FLORIDA DEPARTMENT OF
Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

08/20/2019
Juan Touzan, Operations Mgr
TG Oil Services Inc
7815 W 2nd Ct Bay 2
Hialeah, FL 33014

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 **TG Oil Services Inc** located at **7815 W 2nd Ct Unit 2, Hialeah , FL 33014-4317**

FLR000222836

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

Your facility is **currently registered** for the following activities: **HW Transporter (reg exp on 06/30/2020) ; Used Oil Transporter, Used Oil Filter Transporter (reg exp on 06/30/2020).**

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: https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000222836.
For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us .

Sincerely,

Tiffaney Noland
for

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 124783 , Email Address: carlos@tgoilservices.com

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division–HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8707

RECEIVED
Florida Department of Environmental Protection
Date Received (for FDEP Official Use Only)
JUL 19 2019
Permitting & Compliance Assistance Program

EPA ID: FLR000222836

Please use the instructions document to complete this form

1. Reason for Submittal (all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box: (must choose one if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
- ☐ To provide subsequent notification (to update status and facility identification information).
- ☐ To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

FL Registration(s) ☐ UW Mercury (see page 3) ☐ HW Transporter (see page 4) ☒ Used Oil (see page 4)

2. Facility or Business Name
TG Oil Services Inc.

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

Name of Operator: Juan C. Touzan
Date became Operator: 3 / 20 2015
Street or P.O. Box: 7815 W 2 CT #7
Phone Number: 786-479-9110
City or Town: Hialeah
State: FL
Zip Code: 33014
Country (if not USA):
Operator Type: ☐Private ☐Federal ☐Municipal ☐State ☐County ☐Other

4. Facility Physical Location Information (No P.O. Boxes)
☐ Same address as #3 above or:

Physical Street Address: 7815 W 2 CT #7 ☐Vessel
City or Town: Hialeah
State: FL
Zip Code: 33014
County: Miami-Dade
Country (if not USA):

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

A. |__|__|__|__|__|__| (required) B. |__|__|__|__|__|__|
C. |__|__|__|__|__|__| D. |__|__|__|__|__|__|

6. Facility or Business Mailing Address
☒ Same address as #4 above or: Street or P.O. Box:
City or Town:
State:
Zip/Postal Code:
Country (if not USA):

7. Facility or Business RCRA Contact Person
☐ Same address as #___ above or:

First Name: Juan
Last Name: Touzan
Title: Operations Manager
Phone Number: 786-479-9110
Extension:
E-Mail: Carlos@tgoilservices.com
Fax:
Street or P.O. Box: 7815 W 2 CT #7
City or Town: Hialeah
State: FL
Zip Code: 33014
Country (if not USA):

8. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)
☐ Same address as #___ above or:

Name of Owner: Commercial Management Group, LLC
Date became Owner: ___/___/___ ☐ New Owner mm dd yy
Street or P.O. Box: 7901 W. 25th Ave #3
Phone Number: 305-883-8881
City or Town: Hialeah
State: FL
Zip Code: 33016
Country (if not USA):
Owner Type: ☒Private ☐Federal ☐Municipal ☐State ☐County ☐Other

RCRA Hazardous Waste Status Notification or Out of Business Notification	EPA ID No. FLR000222836

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

(A) (1)Generator of Hazardous Waste

☐ Yes ☐ No (Do not include Universal Waste or Used Oil)

If YES, 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 (at least once a year)

☐ **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 (at least once a year)

☐ **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. Short-Term Generator (one-time, not on-going)
☐ e. Episodic: Not more than one-time per year: __SQG__LQG
☐ f. United States Importer of hazardous waste
☐ g. 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 Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)
Specify: ☐ Commercial ☐ Non-Commercial.
Note: 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) ☐ Receives Hazardous Waste from Off-Site

(7) ☐ Underground Injection Control

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, K019, P012, U112).
Hazardous waste transporters list codes routinely or usually transported. Use comments or 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*

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 all 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)

☐ **(C) Property Tax Default**

☐ **(D) Petition for Bankruptcy Protection**

12-14 — Registration Activities Contact Information
(only if this submission is a registration or registration information update):

☒ Same as Facility RCRA Contact on page 1 or enter:

Contact for:
☐ HW Transporter
☒ Used Oil Handler
☐ Universal Waste

First Name:	Last Name:	Title:
Juan	Touzan	Operation Manager

Phone Number:	Extension:	E-Mail:
786-479-9110		Carlos@tgoilservices.com

Street or P.O. Box: 7815 W 2nd CT unit #7

City or Town:	State:(Country):	Zip Code:
Hialeah	FL	33014

Universal Waste Notification and Mercury Transporter/Handler Registration	EPA ID No. FLR000222836

12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :

A. Federal Notification

☐ **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 Containing Lamps**

☐ **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.

B. Florida Universal Pharmaceutical Waste (UPW): one-time registration

☐ Pharmaceuticals **LQH** = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)

☐ Pharmaceuticals **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 Health [DOH])

C. Florida Annual Mercury Handler Registration:

For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of $1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).

If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.

(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities

☐ First time registering ☐ Renewal ☐ One-time $1,000 fee for Mercury for-hire first time LQH registration is attached

☐ For-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices ☐ For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices ☐ Mercury-Containing Devices (thermostats, etc) **SQH** = less than 100 kg accumulated by for-hire handler ☐ Mercury-Containing Lamps **SQH** = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
☐ Mercury-Containing Devices **LQH** = 100 kg (220 lb) or more accumulated at any one time by for-hire handler ☐ Mercury-Containing Lamps **LQH** = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + 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) ☐ First time registering ☐ Renewal	Annual Registration Required

Briefly Describe your Universal Waste Activities: ☐ We use Drum Top Bulb Crusher(s).

N/A

13. Other State Regulated Waste Activities: **Petroleum Contact Water (PCW)** ☐ **Recovery** ☐ **Transport** [62-740 F.A.C.]

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

Hazardous Waste and Used Oil Transporter Registrations | EPA ID No. FLR000222836

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 ☐ 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 must annually register 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)
- ☒ a. Transporter (off-site) and noncontiguous locations
- ☐ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ☐ Used Oil Processor (A permit is required.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

(6) Used Oil Filter Management (must annually register)
- ☒ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor (Annual Report Required)
- ☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):
☒ Our mailing (business) address ☐ The site (facility) address

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.

Transfer Facility and Used Oil Transporter requirements and required signature page	EPA ID No. FLR000222836

(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [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.]

(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

In addition to the requirements on Page 4 Section 15:

- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):.

__The used oil annual report is attached __ Evidence of Liability Insurance pursuant to 62-710.600(2)(e)., F.A.C. is attached.

16. Comments (attach a page if more space is needed):

Facility Operators:

Marlon Echemendia / 3-20-15
7815 w 2nd CT unit #7
Hialeah, FL 33014

Erik Valiente
7815 w 2nd CT unit #7 / 10-3-17
Hialeah, FL 33014

17. 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.

☐ **I certify as a Used Oil Transporter** that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
Erik Valiente	Erik Valiente / Safety Director	☐	7/17/2019
		☐	
		☐	

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

Erik Valiente (305)978-0322 erik@tgoilservices.com

(Name of person completing this form) (Phone Number) (E-mail Address)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/04/2019

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 have ADDITIONAL INSURED provisions or 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 First Avenue Insurance 14 NE 1st Ave. Ste 513 Miami FL 33132	**CONTACT NAME:** Maria Dolores Ruiz **PHONE (A/C, No, Ext):** (305) 883-4604 **FAX (A/C, No):** (305) 351-8777 **E-MAIL ADDRESS:** sos@firstavenueinsurance.net
INSURED TG OIL SERVICES INC 7815 West 2nd Court #2 Hialeah FL 33014	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** CRUM & FOSTER SPECIALTY INS CO — 44520 **INSURER B :** PROGRESSIVE EXPRESS INS. CO — 10193 **INSURER C :** NATIONAL UNION FIRE INS CO — 19445 **INSURER D :** CRUM & FOSTER SPECIALTY INS CO — 44520 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] $1,000 BI/PD DED PER CLAIM GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	Y	Y	EPK-125063	11/20/2018	11/20/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	N	N	06235668-0	06/21/2019	06/21/2020	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000	Y	Y	EBU028420997	11/20/2018	11/20/2019	EACH OCCURRENCE AGGREGATE	$ 6,000,000 $ 6,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
D	CONTRACTOR'S POLLUTION LIABILITY & E&O LIABILITY	Y	Y	EPK-125063	11/20/2018	11/20/2019		1,000,000

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

ELEVATOR COMPANY SPECIALIZING IN ELEVATOR PIT, WATERPROOFING AND LIQUID WASTE TRANSPORTER

Certificate holder is an additional insured with respect to the General liability and Excess policy with a waiver of subrogation and on a primary and non contributory clause in their favor

CERTIFICATE HOLDER

CourtYard Jensen Beach
10978 S Ocean Drive
Jensen Beach Fl 34957

CANCELLATION

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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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, 2018 through December 31, 2018

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: TG Oil Services Inc. 2. Telephone No. (786) 479-9110

Site Address: 7815 W. 2ND CT #7 Hialeah, FL 33014

3. EPA ID No. FLR000222836

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

4. Name of person preparing report (please print) Erik Valiente

Title: Safety Director Phone number (if different from #2, above) (305) 978-0322

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 COMLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)	Automotive	Industrial	Mixed	Total
a. In Florida	0	43,705 g	0	43,705 g
b. From out of State	0	0	0	0
c. Beginning Inventory				0
d. Total (sum of totals from Lines a + b + c)				0

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)	In State	Out 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	43,705 g	0
Incinerated	0	0
3. Total amount (in gallons) of Used Oil managed	0	0
4. End of year, on hand estimate (difference between Line 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	4-23-13
Incorporated in Rule	62-710.510(5)

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 (Line 1 plus Line 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 hand estimate (Line 3 minus 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 ☐ gallons ☐ cubic yards	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 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.