



## 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

02/24/2012

Jerry Stapp, Vice President Compliance Officer

Lewis Environmental

PO Box 40763

Jacksonville, FL 32203-0763

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Lewis Environmental** located at **1432 Cleveland St, Jacksonville , FL32209-6400**

**FLR000048561**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Conditionally Exempt SQG.**

Your facility is **currently registered** for the following activities: **Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2013).**

Your facility is **currently permitted** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

**To review the details of your status**, visit:

[http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLR000048561](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000048561).

For further assistance, please e-mail a Notification Coordinator at [EPOST\\_HWreg@dep.state.fl.us](mailto:EPOST_HWreg@dep.state.fl.us) or call us at (850)245-8707.

Sincerely,

FOR

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 33637 , Email Address: [jstapp@lewispetroleum.com](mailto:jstapp@lewispetroleum.com)



**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

FEB 07 2012

EPA ID **FLR000048561**

MTS

RCRAInfo  
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**

LEWIS ENVIRONMNETAL

FEID No.

**5 9 1 7 4 5 9 2 3**

**3. Facility Operator**  
(List additional  
Operators in the  
comments section).

Name of Operator:

H. R. LEWIS PETROLEUM CO.

☐ New Operator

Date became Operator: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box:

PO BOX 40763

Phone Number:

(904) 356-0731

City or Town:

JACKSONVILLE

State:

FL

Zip Code:

32203

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**4. Facility Physical  
Location  
Information**

Physical Street Address:

1432 CLEVELAND ST.

City or Town:

JACKSONVILLE

State:

FL

Zip Code:

32209

County:

Duval

If available, please attach a map or sketch of the facility boundaries.

Latitude: **3 0 2 0 3 1 . 5326**  
dd mm ss . ssss

Longitude: **8 1 4 0 1 5 . 1205**  
dd mm ss . ssss

Method: **DEG MIN SEC**  
Datum:

**5. Facility North American Industry  
Classification System (NAICS)  
Code(s)**

A.

B.

C.

D.

**6. Facility or  
Business Mailing  
Address**

Street Address or P.O. Box:

City or Town:

State:

Zip Code:

**7. Facility or  
Business Contact  
Person**

First Name:

JERRY

Last Name:

STAPP

Title: **VP/COMPLIANCE  
OFFICER** +

Phone Number:

(904) 356-0731

Extension:

109

E-Mail: **JSTAPP@LEWISPETROLEUM.  
COM** +

Street or P.O. Box:

SAME AS #4

City or Town:

State:

Zip Code:

**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:

☐ New Owner

Date became Owner: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

Owner Type: ☐ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):****A. Hazardous Waste Activities:**

For Items 2 through 7, mark 'X' in all that apply.

**(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

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

**(3) Recycler of Hazardous Waste (at your facility)**Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

**(4) Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

**(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.****(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) Transporter of Hazardous Waste [ Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiration date \_\_\_\_\_

**d. Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify \_\_\_\_\_**e. Hazardous Waste Transfer Facility:** Storage Volume \_\_\_\_\_☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☐ Annual update notification

**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):**

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(3) Mercury Recovery and/or Reclamation Facility ☐ [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

(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

JERRY STAPP  
Print Name of Authorized Person

(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.

**D. Other State Regulated Waste Activities:**☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

**10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

**11. Other Status Changes (Mark 'X' in all that apply):****A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) \_\_\_\_\_

**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.

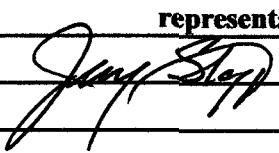
Contact \_\_\_\_\_ Phone \_\_\_\_\_

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)
	V P/COMPLIANCE OFFICER	2/2/2012

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

JERRY STAPP

9043560731

jstapp@lewispetroleum.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**



Received

FEB 07 2012

**Certificate of Liability Insurance**  
**Used Oil Transporters**

Please Print or Type Form

**BSHW**

1. Zurich American Ins. Co. of Illinois, (the Insurer), 90 AMC, PO Box 2020, Conway, AR 72033  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: H.R. Lewis Petroleum Company (the Insured),  
(Name of the Insured)

PO Box 40763, Jacksonville, FL 32203 whose EPA Identification number is FLR000048561  
(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 \$ \_\_\_\_\_ 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 CP09470304-03, issued on 7/13/2011  
(Date)

The expiration date of said policy is 7/13/2012 or the annual renewal date is \_\_\_\_\_  
(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.

David D. Stanley  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

David D. Stanley  
(Type Name)

Zurich American Ins. Co. of Illinois  
(Name of Insurer)

Owner/Manager Insurance Solutions LLC, 11555 Central Pkwy Ste 703, Jacksonville, FL 32224  
(Title) (Address of Representative)



HRLEW-1

OP ID: PM

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/02/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Insurance Solutions, LLC  
11555 Central Parkway, Ste 703  
Jacksonville, FL 32224  
David D. Stanley

904-647-7355

Received

FEB 07 2012

CONTACT

NAME:

PHONE

(A/C, No, Ext):

E-MAIL

ADDRESS:

FAX

(A/C, No):

INSURED  
H. R. Lewis Petroleum Company  
P. O. Box 40763  
Jacksonville, FL 32203

BSHW

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Zurich American Ins. Co. of IL

27855

INSURER B: American Guarantee &amp; Liab Ins

26247

INSURER C: Hallmark Specialty Ins. Co.

26808

INSURER D:

INSURER E:

INSURER F:

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY		CPO9470304-03	07/13/11	07/13/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY		CPO9470304-03	07/13/11	07/13/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> MCS90	<input checked="" type="checkbox"/> CA9948				\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		77HX11135C	07/13/11	07/13/12	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 4,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> N/A				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

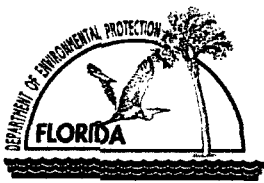
FLDEP-1

Florida Department of  
Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Received

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, 2011 through December 31, 2011

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: Lewis Environmental 2. Telephone No. (904) 356-0731  
Site Address: 1432 Cleveland St., Jacksonville FL 32209  
3. EPA ID No. FLR 0000 48561  
☐ Check box if any of the above items (1-3) have changed since your last registration  
4. Name of person preparing report (please print) John Rauch  
Title Asst. Plant Mgr. 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)

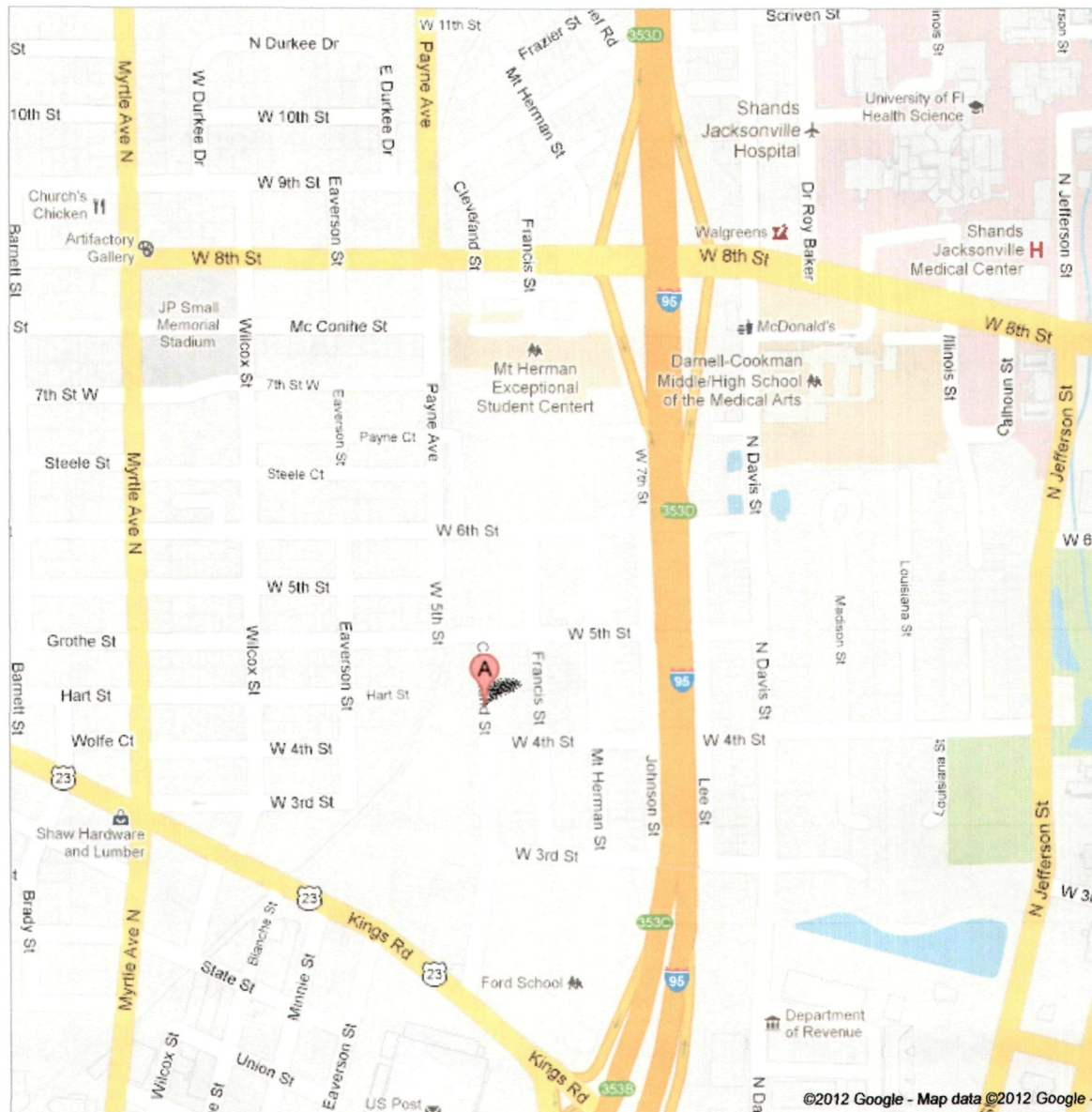
1. Amount (in gallons) of Used Oil and Oily Wastes collected
- |  | Automotive | Industrial | Mixed | Total   |
|--|------------|------------|-------|---------|
| a. In Florida.....                                 | 445,044    | 74,958     |       | 520,002 |
| b. From out of state.....                          |            |            |       |         |
| c. Beginning Inventory.....                        |            |            |       | 18,943  |
| d. Total (sum of totals from Lines a + b + c)..... |            |            |       | 538,945 |
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..... | 315,791  | 70,787       |
| O - Marketed as an on-specification used oil fuel.....                             | 38,210   |              |
| 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.....  | 114,151  |              |
| Incinerated.....   |          |              |
| 3. Total amount (in gallons) of used oil managed.....                              | 538,945  |              |
| 4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....     | 0        |              |



Address **1432 Cleveland St**  
**Jacksonville, FL 32209**

Get Google Maps on your phone

Text the word "GMAPS" to 466453

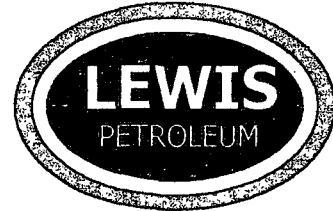


©2012 Google - Map data ©2012 Google

Received

FEB 07 2012

BSHW



**Supplying All Petroleum Needs**

1432 Cleveland Street  
Jacksonville, FL 32203-0763  
PO Box 40763  
(904) 356-0731  
(800) 638-6551 Outside of Jacksonville  
(904) 356-6104 Fax

February 3, 2012

DEP Waste Management Division-HWRS Ms4560  
2600 Blair Stone Rd.  
Tallahassee, FL 32399-2400

To Whom it May Concern:

This letter will serve to notify the department that the Used Oil Transporter Training program submitted in 2010 is still operating and is being adhered to; there have been no changes to the manual.

Sincerely,

Jerry Stapp  
Vice President  
Compliance Officer  
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