



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

April 08, 2011

Chad Johnson
Oil Recovery Inc
272 Powell St
Camilla, GA 31730- 3967

BE IT KNOWN THAT

Oil Recovery Inc
520 Thomas St
Camilla, GA 31730

IS HEREBY REGISTERED AS A USED OIL

Transporter, Filter Transporter

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

The Department of Environmental Protection hereby issues

Registration Number **GAR000054460** on April 08, 2011

Insurance Carrier: **CANAL INSURANCE**

Insurance Policy #: **PIA04530403**


Insurance Ex. Date: **02/06/2012**

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—HWSR, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772		Date Received (for DEP Office Use Only) Received FEB 28 2011 BSHW	
EPA ID		GAR000054460		MTS	
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		Oil Recovery Inc		FEID No.	
				263597130	
3. Facility Operator (List additional Operators in the comments section).		Name of Operator:		<input type="checkbox"/> New Operator Date became Operator: 11/01/09 mm dd yy	
		Chad Johnson			
		Street or P.O. Box:		Phone Number:	
		272 Powell St			
		City or Town:		State:	
		Camilla GA 31730		GA	
		Operator Type:		Zip Code:	
		<input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		31730	
4. Facility Physical Location Information		Physical Street Address:			
		520 Thomas St			
		City or Town:		State:	
		Camilla		FL	
		County:		Zip Code:	
		Choose Mitchell		31730	
		If available, please attach a map or sketch of the facility boundaries.			
		Latitude: Longitude: Method: Datum:			
5. Facility North American Industry Classification System (NAICS) Code(s)		A. B. C. D.			
6. Facility or Business Mailing Address		Street Address or P.O. Box:			
		272 Powell St			
		City or Town:		State:	
		Camilla		GA	
				Zip Code:	
				31730	
7. Facility or Business Contact Person		First Name:		Last Name:	
		Chad		Johnson	
		Phone Number:		Title:	
		229-336-1111		owner	
		Extension:		E-Mail:	
				oilrecovery@camillaga.net	
		Street or P.O. Box:			
		272 Powell St			
		City or Town:		State:	
		Camilla		GA	
				Zip Code:	
				31730	
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:		<input type="checkbox"/> New Owner Date became Owner: 10/01/08 mm dd yy	
		Chad Johnson			
		Tami Scott			
		Street or P.O. Box:		Phone Number:	
		272 Powell St		229-336-1111	
		City or Town:		State:	
		Camilla		GA	
				Zip Code:	
				31730	
		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 _____
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 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 ☐ 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 ☐

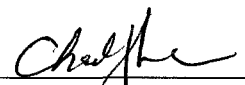
(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

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

Chad Johnson
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.

GAR 0000 54460

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) non-handler

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 _____

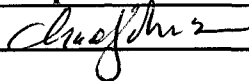
City, State, Zip _____

☐ **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

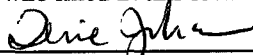
Print Name and Title

Date Signed
(mm-dd-yyyy)

Chad Johnson

2-23-11

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



229-336-1111

oilrecovery@camillaga.net

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE

1. Number of filters on hand from previous year.....	0	0
2. Number of used oil filters collected.....	0	0
3. Total number of used oil filters on hand at beginning of year.....	0	0
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	0	0
b. Burned for energy recovery at a Waste-To-Energy facility.....	0	0
c. Transferred directly to a metal foundry for recycling.....	0	0
d. TOTAL.....	0	0
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....	0	0
6. Gallons of used oil collected as a result of filter processing.....	0	0
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	0	0
8. Volume of oily waste collected and managed as a result of filter processing.....	0	0
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 4555, 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: richard.neves@dep.state.fl.us



Department of Environmental Protection
FDEP MS 4555 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-701.900(15)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date March 25, 1997

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Canal Insurance Company, (the Insurer), P.O. BOX 7, GREENVILLE, SC 29602
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage for sudden accidental

occurrences to OIL RECOVERY INC, (the Insured), 270 Powell St. Camilla, GA 31730
(Name of the Insured) (Address of the Insured)

whose EPA Identification number is _____ in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2)(d). The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000.00 less the deductible or retention of \$ _____

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 PIA04530403, issued on

2/3/2011. The expiration date of said policy is 2/6/2012 or the annual renewal date is
(Date) (Date)

is 2/6/2011.
(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-five (35) days after a copy of such written notice is received by the Secretary of the FDEP as evidence 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.

Tammy Vaughn
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Tammy Vaughn
(Type Name)

Canal Insurance Company
(Name of Insurer)

Underwriting Operations Manager P.O. BOX 7, GREENVILLE, SC 29602
(Title) (Address of Representative)

Chapter 62-710.600, Florida Administrative Code Certification of Used Oil Transporters

(d) Demonstrate, and annually verify, proof of liability insurance, or other means of financial responsibility, for any liability which may be incurred in the transport of used oil. Such financial responsibility shall cover sudden and accidental occurrences involving bodily injury and property damage in the amount of at least \$100,000 Combined Single Limit.

1. The \$100,000 Combined Single Limit is the minimum amount of financial responsibility that each used oil transporter must demonstrate. Depending on vehicle size and weight, other restrictions and financial responsibility requirements may be imposed by the Federal or State Departments of Transportation or other agencies.

2. The financial responsibility required in this paragraph may be established by:

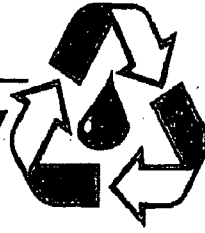
(a) Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 701.900(15). An ACORD form will only be accepted for renewal of a policy with the same carrier; or

(b) Evidence of self-insurance provided by the chief financial officer of the company.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4555, Florida Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8707

Received
FEB 28 2011
BSHW

Oil Recovery
Environmental Services



2/25/11

Ref: Used Oil Transporter Training Manual

Oil Recovery presented a Training Manual in 2010. The training program is still operating and is being adhered to. There have not been any changes to the Training Manual.

Sincerely,


Chad Johnson