drew  
Secretary

## SENT VIA E-MAIL

[John.coyne@fccenvironmental.com](mailto:John.coyne@fccenvironmental.com)

John Coyne, EH&S Director  
FCC Environmental, LLC  
523 N. Sam Houston Parkway E., Suite 400  
Houston, TX 77060

RE: Ownership Transfer Request from Hydrocarbon Recovery Services, Inc. to FCC Environmental Services, LLC Used Oil Permit Minor Modification.

Dear Mr. Coyne:

The Department of Environmental Protection (DEP) has completed its review of the facility name change request letter dated June 28, 2010, DEP comments letter dated July 19, 2010, and additional facility correspondence such as 8700-12FL Notification Forms and DEP Financial Assurance Approval dated September 28, 2010 for changing the name of Hydrocarbon Recovery Services, Inc. to FCC Environmental, LLC. The name is approved as follows:

### From

1. Hydrocarbon Recovery Services, Inc., Ft. Pierce, Florida, FL0 000 346 304
2. Hydrocarbon Recovery Services, Inc., Plant City, Florida, FLD 065 680 613
3. Hydrocarbon Recovery Services, Inc., Pompano Beach, Florida, FLD 984 262 410
4. Hydrocarbon Recovery Services, Inc., Orlando, Florida, FLR 000 069 088
5. Hydrocarbon Recovery Services, Inc., Jacksonville, Florida, FLR 000 031 393

### To

1. FCC Environmental, LLC, Ft. Pierce, Florida, FL0 000 346 304
2. FCC Environmental, LLC, Plant City, Florida, FLD 065 680 613
3. FCC Environmental, LLC, Pompano Beach, Florida, FLD 984 262 410
4. FCC Environmental, LLC, Orlando, Florida, FLR 000 069 088
5. FCC Environmental, LLC, Jacksonville, Florida, FLR 000 031 393

There are no other changes to these permits.

John Coyne, EH&S Director

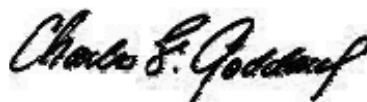
October 28, 2010

Page 2 of 2

A copy of this letter must be attached to the existing permit for each of the above facilities and will become part of the permit.

If you have any questions, please contact Bheem Kothur at (850) 245-8781 or via e-mail: [bheem.kothur@dep.state.fl.us](mailto:bheem.kothur@dep.state.fl.us).

Sincerely,



Charles F. Goddard, Chief  
Bureau of Solid & Hazardous Waste

FILING AND ACKNOWLEDGEMENT FILED

On this date, pursuant to S.120.52(11), Florida Statutes, with the designed Department clerk, receipt of which is hereby acknowledged.



CLERK

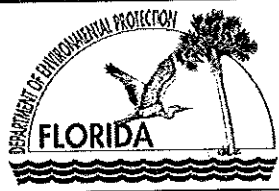
October 28, 2010

DATE

CFG/bk

cc:

Georgiana Holmes, OGC/Tallahassee, [Georgiana.holmes@dep.state.fl.us](mailto:Georgiana.holmes@dep.state.fl.us)  
Frank Hornbrook, DEP/Tallahassee, [frank.hornbrook@dep.state.fl.us](mailto:frank.hornbrook@dep.state.fl.us)  
Aprilia Graves, DEP/Tallahassee, [Aprilia.graves@dep.state.fl.us](mailto:Aprilia.graves@dep.state.fl.us)  
Bryan Baker, DEP/Tallahassee, [bryan.baker@dep.state.fl.us](mailto:bryan.baker@dep.state.fl.us)  
Glen Perrigan, DEP/Tallahassee, [glen.perrigan@dep.state.fl.us](mailto:glen.perrigan@dep.state.fl.us)  
Jack Griffith, DEP/Tallahassee, [Jack.griffith@dep.state.fl.us](mailto:Jack.griffith@dep.state.fl.us)  
Steve Ray, DEP/Tallahassee, [steve.ray@dep.state.fl.us](mailto:steve.ray@dep.state.fl.us)  
Janine Kraemer, DEP/Orlando, [Janine.kraemer@dep.state.fl.us](mailto:Janine.kraemer@dep.state.fl.us)  
Jim Dregne, DEP/Tampa, [james.dregne@dep.state.fl.us](mailto:james.dregne@dep.state.fl.us)  
Ashwin Patel, DEP/Jacksonville, [ashwin.patel@dep.state.fl.us](mailto:ashwin.patel@dep.state.fl.us)  
Karen Kantor, DEP/West Palm Beach, [karen.e.kantor@dep.state.fl.us](mailto:karen.e.kantor@dep.state.fl.us)  
Fred Wick, DEP/Tallahassee, [fred.wick@dep.state.fl.us](mailto:fred.wick@dep.state.fl.us)  
Cheryl Slone, FCC Environmental, LLC, [Cheryl.Slone@fccenvironmental.com](mailto:Cheryl.Slone@fccenvironmental.com)  
Bernie Korzekwinski, Hydrocarbon Recovery Services, Inc.,  
[bernard.korzekwinski@fccenvironmental.com](mailto:bernard.korzekwinski@fccenvironmental.com)  
Jenna D. Perry, DEP/Jacksonville, [jenna.d.perry@dep.state.fl.us](mailto:jenna.d.perry@dep.state.fl.us)  
Steve Morgan, DEP/Tampa, [steve.morgan@dep.state.fl.us](mailto:steve.morgan@dep.state.fl.us)  
Lee Martin, DEP/Tallahassee, [lee.martin@dep.state.fl.us](mailto:lee.martin@dep.state.fl.us)

		<b>8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY</b> 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 <span style="border: 1px solid black; padding: 2px;">F L D 9 8 4 2 6 2 4 1 0</span>		MTS <span style="border: 1px solid black; padding: 2px;"></span>		RCRA Info <span style="border: 1px solid black; padding: 2px;"></span>	
<b>1. Reason for Submittal</b>		Mark 'X' in correct box: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> To provide <b>initial notification</b> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).         </div> <div> <input checked="" type="checkbox"/> To provide <b>subsequent notification</b> (to update status and facility identification information).         </div> <div> <input type="checkbox"/> Is this the <b>final notification</b> (see instructions) for the facility?         </div> </div>			
<b>2. Facility or Business Name</b>		Hydrocarbon Recovery Services, Inc.		<b>FEID No.</b> <span style="border: 1px solid black; padding: 2px; display: inline-block;">4 5 0 5 6 9 5 5 7</span>	
<b>3. Facility Operator</b> (List additional Operators in the comments section).		<b>Name of Operator:</b> FCC Environmental, LLC		<input type="checkbox"/> New Operator Date became Operator: ____/____/____ <div style="text-align: center; font-size: small;">mm dd yy</div>	
		<b>Street or P.O. Box:</b> 1280 NE 48th Street		<b>Phone Number:</b> 954-785-2320	
		<b>City or Town:</b> Pompano Beach		<b>State:</b> FL <b>Zip Code:</b> 33064	
		<b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____			
<b>4. Facility Physical Location Information</b>		<b>Physical Street Address:</b> 1280 NE 48th			
		<b>City or Town:</b> Pompano Beach		<b>State:</b> FL <b>Zip Code:</b> 33064	
		<b>County:</b> Broward		If available, please attach a map or sketch of the facility boundaries.	
		<b>Latitude:</b> <span style="border: 1px solid black; padding: 0 5px;">2</span> <span style="border: 1px solid black; padding: 0 5px;">8</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">4</span> <span style="border: 1px solid black; padding: 0 5px;">5</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <b>Longitude:</b> <span style="border: 1px solid black; padding: 0 5px;">8</span> <span style="border: 1px solid black; padding: 0 5px;">2</span> <span style="border: 1px solid black; padding: 0 5px;">0</span> <span style="border: 1px solid black; padding: 0 5px;">8</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <span style="border: 1px solid black; padding: 0 5px;">7</span> <span style="border: 1px solid black; padding: 0 5px;">1</span> <b>Method:</b> geocoder <div style="text-align: center; font-size: x-small;">dd mm ss.ssss      dd mm ss.ssss      Datum:</div>			
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b>		<b>A.</b> 423930		<b>B.</b>	
		<b>C.</b>		<b>D.</b>	
<b>6. Facility or Business Mailing Address</b>		<b>Street Address or P.O. Box:</b> 1280 NE 48th			
		<b>City or Town:</b> Pompano Beach		<b>State:</b> FL <b>Zip Code:</b> 33064	
<b>7. Facility or Business Contact Person</b>		<b>First Name:</b> Bernard		<b>Last Name:</b> Korzekwinski	
		<b>Phone Number:</b> 954-785-2320		<b>Extension:</b> 1104	
		<b>E-Mail:</b> bernard.korzekwinski@fccenvironmental.com			
		<b>Street or P.O. Box:</b> 1280 NE 48th			
		<b>City or Town:</b> Pompano Beach		<b>State:</b> FL <b>Zip Code:</b> 33064	
<b>8. Real Property (Land) Owner of the Facility's Physical Location</b> (List additional real property owners in the comments section.)		<b>Name of Real Property (Land) Owner:</b> FCC Environmental, LLC		<input type="checkbox"/> New Owner Date became Owner: ____/____/____ <div style="text-align: center; font-size: small;">mm dd yy</div>	
		<b>Street or P.O. Box:</b> 523 N. Sam Houston Pkwy E., Ste 400		<b>Phone Number:</b> 281-668-3300	
		<b>City or Town:</b> Houston		<b>State:</b> TX <b>Zip Code:</b> 77060	
		<b>Owner Type:</b> <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 \_\_\_\_\_

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) <input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unknown (see comments) <input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unknown (see comments) <input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1000 lbs on-site <input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1000 lbs on-site <input type="text"/>

**(3) Mercury Recovery and/or Reclamation Facility**☐

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):**

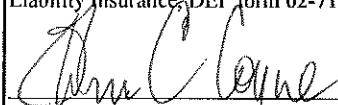
- ☒ a. Transporter
- ☒ b. Transfer Facility

**(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

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

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



Signature of Authorized Person

John C. Coyne

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.

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	D001	2	D004	3	D006	4	D007	5	D008	6	D018	7	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 \_\_\_\_\_

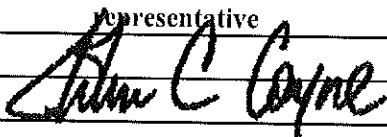
Address \_\_\_\_\_

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

John Coyne, EH&amp;S Director

Date Signed  
(mm-dd-yyyy)

09/20/2010

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

Cheryl Slone

281-668-3313

cheryl.slone@fccenvironmental.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

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