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

02/21/2013
David Gushleff, CIH Corp HS Officer
FECC Inc
3652 Old Winter Garden Rd
Orlando, FL 32805-1020

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 **FECC Inc** located at **3652 Old Winter Garden Rd, Orlando , FL32805-1020**

FLD981748015

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

Your facility is **currently registered** for the following activities: **UW Lamp Transporter (reg exp on 03/01/2014); HW Transporter (reg exp on 11/01/2013) ; Used Oil Transporter, Used Oil Filter Transporter (reg exp on 06/30/2014).**

Your facility is **currently permitted/active** 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=FLD981748015.
For further assistance, please e-mail a Notification Coordinator at 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: 20542 , Email Address: dgushleff@feccorporation.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)

EPA ID FLD981748015 | MTS | RCRAInfo

Received FEB 0 [illegible] 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: FECC, INC. | **FEID No.:** 592964880

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

- **Name of Operator:** FECC, INC. | ☐ New Operator | **Date became Operator:** 11 / 28 / 05 (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:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ 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:** 28 32 50.6 (dd mm ss.ssss) | **Longitude:** 80 25 23.6 (dd mm ss.ssss) | **Method:** | **Datum:**

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

A.	B.
562910	
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:** Safety Director
- **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 A. Kirkland, Senior Vice President | ☐ New Owner | **Date became Owner:** 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
- **Owner Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

	EPA ID No.	FLD981748015

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 Company

Address P.O. Box 830, Liberty Corner, NJ 07938-0830

Contact Matt Clother Telephone 908-604-3379

Policy Number EF4MLO1716-121 Expiration date 11-01-2013

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. FLD981748015

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	☐	☒	☐	<5,000 kg UPW, <1kg acute UPW
d. Mercury Containing Devices	☐	☒	☐	<5,000 kg combined UPW / MCD
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

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 upto	3 D043	4 F001	5 upto	6 F006	7 F019	
8 F039	9 U034	10 U035	11 U058	12 U059	13 U075	14 U089	
15 U132	16 U129	17 U150	18 U151	19 U010	20 U182	21 U188	
22 U200	23 U201	24 U202	25 U205	26 U206	27 U121	28 U237	

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

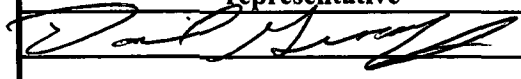
☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.

☐ (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, CorpH&S Officer	01-29-2013

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

Victor San Agustin	407-296-9995	vsanagustin@feccorporation.com
(Name of person completing this form)	(Phone Number)	(E-mail Address)

13. Comments:

Additional hazardous pharmaceutical waste that may be handled in addition to those listed in Section 10 above include U248, P012, P042, P075, P081, P046, P204, P188, and P001.

Print Form

Department of Environmental Protection

FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(4)
Form Title Certificate of Liability Insurance Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. Everest National Insurance Company (Name of the Insurer), (the Insurer), 477 Martinville Road, Liberty Corner, NJ 07938 (Address of the Insurer)

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

3652 Old Winter Garden Road, Orlando, FL 32805 (Address of the Insured) whose EPA Identification number is FLD 981 748 015.

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 $1,000 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 EFCA00013-121, issued on Nov 1, 2012 (Date).

The expiration date of said policy is Nov 1, 2013 (Date) or the annual renewal date is Nov 1, 2013 (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

William Twitty (Type Name)

Everest National Insurance Company (Name of Insurer)

Broker (Title)

477 Martinville Road, Liberty Corner, NJ 07938 (Address of Representative)

DEP Form #62-710.901(4)
~~Form Title Certificate of Liability~~
Insurance, ~~Used Oil Trans~~porters
Effective ~~Date June 9, 2005~~

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

Print Form

Department of Environmental Protection

FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(4)
Form Title Certificate of Liability Insurance Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. Everest National Insurance Company (Name of the Insurer), 477 Martinville Road, Liberty Corner, NJ 07938 (Address of the Insurer)

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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

William Twitty (Type Name)

Everest National Insurance Company (Name of Insurer)

Broker (Title)

477 Martinville Road, Liberty Corner, NJ 07938 (Address of Representative)

DEP Form #62-710.901(4)
~~Form Title Certificate of Liability~~
Insurance, ~~Used Oil Transporters~~
Effective ~~Date June 9, 2005~~

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

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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

Print Form

Department of Environmental Protection

FDEP, MS 4560, 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, 2012 through December 31, 2012
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. FLD9 8174 8015

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

4. Name of person preparing report (please print) Victor San Agustin

Title Senior Engineer Phone number (if different from #2, above) (813) 842-5520

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.....	0	20	0	20
b. From out of state.....	0	0	0	0
c. Beginning Inventory.....				0
d. Total (sum of totals from Lines a + b + c).....				20

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.....	78	0
O - Marketed as an on-specification used oil fuel.....	0	0
F - Marketed as an off-specification used oil fuel.....	0	0
I - Marketed for an industrial process.....	0	0
B - Burned as an off-specification used oil fuel	0	0
D - Disposed of		
Landfilled.....	0	0
Treated at a wastewater treatment unit.....	0	0
Incinerated.....	0	0
3. Total amount (in gallons) of used oil managed.....	78	0
4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....	0	0

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

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	0	
3. Total number of used oil filters to manage (1 plus 2)	0	
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	0	
d. TOTAL	0	
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)	0	
8. Volume of oily waste collected and managed as a result of filter processing	0	
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,

FECC, Inc.

dba Florida Environmental Compliance Corporation
3652 Old Winter Garden Road, Orlando, Florida 32805
tel 407-296-9995 • fax 407-296-9125 • www.feccorporation.com

January 29, 2013

To: Florida Department of Environmental Protection

From: David Gushleff, C.I.H.

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, C.I.H.
FECC, Inc.
EPA ID # FLD981748015