

**From:** [Erik Valiente](#)  
**To:** [Reis, Juliana](#)  
**Subject:** Fw: TG OIL Services Registration renewal  
**Date:** Thursday, November 21, 2019 9:59:18 AM  
**Attachments:** [F D O E P 2019 Registration.pdf](#)

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**From:** Erik Valiente  
**Sent:** Friday, March 1, 2019 3:11 PM  
**To:** Janet.Ashwood@dep.state.fl.us <Janet.Ashwood@dep.state.fl.us>  
**Subject:** TG OIL Services Registration renewal

Hi Janet I'm sending you the 8700 Form

**From:** [Carlos Touzan](#)  
**To:** [Reis, Juliana](#)  
**Subject:** Fwd: TG Oil Services Database Change  
**Date:** Monday, November 18, 2019 3:15:15 PM

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Sent from my iPhone

Begin forwarded message:

**From:** "Ashwood, Janet" <Janet.Ashwood@FloridaDEP.gov>  
**Date:** November 18, 2019 at 2:57:12 PM EST  
**To:** Carlos Touzan <carlos@tgoilservices.com>, Erik Valiente <erik@tgoilservices.com>  
**Subject:** Database Change

Eric,

Per your phone request as well as registration request, we have made correction in location address from Suite 2 to Suite 7.

Let me know if you have any questions.

*Thanks*

*Janet*

***Janet Ashwood  
Used Oil Program  
Coordinator  
Waste Compliance Assistance Program, MS# 4560  
Direct: 850.245.8789***





**TG Oil Services, Inc.**

7815 W. 2nd Ct. Unit 7, Hialeah, FL 33014  
Phone: 954-874-0930  
24/7 EMERGENCY RESPONSE  
www.tgoilservices.com

**Manifest:**

NON-HAZARDOUS WASTE  
MANIFEST  
TRANSPORTER IDENTIFICATION  
EPA ID NUMBER FLR 000222836

Truck Number \_\_\_\_\_ Customer Number \_\_\_\_\_

GENERATOR NAME: _____		EPA ID # ( IF KNOWN ) _____	
TELEPHONE: _____			
STREET ADDRESS _____	CITY _____	COUNTY _____	STATE _____ ZIP _____
TRANSPORTER LOCATION: TG Oil Services, Inc. • 7815 W. 2nd Ct. Unit 7, Hialeah, FL 33014 24 HOUR TRANSPORTER EMERGENCY CONTACT: 954-874-0930 • 786-479-9110			
HALOGEN TEST PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PASS <input type="checkbox"/> FAIL   DEXIL <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> PROCESS KNOWLEDGE			

U.S. DOT DROPER SHIPPING DESCRIPTION						
SHIPPING NAME	No.	Type	Quantity	Unit	Unit Cost	Charges
Used Oil - Flashpoint greater than 200 degrees F						
Used Oil Filters						
Non-Hazardous Used Antifreeze / Coolant						
Non-Flammable Liquids, N.O.S. Waste Fuels Non-Hazardous I Flash > 200 F						
Residue Last Contained-Non-Combustible Liquid, N.O.S. Used Oils or Oily Water Non-Hazardous- Flash > 200 F						
Storm Drain Debris N.O.S.						
Non-Combustible Liquids - PCW (Petroleum Contact Water)/ Sludge Or Oily Water - Non-Hazardous / Flash > 200 F/ Used Oil						
Non-Hazardous Petroleum Contaminated Solids - Soil / Sludge Or Absorbent - Flash > 200, N.O.S.						
NOTES OR SPECIAL HANDLING INSTRUCTIONS:						
Disposal Site: Raider Environmental 4103 NW 132nd St., Opa-Locka, FL 33054						

**EMERGENCY CONTACT 24/7 NUMBER: 954-874-0930 • 786-479-9110**

THIS COLLECTION WILL BE DOCUMENTED TO:   ☐ BROWARD COUNTY- PPRAQ   ☐ DADE COUNTY- DERM

IMPORTANT: Payment due upon receipt, service charge of 1.5% per month (18% Annual) will be charged on balances over 30 days.

**GENERATORS CERTIFICATION:**

I hereby certify that every effort has been made to collect used oil, used anti-freeze, used oil filters, used oil absorbent, and petroleum contact waters in separate collection vessels and in accordance with all regulations and Best Management Practices as appropriate to my industry. The contents of this consignment are fully and accurately described and are in all respects in proper condition for transport by highway or railroad according to applicable Federal, State or Local government regulations.

In the event that this material is found to be hazardous waste, I accept responsibility for its proper disposal reporting, if required, under Federal, State or Local regulations, including any contamination by commingling. Unless I am exempt by a statute or regulation, I also certify that I am in compliance with Section 3002 (b) or RCRA.

_____	_____ / _____ / _____
Generator- Printed or Typed Name	Signature                      Date
_____	_____ / _____ / _____
Transporter Acknowledgment of Receipt of Materials	Signature                      Date





TG Oil Services, Inc.

7815 W. 2nd Ct. Unit 7, Hialeah, FL 33014  
Phone: 954-874-0930  
24/7 EMERGENCY RESPONSE  
www.tgoilservices.com

Manifest:

NON-HAZARDOUS WASTE  
MANIFEST  
TRANSPORTER IDENTIFICATION  
EPA ID NUMBER FLR 000222836

Truck Number \_\_\_\_\_ Customer Number \_\_\_\_\_

GENERATOR NAME: \_\_\_\_\_ EPA ID # ( IF KNOWN ) \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSPORTER LOCATION: TG Oil Services, Inc. • 7815 W. 2nd Ct. Unit 7, Hialeah, FL 33014  
24 HOUR TRANSPORTER EMERGENCY CONTACT: 954-874-0930 • 786-479-9110

HALOGEN TEST PERFORMED? ☐ YES ☐ NO ☐ PASS ☐ FAIL DEXIL ☐ PASS ☐ FAIL ☐ PROCESS KNOWLEDGE

U.S. DOT DROPER SHIPPING DESCRIPTION

SHIPPING NAME	No.	Type	Quantity	Unit	Unit Cost	Charges
Used Oil - Flashpoint greater than 200 degrees F						
Used Oil Filters						
Non-Hazardous Used Antifreeze / Coolant						
Non-Flammable Liquids, N.O.S. Waste Fuels Non-Hazardous I Flash > 200 F						
Residue Last Contained-Non-Combustible Liquid, N.O.S. Used Oils or Oily Water Non-Hazardous- Flash > 200 F						
Storm Drain Debris N.O.S.						
Non-Combustible Liquids - PCW (Petroleum Contact Water)/ Sludge Or Oily Water - Non-Hazardous / Flash > 200 F/ Used Oil						
Non-Hazardous Petroleum Contaminated Solids - Soil / Sludge Or Absorbent - Flash > 200, N.O.S.						

NOTES OR SPECIAL HANDLING INSTRUCTIONS:

Disposal Site: World Petroleum Corp. 4717 Orange Dr., Davie, FL 33314

EMERGENCY CONTACT 24/7 NUMBER: 954-874-0930 • 786-479-9110

THIS COLLECTION WILL BE DOCUMENTED TO: ☐ BROWARD COUNTY- PPRAQ ☐ DADE COUNTY- DERM

IMPORTANT: Payment due upon receipt, service charge of 1.5% per month (18% Annual) will be charged on balances over 30 days.

GENERATORS CERTIFICATION:

I hereby certify that every effort has been made to collect used oil, used anti-freeze, used oil filters, used oil absorbent, and petroleum contact waters in separate collection vessels and in accordance with all regulations and Best Management Practices as appropriate to my industry. The contents of this consignment are fully and accurately described and are in all respects in proper condition for transport by highway or railroad according to applicable Federal, State or Local government regulations.

In the event that this material is found to be hazardous waste, I accept responsibility for its proper disposal reporting, if required, under Federal, State or Local regulations, including any contamination by commingling. Unless I am exempt by a statute or regulation, I also certify that I am in compliance with Section 3002 (b) or RCRA.

Generator- Printed or Typed Name

Signature

Date

Transporter Acknowledgment of Receipt of Materials

Signature

Date



# TG Oil Services, Inc.

Form Approved OMB No. 2050-D039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR 000222836		2 Page 1 of		3. Emergency Response Phone		4. Manifest Tracking Number		
5. Generators Name and Mailing Address TG Oil Services Inc. 7815 W. 2nd CTR#7 Hialeah, FL 33014										
Generators Ste address (if other than mailing address)										
Generators Phone:										
6. Transporter 1 Company Name TG Oil Services Inc.						U.S. EPA ID NUMBER FLR 000222836				
7. Transporter 2 Company Name						U.S. EPA ID Number				
8. Designated Facility Name and Ste Address World Petroleum Corp. 4717 Orange Dr Davis, FL 33314						U.S. EPA ID Number FLR 980709075				
Facility's Phone: (954) 327-0724										
9a. HM		9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol	13. Waste Codes
1		Non - Regulated Material, Used Oil (Used Oil for Recycle)								
2		Non - Regulated Material, Oily Water								
3		Non - Regulated Material, Used Oil Filters								
4										
14. Special Handling Instructions and Additional Information										
15. GENERATOR'S: OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, material and labor ???, and are in respects in proper condition for transport according to applicable international and governmental ?? shipment and I am the primary & utility that the waste minimization statement identified in 40 CFR 262 27 (a) If I am a large quantity generator (b) If I am a small generator) is true.										
Generator's Offer Printed type Name: Signature Month Day Year										
Informational Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S:										
Transporter signature (for exports only)										
17. Transporter Acknowledgement of Receipt of Material										
Transporter 1 Printed/Typed Name Signature Month Day Year										
Transporter 2 Printed/Typed Name Signature Month Day Year										
18. Discrepancy										
19a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection										
Manifest Reference Number:										
19b. Alternate Facility (or Generator) U.S. EPA ID Number										
Facility Phone:										
18c. Signature of Alternate Facility (or Generator) Month Day Year										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposed, and recycling systems)										
1. 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as note in ?? 18a										
Printed Typed Name Signature Month Day Year										





# TG Oil Services, Inc.

Form Approved OMB No. 2050-D039

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

GENERATOR	UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number FLR000222836		2. Page 1 of		3. Emergency Response Phone		4. Manifest Tracking Number					
	5. Generators Name and Mailing Address TG Oil Services Inc. 7815 W. 2nd CT #7 Hialeah, FL 33014													
	Generators Phone:													
	6. Transporter 1 Company Name TG Oil Services Inc.						U.S. EPA ID NUMBER FLR000222836							
	7. Transporter 2 Company Name						U.S. EPA ID Number							
	8. Designated Facility Name and Site Address Raider Environmental Services Inc. 4103 NW 132nd Street Opa-Locka, FL 33054						U.S. EPA ID Number FLR000143891							
	Facility Phone: 305-994-9949													
	9a. HM		9a. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers No. Type		11. Total Quantity		12. Unit Wt/Vol		13. Waste Codes	
			1. Purchase Non-Regulated Material, Liquid (Used oil for Recycle) Containing 1000ppm											
			2. Non-Regulated Material, Oil Water (OPA-765-TG oil-OW)											
		3. Non-Regulated Material, Oily Sludge												
		4. Non-Regulated Material, Used Oil Filters												
14. Special Handling Instructions and Additional Information														
15. GENERATOR'S: OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, material and labor ???, and are in respects in proper condition for transport according to applicable international and governmental ?? shipment and I am the primary & utility that the waste minimization statement identified in 40 CFR 262.27 (a) if I am a large quantity generator (b) if I am a small generator) is true.														
Generator's Offer Printed type Name: Signature Month Day Year														
TRANSPORTER INT'L	Informational Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S:													
	Transporter signature (for exports only)													
	17. Transporter Acknowledgement of Receipt of Material													
DESIGNATED FACILITY	Transporter 1 Printed/Typed Name Signature Month Day Year													
	Transporter 2 Printed/Typed Name Signature Month Day Year													
	18. Discrepancy													
	19a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection													
	Manifest Reference Number:													
	19b. Alternate Facility (or Generator) U.S. EPA ID Number													
	Facility Phone:													
	19c. Signature of Alternate Facility (or Generator) Month Day Year													
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposed, and recycling systems)													
	1. 2. 3. 4.													
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as note in ?? 18a														
Printed Typed Name Signature Month Day Year														



**TG Oil Services, Inc.**

November 21, 2019

To whom it may concern,

The company opened in 2014 but didn't start working with used oil/ oily water until 2017. In 2017 we were using Jam Environmental to pick up and dispose of used oil and oily water from job sites. Beginning on March of 2018 we began picking up of used oil/ oily water and disposing them at CBI and Raider Environmental. This letter is stating that that TG Oil Services has kept used oil on sit for no more than 1 week with a total of no more than 1,000 gallons. Since 2018 that the company began working with oil, we have not had any spills. If you have any questions please feel free to contact me Monday thru Friday 8am to 5pm at 954-874-0930.

Kind regards,

Erik Valiente

Safety Director

[erik@tgoilservices.com](mailto:erik@tgoilservices.com)



# 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

September 10, 2019

Juan Touzan  
TG Oil Services Inc  
7815 W 2nd Ct Bay 2  
Hialeah, FL 33014- 4317

## BE IT KNOWN THAT

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

## IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)

For regulatory guidance, go to:

[http://www.dep.state.fl.us/waste/categories/used\\_oil/default.htm](http://www.dep.state.fl.us/waste/categories/used_oil/default.htm)

The Department of Environmental Protection hereby issues  
Registration Number **FLR000222836** on September 10, 2019  
Transporter Type: **FH**

**This registration will expire on 6/30/2020**

This certificate documents receipt of your annual registration  
and annual report. It shall be displayed in a prominent place  
at your facility. This certificate and your cancelled check  
are your receipts.

A handwritten signature in black ink that reads "Janet E. Ashwood".

**Janet Ashwood**  
**Environmental Consultant**  
**Waste Compliance Assistance Program**



**8700-12FL - FLORIDA NOTIFICATION OF  
REGULATED WASTE ACTIVITY**DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8707RECEIVED  
Date Received  
Florida Department of Environmental  
(for FDEP Official Use Only)  
Protection

AUG 23 2019

Permitting & Compliance  
Assistance ProgramEPA ID: **FL R000222836**

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, - com-  
plete 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 Opera-  
tors 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)**

Physical Street Address:

7815 W 2 CT #7

☐ Vessel

City or Town:

Hialeah

State:

FL

Zip Code:

33014

☐ Same address as  
#3 above or:

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**

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 com-  
ments section.)**

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):

☐ Same address as  
#\_\_\_ above or:

Owner Type:

- ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

**9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):****(A) (1) Generator of Hazardous Waste**

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

☐ 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 (&gt;220 to &lt;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

**(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 (HSA, 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):

<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter:  Contact for: <input type="checkbox"/> HW Transporter <input checked="" type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name: <b>Juan</b>		Last Name: <b>Touzan</b>		Title: <b>Operations Manager</b>
	Phone Number: <b>786-479-9110</b>		Extension:	E-Mail: <b>carlos@tgailservices.com</b>	
	Street or P.O. Box: <b>7815 W 2nd CT unit #7</b>				
	City or Town: <b>Hialeah</b>		State:(Country): <b>FL</b>		Zip Code: <b>33014</b>

<b>Universal Waste Notification and Mercury Transporter/Handler Registration</b>		EPA ID No. <b>FLR000222836</b>
<b>12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :</b>		
<b>A. Federal Notification</b>	<input type="checkbox"/> <b>Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time)</b>  <div style="display: flex; justify-content: space-between;"> <span>Accumulates: <input type="checkbox"/> a. UW Batteries</span> <span><input type="checkbox"/> b. Pesticides</span> <span><input type="checkbox"/> c. Pharmaceuticals</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> d. Mercury Containing Devices</span> <span><input type="checkbox"/> e. Mercury Containing Lamps</span> </div> <input type="checkbox"/> <b>Destination Facility for UW</b> Note: For this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.	
<b>B. Florida Universal Pharmaceutical Waste (UPW): one-time registration</b>		
<input type="checkbox"/> Pharmaceuticals <b>LQH</b> = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals <b>Acute LQH</b> = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> <b>Reverse Distributor</b> of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH]) <input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter		
<b>C. Florida Annual Mercury Handler Registration:</b>		
<b>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).</b>  <b>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</b>		
<b>(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler <u>for-hire</u> Activities</b> <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input type="checkbox"/> For-hire <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) <b>SQH</b> = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>LQH</b> = 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)
<b>(2) Mercury Recovery and/or Reclamation Facility</b> (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities: <span style="float: right;"><input type="checkbox"/> We use Drum Top Bulb Crusher(s).</span>  <div style="text-align: center; font-size: 1.5em;">N/A</div>		
<b>13. Other State Regulated Waste Activities:</b> <b>Petroleum Contact Water (PCW)</b> <input type="checkbox"/> <b>Recovery</b> <input type="checkbox"/> <b>Transport</b> [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 waste4. 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.

**(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 2 CT #7*

*Hialeah, FL 33014*

*Erik Valiente*

*7815 W 2 CT #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)
<i>Erik Valiente</i>	<i>Erik Valiente / Safety Director</i>	<input checked="" type="checkbox"/>	<i>8/20/2019</i>
		<input type="checkbox"/>	
		<input type="checkbox"/>	

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)

Mail original completed form to: Department of Environmental Protection  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

AUG 02 2019

Permitting & Compliance  
Assistance Program

STATE OF FLORIDA  
CERTIFICATE OF LIABILITY INSURANCE  
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1. Progressive Express Insurance Company  
(Name of Insurer)  
(the "Insurer"), of 6300 Wilson Mills Rd Mayfield Village OH 44143  
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Tg oil Services Inc  
(Name of Insured)  
(the "Insured"), of 7815 W 2<sup>nd</sup> Ct #7 Hialeah FL 33014  
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

EPA/DEP I.D. No.	Name	Physical Address
<u>FLR000222836</u>	<u>TG oil Services Inc</u>	<u>7815 W 2<sup>nd</sup> Ct #7 Hialeah FL 33014</u>

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of  
\$ 4,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number 06235668, issued on 6/21/19.  
(date)

The effective date of said policy is 6/21/19 and the expiration date of said policy  
is 6/21/20.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ \_\_\_\_\_ for each accident in excess of the underlying limit of  
\$ \_\_\_\_\_ for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number \_\_\_\_\_, issued on \_\_\_\_\_, The effective date of  
(date)  
said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_.  
(date) (date)



Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

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 the 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 and any other termination of the insurance (e.g., expiration, 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 judgment or 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 of more States including Florida.



(Signature of Authorized Representative of Insurer)

Barbara A Gonzalez

(Typed name)

Insurance Agent

(Title)

Authorized Representative of

Progressive Express Insurance Company

(Name of Insurer)

6300 Wilson Mills Rd Mayfield Village OH 44143

(Address of Representative)

Mail original completed form to: Department of Environmental Protection  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

RECEIVED  
Florida Department of Environmental  
Protection  
For assistance call: 850-245-8707

AUG 02 2019

Permitting & Compliance  
Assistance Program

STATE OF FLORIDA  
CERTIFICATE OF LIABILITY INSURANCE  
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1. Crum & Forster Specialty Insurance Company  
(Name of Insurer)  
(the "Insurer"), of 305 Madison Ave Morriston NJ 07962  
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Tg oil Services Inc  
(Name of Insured)  
(the "Insured"), of 7815 W 2<sup>nd</sup> St #7 Hialeah FL 33014  
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

EPA/DEP I.D. No.	Name	Physical Address
<u>FLR000222836</u>	<u>Tg oil Services Inc</u>	<u>7815 W 2<sup>nd</sup> St #7 Hialeah FL 33014</u>

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of  
\$ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number EPK125063, issued on 11/20/18.  
(date)

The effective date of said policy is 11/20/18 and the expiration date of said policy  
(date)  
is 11/20/19.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ \_\_\_\_\_ for each accident in excess of the underlying limit of  
\$ \_\_\_\_\_ for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number \_\_\_\_\_, issued on \_\_\_\_\_ (date). The effective date of  
said policy is \_\_\_\_\_ (date) and the expiration date of said policy is \_\_\_\_\_ (date).

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707  
2600 Blair Stone Road, Mail Station 4560  
Tallahassee, Florida 32399-2400

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 the 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 and any other termination of the insurance (e.g., expiration, 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 judgment or 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 of more States including Florida.

  
(Signature of Authorized Representative of Insurer)

Barbara A Gonzalez  
(Typed name)

Insurance Agent  
(Title)

Authorized Representative of

Orum & Forster Specialty Insurance Company  
(Name of Insurer)

305 Madison Ave Mornston NJ 07962  
(Address of Representative)



# Florida Department of Environmental Protection

## Used Oil

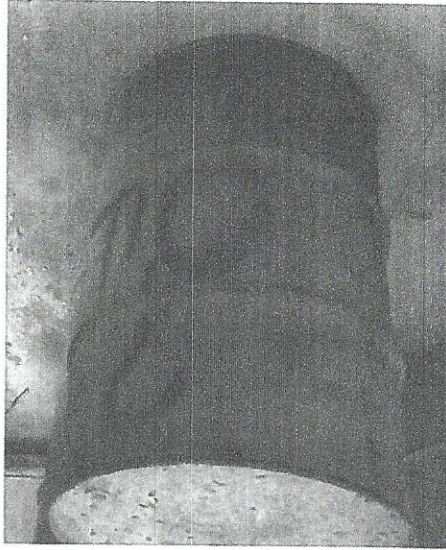
## Management Training

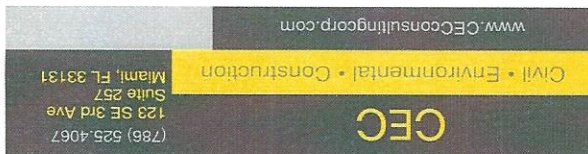
Elizabeth Knauss, SW District



## Agenda

- Program History
- Summary of Rules
- Used Oil Management
- Oil Screening
  - Rebuttable Presumption
- Permits, Registration & Certification
- Recordkeeping & Reporting
- Spill Response





Name	Signature	Date
Juan Carlos Toussaint		11/23/19
Martin Echeverria		11/23/19
Christian Flores		11/23/19
Patricia		11/23/19
Jorge Aguayo		11/23/19
Eric Valiente		11/23/19
Michael Moniz		11/23/19
Robert Casiro		11/23/19

# Spill Prevention, Control and Countermeasure (SPCC) Plan

**Facility Name:** TG Oil Services, INC  
**Address:** 7815 W 2<sup>nd</sup> CT, Suite #6 & #7  
Hialeah, FL. 33014

**Contact Name:** Erik Valiente  
**Phone:** 305-978-0322  
**Fax:** \_\_\_\_\_  
**Email:** Erik@tgoilsvrcies.com

**Certification:** I hereby certify that I have examined the facility, and, being familiar with the provisions of 40 CFR part 112, attest that this SPCC plan has been prepared, or updated within 5 years, in accordance with good engineering practices and meets the requirements listed in 40 CFR part 112.

**This plan has been certified by:**

Erik Valiente

**Date of certification:** 08/22/2019

**Copies of this plan are located at the facility and are available to all employees.**

**Location(s) of plan(s):** Warehouses and trucks used for transport



## I. FACILITY INFORMATION

- a. Facility Name: TG Oil Services
- b. Mailing Address: 7815 W 2<sup>nd</sup> Ct, Suit #7  
Hialeah, FL. 33014
- c. Physical address if different: \_\_\_\_\_  
\_\_\_\_\_
- d. Owner Name: Juan C. Touzan
- e. Owner Address: 4336 SW 179 Way  
Miramar, FL. 33029
- f. Primary Contact Name: Erik Valiente  
Work Phone Number: 954-974-0930  
Home Phone Number: \_\_\_\_\_  
Mobile Phone Number: 305-978-0322
- g. Secondary Contact Name: \_\_\_\_\_  
Work Phone Number: Emelina Perdomo  
Home Phone Number: \_\_\_\_\_  
Mobile Phone Number: 786-567-2388
- h. Date of Initial Operation: 03/20/2015

## II. SITE ASSESSMENT

a. Location:

Description of location:

This site is located along 2<sup>nd</sup> Ct and 79 Street less than ½ mile from Red Road and about 2 miles from Opa-Locka Airport  
\_\_\_\_\_  
\_\_\_\_\_

### III. FACILITY DESCRIPTION

a. Square foot of warehouse space: 2600 sq ft

**b. Facilities and Equipment:**

Place an X beside all that apply.

- |   |                                       |
|---|---------------------------------------|
| • Garage for vehicles                           | • New Hydraulic Oil Drums and Buckets |
| • Storage new oil                               | • Small amount of cleaning supplies   |
| • Spill kit/emergency equipment                 |                                       |
| • Fork Lift                                     |                                       |
| • Temporary storage for used oil and oily water |                                       |

**c. Services:**

- |                                  |                                 |
|----------------------------------|---------------------------------|
| • Elevator pit cleaning          | • Sell of new hydraulic oil     |
| • Collection of used oil         | • Sell of absorbent pads        |
| • Collection of oily water       | • Sell of oil dry products      |
| • Collection of waste water      | • Sell of new empty metal drums |
| • Collection of used oil filters |                                 |
| • Elevator Pit Waterproofing     |                                 |

**d. Non-Fixed Storage:**

List capacity and contents of each storage container. Be sure to indicate what each container is used for, its condition and construction and how secondary containment is provided.

Approximately 5-12 (55) gallon drums of new hydraulic oil	_____
Approximately 15-45 (5) gallon buckets of new hydraulic oil	_____
Approximately 3-10 (55) gallon drums of used hydraulic oil	_____
Approximately 3-10 (55) gallon drums of oily water	_____
Approximately 1-3 (55) gallon drums of oily sludge	_____
One (55) gallon drum of oily rags	_____
Approximately 6-8 empty metal drums	_____
Approximately 3-8 buckets of aqua-fin	_____
Approximately 1-3 buckets of injection machine washer liquid	_____
Approximately 4-8 bags of hydraulic cement	_____
Approximately 4-6 boxes of flaxes	_____
Approximately 5-8 paints cans	_____
_____	_____
_____	_____

**e. Total quantity of stored materials:**

The combined quantity of the materials listed above: 735 to 2,205 gallons

## IV. OIL SPILL HISTORY

Place an X on the appropriate line and proceed accordingly.

  X   There has never been a significant spill in our facility.

       There have been one or more significant spills in our facility. Details of such spill(s) are described below.

For each spill that occurred, supply the following information:

- Type and amount of oil spilled
- Location, date and time of spill(s)
- Watercourse affected
- Description of physical damage
- Cost of damage
- Cost of clean-up
- Cause of spill
- Action taken to prevent recurrence

## V. POTENTIAL SPILL VOLUMES AND RATES

Fill in all applicable blanks. Be prepared to show the engineer documentation of flow rates. Your fuel vendor and the manufacturer of your storage and dispensing equipment should be able to provide this documentation.

<u>Potential Event</u>	<u>Volume Released</u>	<u>Spill Rate</u>
Complete failure of a full tank*	<u>2400</u> gallons	instantaneous
Partial failure of a full tank*	1 to <u>2400</u> gallons	gradual to instantaneous
Tank overflow**	1 to <u>100</u> gallons	up to <u>10</u> gallons per minute
Leaking during unloading***	up to <u>10</u> gallons	up to <u>1</u> gallons per minute
Leaking holes****	several ounces to gallons	up to <u>1</u> gallons per minute
Suction operations****	several ounces to gallons	up to <u>1</u> gallons per minute
Oil and Oily Water	several ounces to quarts	spotting

\* Volume of largest tank

\*\* Calculate using the rate at which fuel is dispensed from the delivery truck into your tank(s).

\*\*\* Calculate using the rate at which petroleum would be withdrawn from the tank if it should have to be emptied (e.g., if it was being taken out of service).

\*\*\*\* Calculate based on the specifications of your equipment.



## VI. SPILL PREVENTION AND CONTROL

### a. Spill Prevention:

Provide specific descriptions of containment facilities and practices. Include description of items such as double-walled tanks, containment berms, emergency shut-offs, drip pans, fueling procedures and spill response kits. Also, describe how and when employees are trained in proper handling procedures and spill prevention and response procedures.

- Maintain spill kits in every truck, usage of buckets to collect any spill from connecting and disconnecting hoses while loading or unloading trucks.
- In case of any spill while performing a job, employees are required to response quickly by cleaning any spill without leaving any oil residue. In addition, they are required to report management with before and after pictures.
- Daily pre-trip on collection trucks to make sure truck's tanks are not crack, and there is not any spill.
- While performing jobs employees must be inspecting holes at all times making sure there is not any spill.
- Making sure all holes in every truck remain completely empty with no residue of oil or oily water.
- The usage of secondary containment pallets in warehouse to store drums of used oil, oily water, oily sludge, oily racks, used empty drums, used empty oil buckets, and drums of new oil.
- Making sure the facilities' floors remain clean with no oil residue.
- In case of any spill in our facility, employees are required to response quickly by cleaning any spill without leaving any oil residue. In addition, they are required to report management with before and after pictures

### b. Spill discharge and flow:

For each potential spill source, describe where oil would flow in the event of a spill.

The usage of secondary containment pallets in warehouse will contain any spill of used oil, oily water, or oily sludge. Making sure they are not overstock and capable of holding 110 percent of the total volume that is placed on top of them. Also, making sure the oil absorbent pads are available within reach. Regular inspections on secondary containments to clean any amount of spill oil.

---



**c. Spill response:**

Identify what equipment would be deployed by whom and in what situation. Also, include phone numbers for response agencies.

In case of a spill, we quickly response by first creating a barrier around the spill with absorbent socks. Second, we will use suction holes or vacuum to collect contaminating water or oil. Finally, we will use absorbent pads and oil dry to clean off remaining residue from the floor, making sure it is completely clean. Employees are required to notify our facility management (954)-874-0930 and its customer of a spill. Also, they are required to provide before and after pictures.

---

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**d. Security**

Provide a description of how all containers are protected when the facility is not in operation or unattended.

Our facility is protected by 24/7 surveillance camera system, notifying on management cell phones on movements. Also, we locked every door and windows.

---

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## **VII. FACILITY INSPECTIONS**

**a. Routine Inspections**

Name facilities and the frequency with which they are inspected.

Daily inspections of all trucks, including suction holes, holing tanks, done by drivers, overseen by supervisor, Erik Valiente.

Weekly inspections on secondary containments and drums, by supervisor, Erik Valiente.

Person in charge of maintain records, employee training, updating records and plan as necessary is facility's supervisor, Erik Valiente.

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**b. Annual Inspections**

Include a description of annual comprehensive inspections.

Annual comprehensive inspection is conducted by facility's supervisor, Erik Valiente, to verify every safety measurements and procedures are up today according to our business growing necessities. This annual inspection will be conducted above and beyond the routine inspections done focusing on designated equipment and areas where potential sources are located.

---

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## VIII. RECORD KEEPING

Describe record keeping procedures.

Record keeping procedures consist of maintaining all records a minimum of three years. Which consist of: employee' training records, safety equipment purchases, inspections, maintenance inspections, and current SPCC plan.

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## IX. MAINTENANCE INSPECTIONS

Maintenance Coordinator: Erik Valiente. Maintenance Coordinator responsibilities include implementation of preventative maintenance programs and oversight of on-site inspections.

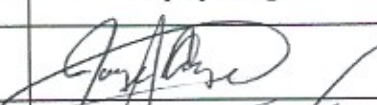




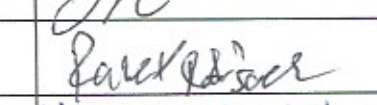
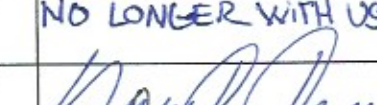

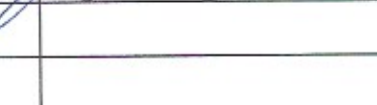

Use this table to record inspections:

Facility Inspected	Date of Inspection	Name of Inspector	Result Pass/Fail	Comments
Oil storage facility	08/22/19	Erik Valiente	Pass	No evidence of leakage

## X. EMPLOYEE TRAINING

Employee Training Coordinator: Erik Valiente

Use this table to record spill prevention and response training.

Name of Employee	Date of Training	Employee Sign	Type of Training/Topics Addressed
Jorge Aguayo	08/23/2019		Spill response actions
Alain Aguilar	08/23/2019		Spill response actions
Irving Alvarez	08/23/2019		Spill response actions
Marlon Echemendia	08/23/2019		Spill response actions
Christopher Gochin-Ruiz	08/23/2019		Spill response actions
David Reyes	08/23/2019		Spill response actions
Jose Reyes	08/23/2019		Spill response actions
Randy Rodriguez	08/23/2019		Spill response actions
<del>Jonathan Rojas</del>	08/23/2019	NO LONGER WITH US	Spill response actions
Juan Touzan	08/23/2019		Spill response actions
Michael Muniz	08/23/2019		Spill response actions



## XI. RECORD KEEPING OF INCIDENTAL SPILLS

Record Keeper: Erik Valiente. Record Keeper responsibilities include maintaining records of incidents, updating the SPCC plan as necessary and ensuring reports are submitted to the proper authorities when necessary.

Incident No.	Type of Incident	Date of Occurrence	How it was Cleaned Up

## XIII. FACILITY MANAGEMENT APPROVAL

I certify that I have personally examined and am familiar with the information submitted in this document and that, based on my inquiry of those individuals responsible for obtaining this information, the information submitted is true, accurate and complete.

Erik Valiente  
Signature

Erik Valiente  
Printed name

Safety Director  
Title

8/22/19  
Date



## Appendix C: SPCC Cross Reference

<u>40 CFR Provision</u>	<u>Description</u>	<u>SPCC Plan Page</u>
112.3 (d)	Professional Engineer Certification	1
112.3 (e)	Location of SPCC Plan	1
112.5	5-Year Plan Review	1
112.7	Management/EPA Approval	1
112.7 (a) (3)	I. Facility Information	2
112.7 (a) (3)	III. Facility Description	3
112.7 (a) (4)	II. a. Site Assessment	2
112.7 (a) (5)	Location of Plan	1
112.7 (b)	V. Potential Spill Volumes and Rates	5
112.7 (b)	VI. b. Description of where a spill would go	6
112.7 (c)	VI. a. Spill Prevention	5
112.7 (d)	N/A	
112.7 (e)	VII. Facility Inspections	6
112.7 (e)	VIII. Record Keeping	7
112.7 (e)	IX. Maintenance Inspections	8
112.7 (f)	VI. a. Spill Prevention	5
112.7 (f)	X. Employee Training	9
112.7 (g)	VI. d. Security	4
112.7 (h)	N/A	
112.8 (b)	N/A	
112.8 (c) (1)	III. a. b. Fixed Storage – Non-Fixed Storage	3/4
112.8 (c) (2)	III. a. b. Fixed Storage – Non-Fixed Storage	3/4
112.8 (c) (3)	N/A	
112.8 (c) (4)	III. a. Fixed Storage	3
112.8 (c) (5)	III. a. Fixed Storage	3
112.8 (c) (6)	VII. Facility Inspections; VIII. Record Keeping	7
112.8 (c) (7)	N/A	
112.8 (c) (8)	VI. a. Spill Prevention	5
112.8 (c) (9)	N/A	
112.8 (c) (10)	VI. c. Spill Response	6
112.8 (c) (11)	IV. c. Non-Fixed Storage	4
112.8 (d)	VII. A. Routine Inspections	7

This is to certify that the following individuals completed the Used Oil Management Training required by the Florida Department of Environmental Protection:

Juan Carlos Touzan

Marlon Echemedia

Christian Flores

David Reyes

Jorge Aguayo

Erik Valiente

Michael Muñiz

Robert Castro

TG Oil Services Inc., has satisfied the FDEP requirement to properly train staff. Staff was provided the training on 11/23/2019. If there are any questions regarding the training, please contact Gabriel Garcia (786) 563-3623

CEC