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 18, 2011

Maria Leon
Environmental Management Conservation Oil Corp
PO Box 520882
Miami, FL 33152- 0882

BE IT KNOWN THAT

Environmental Management Conservation Oil Corp
8470 NW 68th St
Miami, FL 33166- 2661

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Marketer, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLR000000166** on April 18, 2011
Insurance Carrier: **GREAT DIVIDE INSURANCE COMPANY**
Insurance Policy #: **BAP151174411**
Insurance Ex. Date: **08/17/2011**
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

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 FDEP Official Use Only)
Received
MAR 17 2011

EPA ID: FLR000000166 | MTS | BSHW

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: DBA: EMC OIL CORP
Environmental Mgmt. Conservation Oil Corp.
FEID No.: 592750234

3. Facility Operator (List additional Operators in the comments section).
Name of Operator: Maria E. Perez Leon
☐ New Operator
Date became Operator: 08/15/90 (mm dd yy)
Street or P.O. Box: 8470 NW 68 St.
Phone Number: 305-477-7497
City or Town: Miami
State: FL
Zip Code: 33166
Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

4. Facility Physical Location Information
Physical Street Address: 8470 NW 68 ST
City or Town: Miami
State: FL
Zip Code: 33166
County: Choose Miami Dade
If available, please attach a map or sketch of the facility boundaries.
Latitude: 25 | 83 | 48.N (dd mm ss.ssss) **Longitude:** 80 | 33 | 49.5W (dd mm ss.ssss) **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: PO BOX 520882
City or Town: Miami
State: FL
Zip Code: 33152

7. Facility or Business Contact Person
First Name: Maria E
Last Name: Leon
Title: emc-leonabellsouth.net
Phone Number: 305-477-7497
Extension:
E-Mail:
Street or P.O. Box: P.O. BOX 520882
City or Town: Miami
State: FL
Zip Code: 33152

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: Maria E. Leon
☐ New Owner
Date became Owner: ___/___/___ (mm dd yy)
Street or P.O. Box: P.O. BOX 520882
Phone Number: 305-477-7497
City or Town: Miami
State: FL
Zip Code: 33152
Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

EPA ID No. FLR000000166

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 Great Divide Ins. Co.

Address 7233 E. Butherus Dr. Scottsdale, AZ 85260

Contact John Harold Telephone _____

Policy Number BAP1511744 11 Expiration date 08-17-2011

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**

EPA ID No. FLR000000166

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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	☐	☐	☐	
b. Pesticides	☐	☐	☐	
c. Pharmaceuticals	☐	☐	☐	
d. Mercury Containing Devices	☐	☐	☐	
e. Mercury Containing Lamps	☐	☐	☐	

(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 orginally 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

Maria E. Leon
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. FLR000000166

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 D008	3 D018	4 D035	5 F003	6 F005	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)
[signature]	Maria E. Leon	03-15-11

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 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: Environmental Management Conservation Oil Corp. Telephone No. (305) 477-7497
   Site Address: 8470 NW 68 St, Miami, Fl 33166
3. EPA ID No. FLR 000000 1666

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

4. Name of person preparing report (please print) Maria E. Leon
   Title President 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	Automotive	Industrial	Mixed	Total
a. In Florida	1,081,010	471,869	8,078	1,560,957
b. From out of state	0	0	0	0
c. Beginning Inventory				0
d. Total (sum of totals from Lines a + b + c)				1560,957

2. Amount (in gallons) of Used Oil and Oily Wastes Managed	In State	Out of State
N - Not an end use, transferred to another facility for storage or processing	479,947	
O - Marketed as an on-specification used oil fuel	304,075	776,935
F - Marketed as an off-specification used oil fuel	0	
I - Marketed for an industrial process	0	
B - Burned as an off-specification used oil fuel	0	
D - Disposed of		
Landfilled	0	
Treated at a wastewater treatment unit	0	
Incinerated	0	
3. Total amount (in gallons) of used oil managed	184,022	776,935
4. End of year, on hand estimate (Difference between Lines 1D and Line 3)	0	0

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	
2. Number of used oil filters collected	529,000	
3. Total number of used oil filters to manage (1 plus 2)	529,000	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility	0	
b. Burned for energy recovery at a Waste-To-Energy facility	0	
c. Transferred directly to a metal foundry for recycling	529,000	
d. TOTAL	529,000	
5. End of year, on had estimate (Difference between Lines 3 and Line 4d)	0	
6. Gallons of used oil collected as a result of filter processing	0	
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	3300	
8. Volume of oily waste collected and managed as a result of filter processing	3300	
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 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us,

Department of Environmental Protection
FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
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. Great Divide Ins. Co (the Insurer), 7233 E. Butherus Dr. Scottsdale, AZ 85260
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Environmental Management Conservation Oil Co. (the Insured),
(Name of the Insured)

8470 NW 68th St Miami, FL 33166 whose EPA Identification number is FLR000001166.
(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 BAP15117441 1, issued on 8/17/2010.
(Date)

The expiration date of said policy is 8/17/2011 or the annual renewal date is 8/17/2011.
(Date) (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 (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced 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.

(Signature of Insurer or Authorized Representative)

Authorized Representative of

John Harold
(Type Name)

Insurance Office of America
(Name of Insurer)

Vice President
(Title)

100 NE Third Avenue, #850, Ft. Lauderdale FL 33301
(Address of Representative)