



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 14, 2011

Catherine McCord
Heritage - Crystal Clean LLC
2175 Point Blvd Suite 375
Elgin, IL 60123- 7873

BE IT KNOWN THAT

Heritage - Crystal Clean LLC
11643 103rd St
Jacksonville, FL 32210- 8686

IS HEREBY REGISTERED AS A USED OIL

Transfer Facility, Filter Transfer Facility

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

The Department of Environmental Protection hereby issues

Registration Number **FLR000154278** on April 14, 2011

Insurance Carrier: **XL SPECIALTY INSURANCE**

Insurance Policy #: **AEC002320202**

Insurance Ex. Date: **06/01/2011**

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



February 28, 2011

UPS Next Day Air

Florida Dept. of Environmental Protection
Bob Martinez Center, 2600 Blair Stone Rd.
Tallahassee, Florida 32399-2400

Re: Heritage-Crystal Clean, LLC

Dear Sir/Madam:

Please find attached Heritage Crystal Clean's renewal documents for our Florida transporter licenses, Florida transfer facilities and other related documents as provided in the table below.

| Documents enclosed: | Renewal for: |
|---|---|
| (a) Transporter License 8700-12FL – Notification of Regulated Waste Activity for Transporter ILR 000 130 062 2175 Point Blvd., Suite 375, Elgin, IL | <ul style="list-style-type: none">• Used Oil and Filter• Universal Waste• Hazardous Waste |
| (b) Florida Transfer Facilities 8700-12FL – Notification of Regulated Waste Activity for Transfer Facility 950 Eller Dr., Port Everglades, FL FLR 000 120 014 | <ul style="list-style-type: none">• Used Oil and Filter• Universal Waste• Hazardous Waste |
| 8700-12FL – Notification of Regulated Waste Activity for Transfer Facility 9940 Currie Davis Rd, A44 Tampa, FL FLR 000 170 431 | <ul style="list-style-type: none">• Used Oil and Filter• Universal Waste• Hazardous Waste |
| 8700-12FL – Notification of Regulated Waste Activity for Transfer Facility 7037 Commonwealth Ave., #8, Jacksonville, FL FLR 000 154 278 | <ul style="list-style-type: none">• Used Oil and Filter• Universal Waste• Hazardous Waste |
| (c) Other related documents: <ul style="list-style-type: none">• Hazardous Waste Transporter Status Form• Hazardous Waste Transporter Certificate of Liability | <ul style="list-style-type: none">• Hazardous Waste |
| <ul style="list-style-type: none">• Annual Reports by Used Oil and Used Oil Filter Handlers for 2010• Used Oil Certificate of Liability | <ul style="list-style-type: none">• Used Oil and Filter |
| <ul style="list-style-type: none">• Universal Waste checklists | <ul style="list-style-type: none">• Universal Waste |
| Renewal Fee in the amount of \$400 | <ul style="list-style-type: none">• Used Oil Transporter and Transfer Facility fees |

Heritage-Crystal Clean, LLC

2175 Point Boulevard, Suite 375, Elgin, IL 60123
847.836.5670 Phone 847.836.5677 Fax 877.WE TRY 4 U Toll Free
www.crystal-clean.com

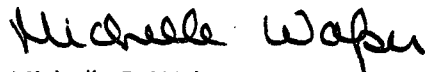
Please note that the 8700-12FL Notification Forms for the transfer facilities located in Port Everglades, Tampa and Jacksonville provide hazardous waste insurance information in Question 7. However since we only use our ILR 000 130 062 to transport hazardous waste we only checked that box on our ILR renewal. If you should have any questions regarding this, please do not hesitate contact either Catherine McCord at Catherine.mccord@crystal-clean.com or myself at Michelle.walper@crystal-clean.com. This is consistent with previous communications between Catherine McCord and the Department.

We currently use the same Used Oil training manual that we provided in our 2010 submittal. If you would like another copy we would be more than happy to provide that to you.

Renewal certificates can be forwarded to my attention at michelle.walper@crystal-clean.com.

If you should have any questions regarding these documents, please do not hesitate to contact me at (847) 783-5355 or by e-mail. Thanks for your help with these renewals.

Sincerely,

A handwritten signature in black ink that reads "Michelle Walper". The signature is written in a cursive, flowing style.

Michelle R. Walper

Enclosures

cc: Phil Comella
Catherine McCord

**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772Date Received
(for FDEP Regional Office Only)

MAR 01 2011

BSHW
RCRAinfoEPA ID **F L R 0 0 0 1 5 4 2 7 8**

MTS

**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**

HERITAGE-CRYSTAL CLEAN, LLC

FEID No.

3 5 2 0 8 3 1 5 0**3. Facility Operator**
(List additional
Operators in the
comments section).

Name of Operator:

HERITAGE-CRYSTAL CLEAN, LLC

☐ New OperatorDate became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

2175 POINT BLVD., SUITE 375

Phone Number: (847) 836-5670

City or Town:

ELGIN

State: IL

Zip Code:

60123

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other _____**4. Facility Physical
Location
Information**

Physical Street Address:

11643 103RD ST.

City or Town:

JACKSONVILLE

State: FL

Zip Code:

32221

County: Duval

If available, please attach a map or sketch of the facility
boundaries.Latitude: **3 0 1 4 5 2 . 03** Longitude: **8 1 5 1 2 9 . 34** Method:
dd mm ss . ssss dd mm ss . ssss Datum:**5. Facility North American Industry
Classification System (NAICS)
Code(s)**

A. 423830

B. 562112

C.

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

2175 POINT BLVD., SUITE 375 - EHS

City or Town:

ELGIN

State: IL

Zip Code:

60123

**7. Facility or
Business Contact
Person**

First Name:

CATHERINE

Last Name:

MCCORD

Title:

VP-EHS

Phone Number:

(847) 783-5949

Extension:

E-Mail:

CATHERINE.MCCORD@
CRYSTAL-CLEAN.COM

Street or P.O. Box:

2175 POINT BLVD., SUITE 375

City or Town:

ELGIN

State: IL

Zip Code:

60123

**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:

GROUP IV CECIL, INC.

☐ New OwnerDate became Owner: ____/____/____
mm dd yy

Street or P.O. Box:

10751 ALTA DR.

Phone Number: 904-757-5331

City or Town:

JACKSONVILLE

State: FL

Zip Code:

32226

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ 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 InformationInsurance Company XL SPECIALTY INSURANCE COMPANY HCC TRANSPORTS UNDER ILR 000 130 062Address 525 EAGLEVIEW BLVD., EXTON, PA 19341Contact SUETTA BARTLEYTelephone 317-844-7759Policy Number AEC 002320203Expiration date 06/01/2011d. **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"/> | LESS THAN 1,000 lbs. |
| 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 checked="" type="checkbox"/> | LESS THAN 1,000 lbs. |
| e. Mercury Containing Lamps | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | LESS THAN 1,000 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

(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.

(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

CATHERINE A. MCCORD

Print Name of Authorized Person

2-23-2011

(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.

FLR000154278

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 | D002 | 3 | D004 | 4 | D005 | 5 | D006 | 6 | D007 | 7 | D008 |
| 8 | D009 | 9 | D010 | 10 | D011 | 11 | D018 | 12 | D019 | 13 | D021 | 14 | D022 |
| 15 | D023 | 16 | D024 | 17 | D025 | 18 | D026 | 19 | D027 | 20 | D028 | 21 | D029 |
| 22 | D035 | 23 | D038 | 24 | D039 | 25 | D040 | 26 | F001 | 27 | F002 | 28 | F003 |

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)

CATHERINE A. MCCORD
VICE PRESIDENT - EHS

02-23-2011

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)

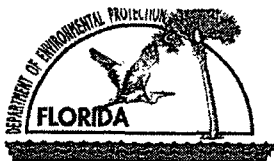
13. Comments:

USE ILR 000 130 062 AS TRANSPORTER EPA ID#.

Question 10 continued:

Waste codes for Federally regulations Hazardous Wastes:

F005, U151, U239, U002, others including D003 are handled, but not common.



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. XL Specialty Insurance Company, (the Insurer), c/o XL Environmental, Inc., 525 Eagleview Blvd.
(Name of the Insurer) (Address of the Insurer) Exton, PA 19341

hereby certifies that it has issued liability insurance to: Heritage-Crystal Clean, Inc. (the Insured),
(Name of the Insured)

2175 Point Blvd., #375, Elgin, IL 60123 whose EPA Identification number is FLR 000 130 062
(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 \$ 1,000,000 less the deductible or retention of \$ 50,000 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 AEC0002320202, issued on 06/01/2010.

The expiration date of said policy is 06/01/2011 or the annual renewal date is 06/01/2011.
(Date) (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.

J. William Hornsey
(Signature of Insurer or Authorized Representative)

Authorized Representative of

J. William Hornsey, RPLU
(Type Name)

XL Specialty Insurance Company
(Name of Insurer)

Vice President
(Title)

Same as above
(Address of Representative)



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: Heritage - Crystal Clean, LLC 2. Telephone No. (847) 783-5351

Site Address: 11643 103rd St

Jacksonville, FL 32221 3. EPA ID No. FLR0 0015 4278

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

4. Name of person preparing report (please print) Chuck Sizemore

Title Environmental Scientist 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 |
|------------|------------|-------|---------|
| 312,668 | 19,847 | | 332,515 |
| | | | |
| | | | |
| | | | 332,515 |

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 |
|----------|--------------|
| | 332,515 |
| | |
| | |
| | |
| | |
| | |
| | 332,515 |
| | 0 |

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 hand 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.....

[illegible]

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 |

- 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.