



Florida Department of Environmental Protection

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

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

March 30, 2011

Eugene Russell
Diversified Environmental Services Inc
PO Box 5357
Tampa, FL 33675- 5357

BE IT KNOWN THAT

Diversified Environmental Services Inc
1201 N 22nd St # 200
Tampa, FL 33605- 5314

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)

The Department of Environmental Protection hereby issues

Registration Number **FLD984183566** on March 30, 2011

Insurance Carrier: **WESTCHESTER SURPLUS LINES INS**

Insurance Policy #: **G22073631006**

Insurance Ex. Date: **04/01/2012**

Transporter Type: **FH**

This registration will expire on 06/30/2012

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



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 EDEP Official Use Only)

Received

MAR 30 2011

EPA ID **F L D 9 8 4 1 8 3 5 6 6**

MIS

RCRA Info

BSH

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

FEID No.

5 9 3 0 5 5 4 3 2

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

Name of Operator:

Diversified Environmental Services Inc.

☐ New Operator

Date became Operator: **06 / 01 / 93**
mm dd yy

Street or P.O. Box:

PO Box 5357

Phone Number:

813-248-3256

City or Town:

Tampa

State:

FL

Zip Code:

33675

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical Location Information

Physical Street Address:

1201 North 22nd Street

City or Town:

Tampa

State:

FL

Zip Code:

33605

County: Hillsborough

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

Latitude: **2 7 5 7 3479**
dd mm ss.ssss

Longitude: **8 2 4 6 0828**
dd mm ss.ssss

Method:

Datum:

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

A.

221310

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

PO Box 5357

City or Town:

Tampa

State:

FL

Zip Code:

33675

7. Facility or Business Contact Person

First Name:

Gerry

Last Name:

McCormick

Title:

Operations

Phone Number:

813-248-3256

Extension:

E-Mail:

H8luzn2@aol.com

Street or P.O. Box:

1201 North 22nd Street

City or Town:

Tampa

State:

FL

Zip Code:

33605

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:

Diversified Environmental Services Inc.

☐ New Owner

Date became Owner: **06 / 01 / 93**
mm dd yy

Street or P.O. Box:

1201 North 22nd Street

Phone Number:

813-248-3256

City or Town:

Tampa

State:

FL

Zip Code:

33605

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 West Chester Surplus LinesAddress PO Box 100008 Roswell GA 30077Contact Patrick HigginsTelephone 727-360-0092Policy Number G 22073631 006Expiration date 4/1/12d. 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 type="checkbox"/> | |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Pharmaceuticals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. Mercury Containing Devices | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. Mercury Containing Lamps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

(3) Mercury Recovery and/or Reclamation Facility ☐
[Chapter 62-737, F.A.C.]

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

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

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

C. Used Oil Activities:

(1) Used Oil Transporter - indicate type(s) of activity(ies):

- ☒ a. Transporter
- ☒ b. Transfer Facility

(2) ☐ Collection Center

(3) ☐ Used Oil Processor (A permit is required for this activity.)

(4) ☐ Off-Specification Used Oil Burner

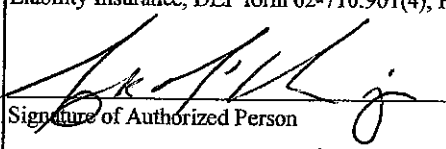
(5) ☐ Used Oil Fuel Marketer

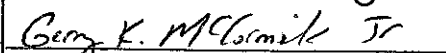
(6) Used Oil Filter

- ☒ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(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

Sent in Used Oil Renewal on 2-23-2011

Check # 2857

EPA ID No.

FLD984183566

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 |
| 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 _____

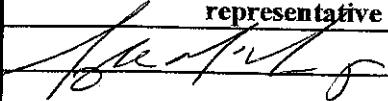
City, State, Zip _____

☐ **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)

Gary L. McCormick Jr ops manager

03-28-2011

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

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:



Department of Environmental Protection
FDEP MS 4685 2600 Blair Stone Road Tallahassee, Florida 32309-2400

DEP Form 62-710.60(1)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date April 1, 2004

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Westchester Surplus Lines Inc. (Name of the Insurer), PO Box 100008 Roswell, GA 30077 (Address of the Insurer)

hereby certifies that it has issued liability insurance to DIVERSIFIED ENVIRONMENTAL SERVICES, Inc. (Name of the Insured),

1201 N. 22nd St. Tampa FL 33605 (Address of the Insured) whose EPA identification number is FLD 984 183 566

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$1,000,000.00 less the deductible or retention of \$5,000.00 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 622073631006 issued on 4/1/11 (Date)

The expiration date of said policy is 4/1/12 (Date) or the annual renewal date is April 1st (Date)

2. The insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
- 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.
- 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.
- 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.
- 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.

Patrick Hilliards
(Signature of Insurer or Authorized Representative)

PATRICK HILLIARDS
(Type Name)

PRESIDENT - COMET TO COMET INTERSTATE SVCS LLC 630 COREY AVE., ST PETERSBURG, FL 33706
(Title) (Address of Representative)

Authorized Representative of

Westchester Surplus Lines Insurance Co.
(Name of Insurer)



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, 2010 through December 31, 2010

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: Diversified Environmental Services Inc. 2. Telephone No. (813) 248-3256
Site Address: 1201 North 22nd St Tampa FL 33605
3. EPA ID No. FLD 984 183566

☐ Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) Gerry McCormick Jr
Title Operations Manager 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)

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 |
|------------|------------|-------|-----------|
| | 2,480,930 | | |
| | | | 825,975 |
| | | | 3,306,905 |

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 |
|-----------|--------------|
| 492,719 | |
| | |
| | |
| | |
| | |
| | |
| 2,814,186 | |
| | |
| 3,306,905 | |

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.....

| | |
|------|--|
| 0 | |
| 8835 | |
| 8835 | |
| 0 | |
| 8835 | |
| 0 | |
| 8835 | |
| 0 | |
| 0 | |
| 0 | |
| | |

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: aprilia.graves@dep.state.fl.us,

Used Oil Training Program - Verification, Record Keeping and Signature Pages

Developed for (Company Name)

Diversified Environmental Services Inc.

Submitted To:

Florida Department of Environmental Protection, Used Oil Coordinator

2600 Blair Stone Rd. MS 4555

Twin Towers Office Building

Tallahassee, FL 33299-2400

Date

2/23/2011

Training Program Description:

Please complete the information below, in full detail

A. Training Program Implementation

Please provide a description of your training methodology (i.e. lecture, employee review of written programs, etc.).

Training is conducted by reviewing our company facility and mobile oil transfer procedures. Also by conducting a training class using the used oil training program guidelines in the publication by BFA in Sebring FL

Areas that are applicable to our industry are covered and a written test taken at completion. A copy of this plan was submitted to your office in 2010.

B. Employee Training Program Verification

Please provide a complete description of your employee training test methodology (i.e. oral quiz, written test, etc.).

Written test training classes, in field reviews are also done while on job to ensure proper procedures are used.

C. Employee Training Frequency

Description of the frequency of employee training (annually, every two years, etc.)

Training is done annually at our facility and is done in conjunction with yearly USCG mobile facility plan training as required by USCG.

D. Employee Training Program Record Keeping

Please provide a full description of your company's record keeping methodology for employee training.

All records and files kept at DES main office

E. Used Oil Training Program Additional Information

Please provide any additional information required as part of your corporate Used Oil Training Program on these pages. Identify the Section (i.e. 1. Training Program Description) to which the information applies. Use the next page and additional sheets of blank white paper as necessary.

All employees are the-user trained yearly by All Pro Occupational trainers. All employees are also given refresher courses in our mobile facility plan as well as used oil manual refresher training.

Lined area for notes or additional information.

F. Used Oil Training Program Signature and Attestment Page

I certify, as a used oil transporter, that the training program required under Rule 62-710.600, Florida Administrative Code, as described on the attached sheets will be implemented and adhered to. To the best of my knowledge, the training program described is in full compliance with the rule 62-710.600.

Gerry K. McCormick Jr
Name of Authorized Person (Print or Type)

Manager
Title of Authorized Person

[Signature]
Signature of Authorized Person

2/23/17
Date

This document shall be submitted to the FDEP to facilitate the review and acceptance of your training program.

Halogen Screening Standard Operating Procedures

for Diversified Environmental Services Inc. (company name)

(Company name) DES Inc. conducts field screening (testing) of used oil to prevent costly hazardous waste from being mixed with non-contaminated oil for proper management and disposal. In addition to other criteria, the following were considered when developing this halogen determination and testing methodology:

- Employee safety;
- Simple, quick and relatively low set-up cost by using existing technologies;
- Containment and recovery of the halogens released from the used oil (i.e., eliminate atmospheric release of ozone depleting chemicals);
- Compliance with the requirements of state and federal health and safety codes.

Test Instrument specifications:

This company is currently using a model # CLOR-D-TECT 1000 chlorine detection kit manufactured by Dexsil

AND, OR,

This company is currently using a model # TIF XP-1A CFC detection device (sniffer) manufactured by SPX

The instrument(s) are calibrated using the following method(s): Bump test

(describe calibration process)

Calibration is performed on a

Weekly basis

basis (insert how often.)

Transporter Drivers, managers and employees of

DES Inc.

(company name) are given training on the

use and application of chlorine field test kits and or CFC detection devices (sniffers) as follows:

All drivers given hands on training in the field with both Chlor-D-Tect and TIF Halogen Sniffer.

Field testing and sampling either from the generator's storage tank or from a sample taken in accordance with EPA Regulations and ASTM Methods is accomplished by:

See Attached

All loads that have been tested and indicate halogen levels in excess of 1,000 PPM are handled as follows:

No loads are accepted that fail screening. Customer will be notified and given other transport options

After the testing is completed and the used oil is certified as on-specification fuel, it and the corresponding documentation will be marketed as such. If the halogen test result from that product shows that the used oil contains more than 1,000 ppm total halogens, the load and shall be rejected and FDEP will be provided with the test results within seven (7) days of obtaining them.

In the event DES Inc. (company name) has a need for or is required to use the services of a third party for halogen screening analysis (Certified Test Lab), that party is:

Laboratory name: Sun Labs

Address: 5620 Beadmont Center Dr

City, State, Zip: Tampa FL 33634

Phone: _____

Fax: 813-354-4661

Attention: _____

In compliance with F.S. 62-710, Used Oil Management Rule, and 40 CFR §§ 279.44(b) and 279.44(d), 279.70(c), and 279.63, respectively, the documentation and records for all loads of used oil products and materials—either picked up or refused at a generator's facility, are maintained for three years at the company's main office located at

1201 N 22nd St Tampa FL 33605

Generator Education: It is the goal of

DES Inc. (company name) to instruct and educate its generator customers not to allow mixing of halogenated solvents or paint thinners with waste oil or used oil filters. The generators are warned that doing so, could result in the mixture being required to be disposed of as a hazardous waste.

Diversified Environmental Services Inc.
Halogen Screening Procedures

Diversified Environmental Services clients are about 95% marine based companies. Therefore there is always a presence of saltwater in the waste streams we collect. We rely on generator knowledge for the vast majority of our bulk waste pick-up. We do however encounter drums of used oil that we pick-up at shipyards and various sites from time to time. When this type of pick-up occurs we must screen the waste for Halogen content before it can be removed from site. The process for screening any material which is unknown for Halogen content to us is as follows.

Screening Steps

1. Check the screening device for power. Spare Batteries are always kept in the case. Battery power will be displayed on the LED at the top of the sniffer below the speaker. The "Sniffer" device used by DES is the TIF TIFXP-1 Automatic Halogen Leak Detector.
2. After checking for sufficient power turn the sniffer on. Be sure the tip is free from any debris.
3. Open the container your are sampling, if it is a drum unscrew one of the bungs and place the tip of the sniffer just inside. Be careful if the drum is full not to put the tip into the liquid. For tanker trailers it may be necessary to get a sample jar of the product from the tank it is being pumped from. If this is not possible then a sample will have to be taken by starting the pump for just a short time, (enough that product begins to flow) and then shut down and sample the small amount in the truck. If the sniffer detects a Halogen content then a second test the Chlor-D-Tect 1000 by Dexsil corporation must be used.
4. The Chlor-D-Tect 1000 is used to sample for Halogens, if the test comes back positive 1000 ppm or more then the load must be refused.
5. If a load is refused then we can offer our customers the names of other companies or services that are equipped to handle "High Halogen" content loads.
6. At no time will DES accept any loads without generator knowledge of saltwater content, that do not pass the Dexsil Chlor-D-Tect 1000 test.
7. Any loads that are refused must be documented as to who the load was for, test used to determine Halogen content and why the load was refused. This information need to be given to the waste management dept.