

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Rick Scott Governor

Carlos Lopez-Cantera Lt. Governor

Jonathan P. Steverson Secretary

10/20/2016 Jonathan Drew, President Drew Fuel Services Inc 4101 Ravenswood Road #309 Fort Lauderdale, FL 33312

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 **Drew Fuel Services Inc** located at **4101 Ravenswood Rd #309**, **Ft Lauderdale**, **FL 33312-5353**

FLR000194274

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Non-Handler of Hazardous Waste; Petroleum Contact Water Management.

Your facility is **currently registered** for the following activities: **HW Transporter (reg exp on** 06/30/2017); ; Used Oil Transporter, Used Oil Filter Transporter (reg exp on 06/30/2017).

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: <u>http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</u>. **To review the details of your status**, visit: <u>https://fideploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000194274</u>. For further assistance, please contact me at (850) 245-8749 or email at <u>Glen.Perrigan@dep.state.fl.us</u>.

Sincerely,

Kobin K. Pandley

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 105969 , Email Address: jon@drewfuelservices.com

| NOWHITLE MOTECTION | | -12FL - FLO) REGULATE | | | | JF | t (for | Date Received FDEP Official Use Only) | |
|--|--|---|--------------------|------------------|---------|-------------------------|------------------------------|--|--|
| FLORIDA | D | DEP Waste Manage 2600 Blair Stone | gement Division | HWRS, MS4 | 4560 | - たろう - - - | | AUG 1 9 2016 | |
| EPA ID: FL | R 0 0 0 1 | 1 9 4 2 7 | 7 4 Pleas | e use the instru | uctions | document to o | complet | te this form | |
| 1. Reason for Submittal (all submitters must complete pages 1 and 2 and sign page 5. | the correct box: (must choose one | the correct box:waste, universal waste, used oil activities, or PCW activities).(must choose oneImage: To provide subsequent notification (to update status and facility identification information). | | | | | | | |
| Pages 3 and 4, - com- plete as applicable) | FL Registration(s) | | cury (see page 3 | | | porter (see pag | | Used Oil (see page 4) | |
| 2. Facility or Business Name | | | Drew | Fuel Servi | ices, | Inc. | | | |
| 3. Facility Operator | Name of Operator: Drew Fuel Se | rvices, Inc. | <u></u> | <u></u> | | Date became | e Opera | tior: 04 / 17 / 13 | |
| (List additional Opera- tors in the comments section). | Street or P.O. Box: 4101 Ravensy | wood Road, | Suite 309 | | | Phone Numb | ^{oer:} (| 954.306.6853 | |
| section). | Ft. Lauderdale | e | | State: FL | | Zin Code: 33312 | C | Country (if not USA): | |
| | Operator Type: | erator Type: Private Federal Municipal State County Other | | | | | | | |
| 4. Facility Physical | Physical Street Address: | | | | | | | | |
| Location Information (No P.O. Boxes) | City or Town: | | | | | State: | Zip (| Code: | |
| Same address as #3 above or: | County: | | | Country (if | not US/ | A): | | | |
| 5. Facility North Ar Classification Syst | | A. <u>5</u> 6 | 2 2 1 | 9 (required | I) B. | 5 6 | 2 | 9 1 0 | |
| Code(s) (at least 5 | · · · | C. <u>5</u> 6 | 299 | 8 | D. | | | | |
| 6. Facility or | Same address as # <u>3</u> above or: Street or P.O. Box: | | | | | | | | |
| Business Mailing Address | City or Town: | | | State: | Zip/P | ostal Code: | C | Country (if not USA): | |
| 7. Facility or Business | | athan L | Last Name: Drew | | | Title: Presiden | t | | |
| RCRA Contact Person | | 954.306.6853 Jon@drewfue | | | | | uelservices.com 954.337.0426 | | |
| Same address as | Street or P.O. Box: | <u>. </u> | | | | | | | |
| # <u>3</u> above or: | City or Town: | | | State: | | Zip Code: | | Country (if not USA): | |
| 8. Real Property (FL Land) Owner | Name of Owner: | | | | | Date became | Owner Owner | | |
| of the Facility's Physical Location (List additional | Street or P.O. Box: | | | | Pł | hone Number: | | | |
| owners in the com- ments section.) | City or Town: | | | State: | | Zip Code: | | Country (if not USA): | |
| Same address as # <u>3</u> above or: | Owner Type: | Private Feder | eral Munic | ipal State | | County Oth | er | | |

, · ·

| RCR | A Hazardous Was | ste Statús No | tification or Out of | f Busir | ness Notific | ation | EPA ID N | o. FLR00 | 0194274 |
|--|--|---|--|-----------|-----------------|--|--|---|---|
| 9. RC | CRA Hazardou | s Waste Act | ivities at this Fa | cility: | (Mark 'X | ' in all th | nat apply): | | |
| (A) (| 1)Generator of Ha | zardous Wast | • | | For Item | s 2 throu | gh 7, mark 'X' | ' in all that | apply. |
| ΔY | 'es 🖬 No (Do | not include Uni | versal Waste or Used Oi | il) | (2) Tr | eater, Sto | rer, or Dispose | er of Hazar | dous Waste |
| If Y | ES, Choose only c a. Large Quanti | | wing three categories. | | 1 | (at your fa | cility) Note: A r | | waste permit ired for this activity. |
| | Generates in a greater per me hazardous wa | any calendar m onth (kg/mo) (2 ste; or Greater | (2003): onth 1,000 kilograms 2,200 lbs.) of non-acu than 1 kg (2.2 lbs) least once a year) | | | b. (| Operating Com Operating Non- Non-Operating Permit or Order | -Commercia : Postclosure | l TSD e or Corrective Action |
| | 100kg/mo but lbs.) of non-a (2.2 lbs) or let (at least once c. Conditionally | iny calendar m less than 1,00 cute hazardous ss of acute haza a year) Exempt SQG | onth greater than) kg/mo (>220 to <2,2 waste and/or 1 kg urdous waste (CESQG): | | (4) | Recycle Specify: Note: A Exemption a. S b. S | r of Hazardou Commerce permit is require t Boiler and/or Small Quantity Smelting, Melti | s Waste (at cial Defendence of the d for storage p r Industrial On-site Bur ing, and Ref | your facility) on-Commercial. prior to recycling. Furnace mer Exemption Ining Furnace Exemption |
| In a | (220 lbs.) of r (2.2 lbs) or les | ss of acute hazar | | | (5) Text | Waste Choose EITHE | Generated at e this managem CR a copy of yo | Other Facil nent activity our application | ONLY if you attach on for such authorization |
| | f. United States Importer of hazardous waste (7) Underground Injection Control | | | | | | | | |
| | our facility. List th | em in the order | they are presented in | n the reg | gulations (e.g. | , D001, D | 003, F007, K0 | 19, P012, UI | ardous wastes handled at 112). e if more spaces are needed. |
| 1 | 2 | | 3 | 4 | <u> </u> | 5 | 6 | | 7 |
| 8 | 9 | | 10 | 11 | | 12 | 1. | 3 | 14 |
| 15 | 16 | | 17 | 18 | | 19 | 2 | 0 | 21 |
| 11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16): (A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.) (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. (B) Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.) (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will (2) Out of Business - Business closed on (date) | | | | | | | | | |
| l (| (C) Property Tax | Default | | | D (D) P | etition for | Bankruptcy I | Protection | |
| 12-14 | - Registration | n Activities | Contact Informa | ation (| only if this su | bmission | is a registration | n or registrat | ion information update): |
| | me as Facility RCRA itact on page 1 or enter | First Name: | · · · · · · · · · · · · · · · · · · · | | Last Name: | | <u></u> | Title | 2: |
| Contact | | Phone Num | ber: | | Extension: | E-Mai | il: | | |
| 🖬 ну | W Transporter sed Oil Handler | Street or P. | D. Box: | | | | | | |
| | niversal Waste | City or Tow | /n: | | | State: | (Country): | Zip | Code: |

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date April 23,2013 Page 2 of 5

| Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR000194274 | | | | | | | | | | |
|--|---|---|---|--|--|--|--|--|--|--|
| 12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) : | | | | | | | | | | |
| | A. Federal Image: Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time) | | | | | | | | | |
| | Accumulates: 🔲 a. UW Batteries 🔲 b. Pesticides 🔲 c. Pharmaceuticals | | | | | | | | | |
| | | d. Mercury Containing Devices 🛛 e. Mercury Contai | ning Lamps | | | | | | | |
| | | Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a U A permit is required for storage prior to recycling. | JW. | | | | | | | |
| B. Flor | rida U | niversal Pharmaceutical Waste (UPW): one-time registration | | | | | | | | |
| | Pharma | ceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) |) | | | | | | | |
| | Pharma | ceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW | /) accumulated | | | | | | | |
| | Reverse | Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Hea | Ith [DOH]) | | | | | | | |
| C. Flo | rida A | nnual Mercury Handler Registration: | | | | | | | | |
| form [C of Merc | Chapter cury-Co | ting in the State of Florida are required to register annually with the Department using this 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quant ntaining Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first). | ity for-hire Handler | | | | | | | |
| | _ | is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-h</u> me registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registering | | | | | | | | |
| | For-hir | e Transporter of Universal Waste Mercury-Containing Lamps or Devices | | | | | | | | |
| | For-hir | e Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices | Annual Registration | | | | | | | |
| | Mercur | y-Containing Devices (thermostats, etc) $SQH = less$ than 100 kg accumulated by for-hire handler | Required | | | | | | | |
| | Mercur | y-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler | | | | | | | | |
| | Mercur | y-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler | Annual Registration + | | | | | | | |
| | Mercur | y-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler | one- time \$1,000 fee+ More Requirements (contact FDEP) | | | | | | | |
| | (2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) Annual Registration Required | | | | | | | | | |
| Brjefly Describe your Universal Waste Activities: Universal Waste Activities: We use Drum Top Bulb Crusher(s). | | | | | | | | | | |
| | | | | | | | | | | |
| | | e Regulated Waste Activities: Petroleum Contact Water (PCW) CRecovery Transport A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to R | - 4 | | | | | | | |

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date April 23,2013 Page 3 of 5

| Hazardous Waste and Used Oll Transporter Registrations a set EPA ID No. FLR000194274 | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities) | | | | | | | | |
| Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. Generators of hazardous waste who transport waste only within the boundaries of their facility should not register. | | | | | | | | |
| A. HW Transporter Registration Information (must be completed annually and when this information changes) | | | | | | | | |
| This facility is a registered transporter of hazardous waste. | | | | | | | | |
| This form is: 🗖 Initial Registration 🔎 Renewal 📮 Notification of changes 📮 Cancel Registration | | | | | | | | |
| □ 1. For own waste only □ 2. For commercial purposes □ 3. Both commercial and own waste | | | | | | | | |
| 4. Transportation Mode 🗖 Air 🗖 Rail 🖬 Highway 🗖 Water 🗖 Other - specify | | | | | | | | |
| B. HW Transfer Facility Registration Information (must be completed annually and when this information changes) | | | | | | | | |
| This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume | | | | | | | | |
| This form is: 🔲 Initial Registration 🔲 Renewal 🔲 Notification of changes 🔲 Cancel Registration | | | | | | | | |
| Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C. | | | | | | | | |
| The Transfer Facility records required under the provisions of Rule 62-730.171(6) , F.A.C., are kept at (check one): | | | | | | | | |
| Our mailing (business) address Image: The site (facility) address | | | | | | | | |
| Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility: | | | | | | | | |
| Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]: | | | | | | | | |
| 15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities), | | | | | | | | |
| Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers <u>must</u> <u>annually register</u> with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee. This form is: Initial Registration Renewal Notification of changes Cancel Registration | | | | | | | | |
| | | | | | | | | |
| If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed. | | | | | | | | |
| (1) Used Oil Transporter - mark activities: (occurring in Florida) (6) Used Oil Filter Management (must annually register) | | | | | | | | |
| ■ a. Transporter (off-site) and noncontiguous locations ■ a. Transporter | | | | | | | | |
| □ b. Transfer Facility □ b. Transfer Facility | | | | | | | | |
| (2) Collection Center (From businesses, no more than 55 gal per Co | | | | | | | | |
| (2) Collection Center (From businesses, <u>no more than 55 gal per</u> shipment) d. End User | | | | | | | | |
| (3) Used Oil Processor (A permit is required.) (7) The records required under the provisions of Rule 62-710.510, | | | | | | | | |
| (4) Off-Specification Used Oil Burner FAC, are kept at (check one): | | | | | | | | |
| (5) Used Oil Fuel Marketer On-Spec Off-Spec | | | | | | | | |
| Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non- exempt Used Oil Transporters. | | | | | | | | |

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| Transfer Facility and Used Oil Transporter require | ements and required signature page | EPA ID No. FLROC |)0194 | 4274 | | | | |
|---|--|---|--|---|--|--|--|--|
| (14 cont.) Hazardous Waste Transfer Facilitie following items are required to be submitted with the subsequent submission [Rule 62-730.171(3), Florida A | initial notification for a transfer facility a | | | | | | | |
| 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 pla | | | | | | | | |
| A map or maps of the transfer facility [Rule 6 | | | | | | | | |
| their own company. UO transporters transporting off-site ov UO transporters transporting more than submission as a certified used oil transp The used oil annual report is attached 16. Comments (attach a page if more space is needed) | ction 15: nit an annual report except generators tra- er public highways only within their own 500 gallons/year must submit proof of in- orter in section 17 (except those exempted <i>received</i> Evidence of Liability Insurance put eded): | n company must submit pr nsurance annually, and mu by Rule 62-710.600(1), F.A.C rsuant to 62-710.600(2)(e) | roof of ist sign 2.):.)., F.A. | insurance. and certify this C. is attached. | | | | |
| 17. Certification: I certify under penalty of law th accordance with a system designed to assure that a submitted is, to the best of my knowledge and bel false information, including the possibility of fine | qualified personnel properly gather and e ief, true, accurate, and complete. I am aw | valuate the information suvare that there are significated | ıbmitte | d. The information | | | | |
| I certify as a Used Oil Transporter that I an tation and have an annual and new employee train bility is demonstrated by the Used Oil Transporter | ing program in place covering the applic | able used oil rules. Evider | nce of t | | | | | |
| Signature of owner, operator, or an authorized representative | Print Name and | Title | Used Oil | Date Signed (mm-dd-yyyy) | | | | |
| MIT. Mrs | Jonathan L [| Drew | | 00.00.10 | | | | |
| | | | Ľ X | 08.08.16 | | | | |
| | | | | 08.08.16 | | | | |
| | | | | 08.08.16 | | | | |
| If the person that filled in this form is not the Facil Erika Bueter | DEA 200 6052 | ete the information below | | | | | | |

| (] | Vame | of | person | comp | leting | this | form |
|----|------|----|--------|------|--------|------|------|
|----|------|----|--------|------|--------|------|------|

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(Name of person completing this form)(Phone Number)(E-mail Address)DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date April 23,2013Page 5 of 5



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 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 4-23-13 Incorporated in Rule 62-710.510(5)

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 the reporting period January 1, _____ through December 31, _____

| | nation recorded in your Record Keeping Forr IPLETED BY ALL REGISTERED PERSONS | n [62-710.901(2) |] or equivalent | to complet | e this d | ocument. |
|---|---|---------------------------------|---|-------------------------|-----------|----------------|
| 1. Company Name: | Drew Fuel Services, Inc. 101 Ravenswood Road Suite 309 | 2. Telephone No Ft. Lauderda | <u>, </u> | 306-6853 12 | 3 | |
| Site Address: | | | | | | |
| | e above items (1-3) have changed since your last registrations report (please print) Brooke Tully | on. | | | | |
| 5. Type of operation (chec Jsed Oil: 🗹 Transporter Jsed Oil Filter: 🗹 Tra | k as many as apply to your operations) | Point Processor | Marketer D End | Burner (of off- User | specifica | tion used oil) |
| | Jsed Oil and Oily Wastes collected (type code) | Automotive | Industrial | Mixe | | Total |
| . Amount (in ganons) of v | a. In Florida | 0 | 0 | | 0 | 0 |
| | b. From out of State | 0 | 0 | 0 | | 0 |
| | | | | 0 | | |
| | d. Total (sum of totals from Lines a + b + c) | | | | | 0 |
| Amount (in gallons) of U | ised Oil and Oily Wastes managed (end use code) | | I | n State | O | ıt of State |
| | N - Transferred to another facility (not an end use) | | | 0 | | 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 |
| . Total amount (in gallons |) of Used Oil managed | | | 0 | | 0 |
| . End of year, on hand esti | mate (difference between Line 1d and Line 3) | | | 0 | | 0 |

DEP Form#62-710.901(3)Form TitleAnnual Report byUsed Oil and Used Oil Filter HandlersEffective Date 4-23-13Incorporated in Rule 62-710.510(5)

| SECTION C USED OIL FILTERS (OPTIO) | CHECK COLUMN IF OUT OF STATE 🗸 | | | |
|--|--|---|--|--|
| 1 Number of filters on hand from previous year | · | | | |
| 1. Number of finers of hand from previous year | | 0 | | |
| 2. Number of used oil filters collected | | 0 | | |
| 3. Total number of used oil filters to manage (L | 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 hand estimate (Line 3 minus | 0 | | | |
| 6. Gallons of used oil collected as a result of filt | | | | |
| 7. Gallons of used oil transferred to a used oil ha | 0 | | | |
| 8. Volume of oily waste collected and managed | | | | |
| 9. Description of oily waste management | riod | | | |

DIRECTIONS FOR SECTION C

Conversion Table

One **55**-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters One **55**- gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters One <u>ton</u> of drained used oil filters = approximately <u>2.350</u> 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 Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
- 9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

For assistance with this form, please call the Used Oil Coordinator at 850-245-8707.