

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

June 02, 2011

Kathy Dalton Everglades Waste Removal Services LLC PO Box 22409 Ft Lauderdale, FL 33335- 2409

BE IT KNOWN THAT

Everglades Waste Removal Services LLC 700 SE 32nd Ct Ste A Ft Lauderdale, FL 33316- 4133

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 FLR000132506 on April 13, 2011 Insurance Carrier: COMMERCE & INDUSTRY Insurance Policy #: CA1932175 Insurance Ex. Date: 12/31/2011 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.

Aprila Siaves

Aprilia Graves Engineering Specialist IV Hazardous Waste Regulation Permitting

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FLORIDA	RI DEP V	2FL - FLORIDA NOT EGULATED WASTE Vaste Management Division Blair Stone Rd. Tallahasse (850) 245-8772	• ACTIVITY 1–HWRS, MS4560 e, FL 32399-2400			to Recei FEB 25 BSL	
EPA ID F L R	0 0 0 1 3	0 0 0 1 3 2 5 0 6 MTS				RCRA	
1. Reason for Submittal	Mark 'X' in correct box:	waste, universal waste,	notification (to obtain aste, or used oil activir uent notification (to ification (see instruct)	ties). update st	atus an the faci	d facility ider lity?	
2. Facility or Business Name	Evergla	des Waste Removal	Services, LLC.		FEID	0 4 4	7 7 5 7 1
3. Facility Operator (List additional Operators in the	Name of Operator	Kathy Dalton		Date bo	-	Operator: _1	12 / 12 / 06 nm dd yy
comments section).	Street or P.O. Box	· P.O. I	3ox 22490		Phon	e Number:	954-527-9939
	City or Town:	Fort Laude	rdale	State:	FL	Zip Code:	33335
	Operator Type:	Private Federal	Municipal	State	Othe	er	
4. Facility Physical Location	Physical Street Ad	dress:	700 SE	32nd (Court		
Information	City or Town:	Fort Lauder	dale	State:	FL	Zip Code:	33316
	County: Broward	Ŀ	If available, ple boundaries.	ase attach a map or sketch of the facility			
	Latitude: d d	mm ss.sss	itude: _ _ d d m m		ssss	Method: Datum:	
5. Facility North Am Classification Syst Code(s)	•	5		В. D.			<u></u>
6. Facility or	Street Address or	P.O. Box:	P.O	. Box 2	2490		
Business Mailing Address	City or Town:	Fort Laude	rdale	State:	FL	Zip Code:	33335
7. Facility or Business Contact	First Name:	Kathy	Last Name:	Dalton		Title: Ope	rations Mgr.
Person	Phone Number:	954-527-9939	Extension:	E-Mail:		kdalton@e	gwrs.com
	Street or P.O. Box	•	P.O. Bo	x 2249	0		
	City or Town:	Fort Lauder	-dale	State:	FL	Zip Code:	33335
8. Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner: Cliff Berry & Associates mm dd yy						
Physical Location (List additional	Street or P.O. Box	* 700 SE 3	32nd Court		Phon	e Number:	954-325-7431
real property owners in the comments	City or Town:	Fort Lauder	dale	State:	FL	Zip Code:	33316
section.)	Owner Type: Private Federal Municipal State Other						

 Type of Regulated Waste Activity (Mark 'X' in all the 	
 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 c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-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 	 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 applicate for such authorization OR the authorization you received from FDEP.
Generator (7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own a. Hazardous Waste Transporter Insurance Information	waste only D b. For commercial purposes
 (7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Informati 	e of Liability Insurance is required along with this registration.] waste only D b. For commercial purposes
 (7) X Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. □ a. For own c. Hazardous Waste Transporter Insurance Informati Insurance Company Comp Address 	e of Liability Insurance is required along with this registration.] a waste only D b. For commercial purposes on nerce & Industry Ins. Co.
 (7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Informati Insurance Company Comm 	e of Liability Insurance is required along with this registration.] waste only D b. For commercial purposes
(7) X Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. □ a. For own c. Hazardous Waste Transporter Insurance Informati Insurance Company Comn Address Contact Catharina Soedarto Policy Number CA1932175	e of Liability Insurance is required along with this registration.] a waste only b. For commercial purposes on nerce & Industry Ins. Co. Telephone954-334-2401
(7) X Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. □ a. For own c. Hazardous Waste Transporter Insurance Informati Insurance Company Comn Address Contact Catharina Soedarto Policy Number CA1932175	e of Liability Insurance is required along with this registration.] a waste only b. For commercial purposes on nerce & Industry Ins. Co. Telephone

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	EPA ID No. FLR000132506			
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) (
Large Quantity Handler (LQH) = $5,000 \text{ kg} (11,000 \text{ lb})$ or more of				
Small Quantity Handler (SQH) = always less than 5,000 kg accu				
Mercury-containing devices LQH = 100 kg (220 lb) or more ac	cumulated by for-hire handler			
$\square \qquad Mercury-containing devices SQH = less than 100 kg accumulate$				
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lam	ps) or more accumulated by for-hire handler			
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lam	ps) accumulated by for-hire handler			
[Note: 4 lamps = 1 kg, $62-737.200(10)$]				
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	eutical waste (UPW) accumulated			
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar				
Pharmaceuticals SQH = always less than 5,000 kg of UPW and a				
(1) For those Managing Generate/ Accumulate Generate/ (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				
	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 Storage prior to recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for cling.			
	8) Specific Certification to be signed by all Used Oil Transporters			
(1) Used Oil Transporter - indicate type(s) of activity(ies):	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,			
 a. Transporter b. Transfer Facility 	current and being adhered to. If any modifications have been made to the			
(2) Collection Center	orginally approved training program, they are explained in attachments to			
(3) Used Oil Processor (A permit is required for this activity.)	this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of			
(4) 🔲 Off-Specification Used Oil Burner	Liability Insurance, DEP form 62-710.901(4), F.A.C.			
(5) 🔲 Used Oil Fuel Marketer				
(6) Used Oil Filter	(atry) all			
 a. Transporter b. Transfer Facility 	Signature of Authorized Person			
\square c. Processor	Kothy Dalpin			
d. End User	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,	(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):			
payable to Florida Department of Environmental Protection.	□ our mailing (business) address			
X A check is enclosed.	The site (facility) address			

D. Other State Regulated Waste Activities:	D Other	11.2.2.1.1.1.1.2.2.2.2.2.1.1.1.2.2.2.2.			EPA ID No.		000132506
over 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. 2 2 2 2 2 2 2 2 10 17 17 17 14 14 5 16 17 18 19 20 27 2 22 24 25 26 27 28 11. Other Status Changes (Mark 'X' in all that apply): A. Non-Handler of Regulated Waste at This Facility 10 10 10 28 2	D. Other	r State Regulated Waste	Activities:				
9 10 11 12 13 14 5 16 17 18 19 20 21 2 23 24 25 26 27 28 II. Other Status Changes (Mark 'X' in all that apply): A. Non-Handler of Regulated Waste at This Facility 10 (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste 20 (2) Waste generated by business has been delisted. (3) Other (explain) 30 (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) Qu of Business - Business closed on	our facil	lity. List them in the order	they are presente	d in the regulations (e.g., D001, D003, F	7007, U112).	
3 16 17 18 19 90 21 2 22 24 25 26 27 28 I. Other Status Changes (Mark 'X' in all that apply): A. Non-Handler of Regulated Waste at This Facility (1) 11 Business no longer generates, transports, treats, stores, or disposes of hazardous waste (2) Waste generated by business has been delisted. 30 30 other (explain) B. Facility Closed		2	3	4	5	6	7
2 21 21 25 26 27 28 11. Other Status Changes (Mark 'X' in all that apply): A. Non-Handler of Regulated Waste at This Facility (1) (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) (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		9	10		12	13	14
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	5	16	17	18	19	20	21
A. Non-Handler of Regulated Waste at This Facility	2	23	24	25	26	27	28
(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	1. Oth	er Status Changes (Ma	urk 'X' in all that	t apply):	<u></u>		<u>,l</u>
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	B. Faci	 (2) Waste generated by but (3) Other (explain)	usiness has been c	delisted.			
2. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The formation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penal r submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfe cility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC. ignature of owner, operator, or an authorized Print Name and Title Date Signed (mm-dd-yyyy) Kathy Dalton, Operations Manager 02/16/2011 f the person who filled in this form is not the Facility Contact or Operator, please complete the information below: kame of person completing this form) (Phone Number) (E-mail Address)		address, and phone nu Contact Address	Imber where you	can be reached after	closing.	•	ntact person, mailing
accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The formation submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penals r submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer cility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC. ignature of owner, operator, or an authorized Print Name and Title Date Signed (mm-dd-yyyy) Kathy Dalton, Operations Manager 02/16/2011 f the person who filled in this form is not the Facility Contact or Operator, please complete the information below: [Phone Number] lame of person completing this form) (Phone Number) (E-mail Address)		C. Property Tax Defaul	t	D. Petition	ı for Bankruptcy I	Protection	·········
Kathy Dalton, Operations Manager 02/16/2011 f the person who filled in this form is not the Facility Contact or Operator, please complete the information below: 02/16/2011 Name of person completing this form) (Phone Number) (E-mail Address)		nce with a system designed	d to assure that qu of my knowledge	alified personnel pro and belief, true, accu	perly gather and ev arate, and complete	valuate the inform I am aware that ng violations. If I	ation submitted. The there are significant penal
f 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)	oformatio for submiti ficility, I a	ting false information, incl am aware that transfer facil re of owner, operator, o	lities must comply	y with the requiremen	nts of Rule 62-730.		le 62-730.182, FAC. Date Signed
lame of person completing this form) (Phone Number) (E-mail Address)	formatio or submit cility, I a	ting false information, incl am aware that transfer facil re of owner, operator, o	br an authorize	d Pr	nts of Rule 62-730.	itle	le 62-730.182, FAC. Date Signed (mm-dd-yyyy)
lame of person completing this form) (Phone Number) (E-mail Address)	formatio or submit cility, I a	ting false information, incl am aware that transfer facil re of owner, operator, o	br an authorize	d Pr	nts of Rule 62-730.	itle	le 62-730.182, FAC. Date Signed (mm-dd-yyyy)
	formatio r submit cility, I a	ting false information, incl am aware that transfer facil re of owner, operator, o	br an authorize	d Pr	nts of Rule 62-730.	itle	le 62-730.182, FAC. Date Signed (mm-dd-yyyy)
3. Comments:	formatio or submit cility, I a ignatur	ting false information, incl am aware that transfer facil re of owner, operator, o representative	lities must comply or an authorize	d Pr Kathy Dal	ints of Rule 62-730.	itle s Manager	le 62-730.182, FAC. Date Signed (mm-dd-yyyy) 02/16/2011
	formatio or submit cility, I a ignatur Kof f the per	ting false information, incl am aware that transfer facil re of owner, operator, o representative of the son who filled in this form	lities must comply or an authorize	d Pr Kathy Dal	ints of Rule 62-730.	itle s Manager lete the informat	lle 62-730.182, FAC. Date Signed (mm-dd-yyyy) 02/16/2011 tion below:
	of or submit acility, I a signatur Kof f the per	ting false information, incl am aware that transfer facil re of owner, operator, o representative year of the second second second representative son who filled in this form person completing this form	lities must comply or an authorize	d Pr Kathy Dal	ints of Rule 62-730.	itle s Manager lete the informat	lle 62-730.182, FAC. Date Signed (mm-dd-yyyy) 02/16/2011 tion below:
	formation or submit icility, I a ignatur Kof f the per	ting false information, incl am aware that transfer facil re of owner, operator, o representative year of the second second second representative son who filled in this form person completing this form	lities must comply or an authorize	d Pr Kathy Dal	ints of Rule 62-730.	itle s Manager lete the informat	Date Signed (mm-dd-yyyy) 02/16/2011

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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

 Commerce & Industry Insurance Company
 (the Insurer),
 175 Water Street, New York, NY 10038

 (Name of the Insurer)
 (Address of the Insurer)

hereby certifies that it has issued liability insurance to: <u>Everglades Waste Removal Services, LLC</u>(the Insured), (Name of the Insured)

P.O. Box 22409, Ft. Lauderdale, FL 33335 whose EPA Identification number is <u>FLR000132506</u> (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 \$_10,000 ______ 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	CA1932175	, issued on	12/31/10	
The expiration date of said policy is 12/31/11	01	the annual renewal date is	(Date) 12/31/11	
	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 i	is ficensed to transact the business of ins	urance, or eligible to provide in	nsurance as an excess or
surplus lines insurer, in one or r	more States, including Florida.		
ALL T	is ficensed to transact the business of ins more States, including Florida. 곡, 신		

(Signature of Insurer or Authorized Representative)

Authorized Representative of

John Harrold (Type Name) Commerce & Industry Insurance Company (Name of Insurer)

Insurance Agent

(Title)

100 NE 3rd Avenue, Suite 850, Ft. Lauderdale, FL 33301 (Address of Representative) Page 1 of 2



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

DEP Form #62-710.901(3) Form Title <u>Annual Report by Used Qil</u> and Used Qil Filter Handlers Effective Date <u>June 9, 2005</u>

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. 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 com		ow])			
SE	CTION A TO BE COMPLETED BY ALL REGISTERED PERSONS	······································				
1.	1. Company Name: Everglades Waste Revolution Versiles Telephone No. (954) 527-9939					
	Site Address: 100 SE 32 Mg Court	· · · · · · · · · · · · · · · · · · ·				
	FT. Landerdale, FL. 33316 3. EPA	ID NO. FLR OC	0132506			
	\Box Check box if any of the above items (1-3) have changed since your last registration					
4.	Name of person preparing report (please print) Kathy Dalton					
	Title Operations Managen Phone number (if different from #2	, above) ()				
Us D I	Type of operation (check as many as apply to your operations) ed Oil: Transporter I Transfer Facility I Collection Center/Aggregation Point I Proces Burner (of off-specification used oil) ed Oil Filter: Transporter I Transfer Facility I Processor I	ssor 🗅 Marketer End User				
SE	CTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OI	L FILTER HANDLERS S	SEE SECTION C)			
1.	Amount (in gallons) of Used Oil and Oily Wastes collected a. In Florida	Mixed 2814958	Total 2,814958			
	b. From out of state 8	Ø	Ø			
	c. Beginning Inventory					
	d. Total (sum of totals from Lines a + b + c)		2,814,958			
		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	2,814,958	Ø			
	O - Marketed as an on-specification used oil fuel	\mathcal{D}	Ø			
	F - Marketed as an off-specification used oil fuel	Í Ø	Ø			
	I - Marketed for an industrial process	ø	- p			
	B - Burned as an off-specification used oil fuel	б	6			
	D - Disposed of	Ø	ø			
	Landfilled Treated at a wastewater treatment unit	ø	Ø			
	Incinerated	6	Ø			
3.	Total amount (in gallons) of used oil managed	2,814,950	Ø			
4.	End of year, on hand estimate (Difference between Lines 1D and Line 3)	A start	Ø			

42.6

	DEP Form #62-710.901(Form Title <u>Annuel Repor</u> and Used Oil F Effective Date <u>June 9, 20</u>	t by Used Oil ilter Handlers
SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)	CHECK COLUMN IF OUT OF S	
1. Number of filters on hand from previous year	Ø	Ø
2. Number of used oil filters collected	7,600	Ø
3. Total number of used oil filters to manage (1 plus 2)	7.600	
 Disposition of used oil filters collected: a. Transferred to another registered facility 	7,600	
b. Burned for energy recovery at a Waste-To-Energy facility	Q	
c. Transferred directly to a metal foundry for recycling	Ø	
d. TOTAL	7,600	
5. End of year, on had estimate (Difference between Lines 3 and Line 4d)		
6. Gallons of used oil collected as a result of filter processing	Ø	
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	7.600	
8. Volume of oily waste collected and managed as a result of filter processing		
9. Description of oily waste management transported to terucit	RA	
DIRECTIONS FOR SECTION C	ICAQS +	Filte
One 55 -gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used	oil filters	vinou
One 55 gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> use	ed oil filters	
One ton of drained used oil filters = approximately <u>2,350</u> used oil filters		
 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: <u>aprilia.graves@dep.state.fl.us</u>,

Kathy Dalton

From: EPOST_HWreg [EPOST_HWreg@dep.state.fl.us]

Sent: Tuesday, February 15, 2011 2:54 PM

To: kdalton@egwrs.com

Subject: Used Oil Registration Renewal Reminder



Florida I Environme 2600 1

Tallahassee

Waste Removal Services LLC 700 SE 32nd Ct Ste A,Ft Lauderdale FL 33316

RE: FLR000132506

Dear used Oil Handler,

Pursuant to Rule 62-710.500 F.A.C., used oil handlers must register annually their used oil handling activities with the Department of Environmental Protection (Department). This year there are two options available to renew the UO Handler registration: the traditional paper registration, and the new on- line registration renewal.

Paper registration

The documents listed below are required to renew the registration for the period July 1, 2011 through June 30, 2012 and must be submitted to the Department by March 1, 2011:

- Form 62-730.900(1)(b) 8700-12 FL Florida Notification of Regulated Waste Activities
- Form 62-710.901(3) Used Oil and Used Oil Filter Handlers Annual Report
- Form 62-710.901(4) Certificate of Liability Insurance for Used Oil Transporters
- Certified Used Oil Transporters must submit a Used Oil Transporter Training Manual. If the manual has been already submitted to the Department in 2010, then submit a statement which states that the training program is still operating and it is being adhered to, and include an explanation of any changes to the manual.
- **Registration fee of \$100 per facility** in the form of check or money order, payable to Florida Department of Environmental Protection. The registration fee is waived for used oil processing facilities for which a permit fee was paid under Rule 62-710.800F.A.C.

The forms listed above can be found on the Department's Used Oil website: <u>http://www.dep.state.fl.us/waste/categories/used_oil/default.htm</u>

Mail the completed forms with the original signatures to:

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400

2/15/2011

Received

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