



# 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 15, 2011

David Gushleff  
FECC Inc  
3652 Old Winter Garden Rd  
Orlando, FL 32805- 1020

## BE IT KNOWN THAT

FECC Inc  
3652 Old Winter Garden Rd  
Orlando, FL 32805- 1020

## 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 **FLD981748015** on April 15, 2011  
Insurance Carrier: **EVEREST NATIONAL INSURANCE CO**  
Insurance Policy #: **EF4ML01716-101**  
Insurance Ex. Date: **11/01/2011**  
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**

Date Received  
 (for FDEP Official Use Only)  
 RECEIVED  
 MAR 08 2011 MAR 08 2011

EPA ID		F L D 9 8 1 7 4 8 0 1 5										MTS		BSHW WASTE MANAGEMENT																																					
1. Reason for Submittal		Mark 'X' in correct box:		<input type="checkbox"/> To provide <u>initial notification</u> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide <u>subsequent notification</u> (to update status and facility identification information). <input type="checkbox"/> Is this the <u>final notification</u> (see instructions) for the facility?																																															
2. Facility or Business Name												FECC, Inc d/b/a Florida Environmental Compliance Corp.												FEID No.		5 9 2 9 6 4 8 8 0																									
3. Facility Operator (List additional Operators in the comments section).		Name of Operator:										FECC, Inc										<input type="checkbox"/> New Operator		Date became Operator: 07 / 25 / 08 mm dd yy																											
		Street or P.O. Box:										3652 Old Winter Garden Road										Phone Number:		407-296-9995																											
		City or Town:										Orlando										State:		FL		Zip Code:		32805																							
		Operator Type:										<input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																																							
4. Facility Physical Location Information		Physical Street Address:										3652 Old Winter Garden Road																																							
		City or Town:										Orlando										State:		FL		Zip Code:		32805																							
		County:										Orange										If available, please attach a map or sketch of the facility boundaries.																													
		Latitude:										2 8 3 2 5 0 6										Longitude:										8 1 2 5 2 3 6										Method:		Datum:							
5. Facility North American Industry Classification System (NAICS) Code(s)		A.										562910										B.																													
		C.																				D.																													
6. Facility or Business Mailing Address		Street Address or P.O. Box:										3652 Old Winter Garden Road																																							
		City or Town:										Orlando										State:		FL		Zip Code:		32805																							
7. Facility or Business Contact Person		First Name:										David										Last Name:										Gushleff										Title:		Corp H&S Officer							
		Phone Number:										407-296-9995										Extension:																				E-Mail:		dgushleff@feccorporation.com							
		Street or P.O. Box:										3652 Old Winter Garden Road																																							
		City or Town:										Orlando										State:		FL		Zip Code:		32805																							
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:										Gordon Kirkland										<input type="checkbox"/> New Owner		Date became Owner: 07 / 25 / 08 mm dd yy																											
		Street or P.O. Box:										3652 Old Winter Garden Road										Phone Number:																													
		City or Town:										Orlando										State:		FL		Zip Code:		32805																							
		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 Everest National Insurance CompanyAddress PO Box 830Liberty Corner, NJ 07938-0830Contact William Twitty Telephone 866-547-8963Policy Number EF4CU00136-101 Expiration date 11/01/2011d. **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 type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.]

[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):**

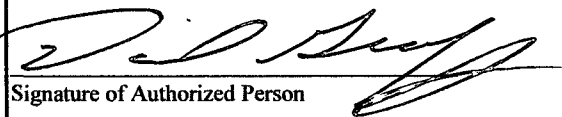
- ☒ a. Transporter
- ☐ b. Transfer Facility

**(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

David Gushleff, CIH

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.

FLD981748015

**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	-	3	D043	4	F001	5	-	6	F006	7	F019
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)

David Gushleff, CIH Corp H&amp;S Officer

02-28-2011

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

David Breeding

407-296-9995

dbreeding@feccorporation.com

(Name of person completing this form)

(Phone Number)

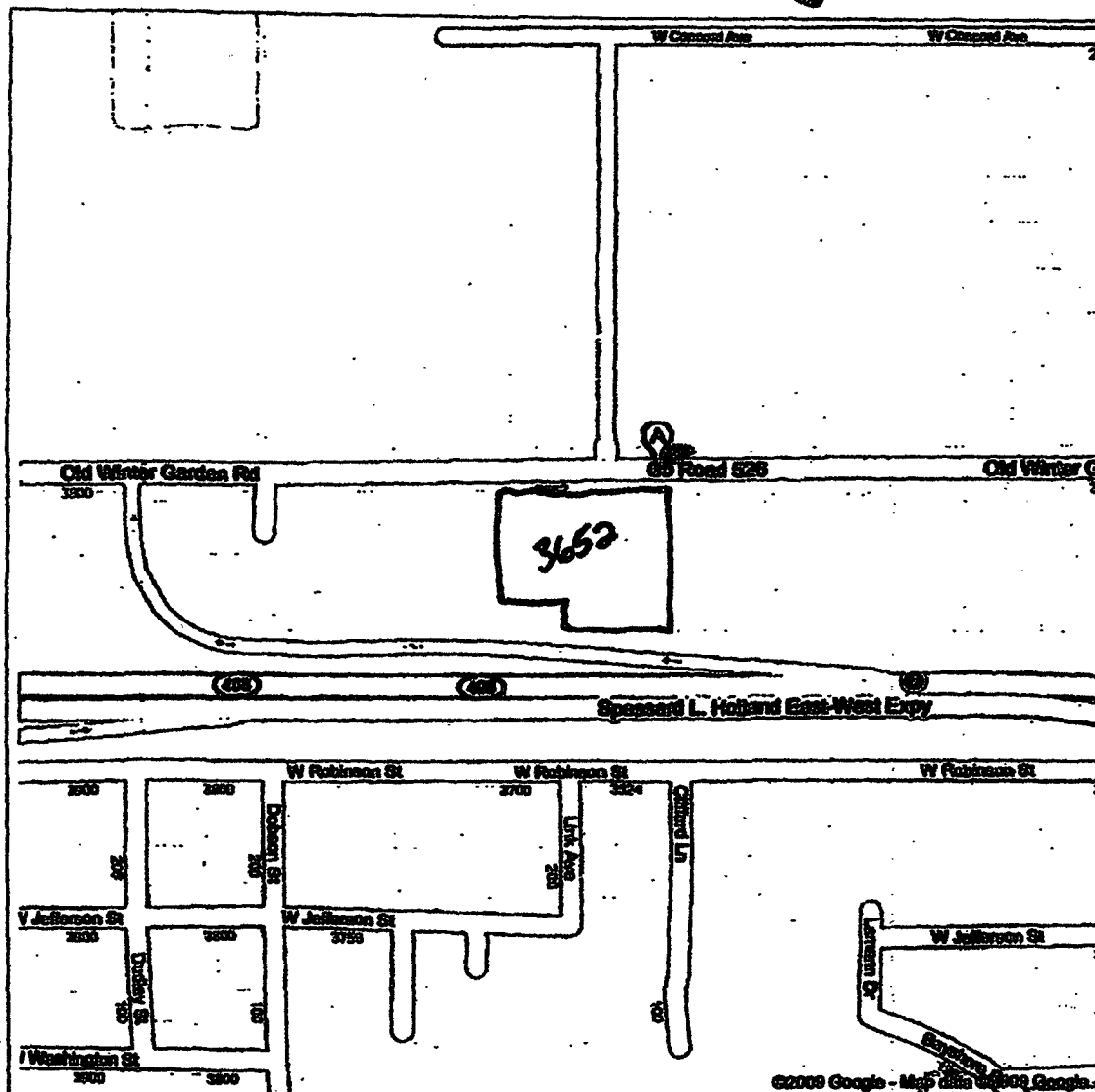
(E-mail Address)

**13. Comments:**

Google maps


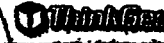
Address 3652 Old Winter Garden Rd  
Orlando, FL 32805

Get Google Maps on your phone  
Text the word "GMAPS" to 466453



= geocoder.us = © 2004-8 Locative Technologies = terms & conditions = contact us =



 <p>Full Suite Day/Night Savings Elevation State Zip Code And Many More!</p>	<p><b>Convert Addresses into Geographic Data with Map Suite Geocoder.</b></p> <p>✓ Native .NET Component   ✓ Easy To Use   ✓ Royalty-Free</p>	<p><b>CLICK HERE To Try a Free Evaluation!</b></p> <p></p>
---	---	---

**geocoder.us / geocoder.net**

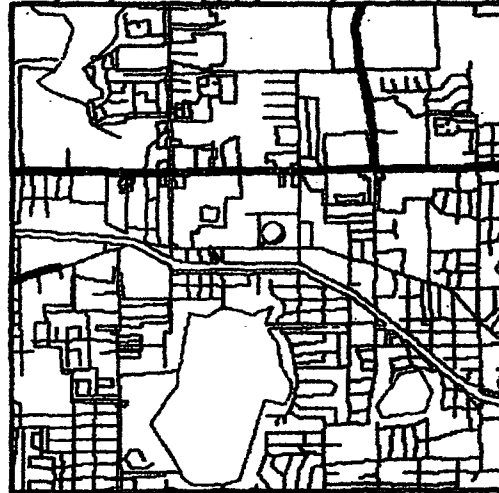
**find the latitude & longitude of any US address - for free**

**Address**    3652 Old Winter  
Garden Rd  
Orlando FL 32805  
(28.547384, -  
81.423227)

**Latitude**    28.547384 °  
N 28 ° 32' 50.6"  
28 ° 32.8430' (degree  
m.mmmm)

**Longitude**    -81.423227 °  
W 81 ° 25' 23.6"  
-81 ° 25.3936' (degree  
m.mmmm)

(It can take a bit for the map to load-  
wait for the red circle to turn green.  
Stay in your happy place.)



**Search for another address:**

3652 Old Winter Garden Road, Orlando, Florida

And You might try adding a comma  
between the street and the city  
name, as this often helps to  
disambiguate complex addresses. If  
you'd like help, drop an e-mail to  
missing@geocoder.us, and we'll try  
to help you find your location.

If you want a bunch of addresses  
geocoded you can send a file (text  
or Excel work fine) to the same  
address. They will be geocoded and  
sent back to you. If you are happy  
the cost is \$50 per 20,000 records  
with a minimum cost of \$50, which  
you can pay via paypal to  
billing@geocoder.us

<http://geocoder.us/demo.cgi?address=3652+Old+Winter+Garden+Road%2C+Orlando%2...> 10/8/2009

<http://geocoder.us/demo.cgi?address=3652+Old+Winter+Garden+Road%2C+Orlando%2...> 10/8/2009





# FECC, Inc.

3652 Old Winter Garden Road • Orlando, FL • 32805

407-296-9995 • Facsimile 407-296-9125

February 28, 2011

To: Florida Department of Environmental Protection

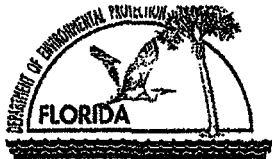
From: David Gushleff, CIH

Re: Used Oil Transporter Training Manual

FECC, Inc. submitted a Used Oil Transporter Training Manual to the FDEP in 2010. This training program is still operating and is being adhered to. There have been no changes to the training manual since being submitted.

Sincerely,

David Gushleff, CIH  
FECC, Inc.  
EPA # FLD981748015



## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Everest National Ins. Co., (the Insurer), 477 Martinville Rd. Liberty Corner NJ 07938-0830  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: J.E.C.C. Inc. (the Insured),  
(Name of the Insured)

3652 Old Winter Garden Rd. Orlando FL 32825 whose EPA Identification number is FLD 981748015  
(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 \$ 0 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 EF4ML 01716-101, issued on 11-1-2010  
(Date)

The expiration date of said policy is 11-1-2011 or the annual renewal date is 1-1-2011  
(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.

Bryan Yoho  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

J. BRYAN YOH0  
(Type Name)

Everest National Ins. Co.  
(Name of Insurer)

V.P.  
(Title)

4915 W. Cypress St., Tampa, FL 33607  
(Address of Representative)  
Page 1 of 2

**Chapter 62-710.600(2)(e), Florida Administrative Code  
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us)



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

DEP Form #62-710.901(3)  
Form Title Annual Report by Used Oil  
and Used Oil Filter Handlers  
Effective Date June 9, 2005

## Annual Report by Used Oil and Used Oil Filter Handlers\*

(\*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])  
for reporting period January 1, 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: FECC Inc 2. Telephone No. (407) 296-9995  
Site Address: 3652 Old Winter Garden Road  
Orlando, FL 32805 3. EPA ID No. 981 748 015  
☐ Check box if any of the above items (1-3) have changed since your last registration  
4. Name of person preparing report (please print) David Gashleff  
Title Corp H&S Officer Phone number (if different from #2, above) ( ) Same  
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)

	Automotive	Industrial	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected				
a. In Florida.....	0	6	0	0
b. From out of state.....	0	0	0	0
c. Beginning Inventory.....				0
d. Total (sum of totals from Lines a + b + c).....				0

	In State	Out of State
2. Amount (in gallons) of Used Oil and Oily Wastes Managed		
N - Not an end use, transferred to another facility for storage or processing.....	0	0
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.....	0	0
4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....		

A hand-drawn sketch on a grid background. A vertical, wavy line is drawn in the center, extending from the bottom edge to about two-thirds of the way up. Above the top of this line is a small, hand-drawn circle. The grid consists of 10 horizontal lines and 2 vertical lines on the sides.