

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse that we can return the card to you.

Attach this card to the back of the mailpiece, on the front if space permits.

Article Addressed to:

DEPARTMENT OF WASTE MANAGEMENT
 4560 STATION 4560
 DEPARTMENT OF ENVIRONMENTAL
 PROTECTION
 600 BLAIR DRIVE ROAD



9590 9402 4621 8323 3298 94

2. Article Number (Transfer from service label)

TALLAHASSEE, FL 32399-2400

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

DEP
 MAIL CENTER
 TONY HERRIN

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery

☐ Priority Mail Express®

☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise

7020 2450 0002 1300 0987

☐ Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

8700-12FL -FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY
Annual Report by Used Oil and Used Oil Filter Handlers

FORMS FOR YEAR 2019

Pantropic Power, Inc.

CHECK NUMBER	CHECK DATE	VENDOR NUMBER
162451	4/23/2021	9002277

1/1

[illegible]

DETACH BEFORE DEPOSITING

PAID TOTAL

DISCOUNT TOTAL

NET TOTAL



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

Date Received
(for FDEP Official Use Only)

EPA ID:

F L D 9 8 2 0 9 1 7 8 7

Please use the instructions document to complete this form
* mandatory fields

1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)

Mark 'X' in
the correct box*:

☐ To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).

(must choose one
if a notification)

☒ To provide updated information for an EPA ID number (to update status and facility identification information).

☐ To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)

☐ To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.

☐ Submitting new or revised notification for Part A for permitted facilities.

FL Registration(s)

☐ UW Mercury (see page 4)

☒ HW Transporter (see page 5)

☒ Used Oil (see page 6)

2. Facility or Business Name*:

Pantropic Power Inc

3. Facility Physical Location Information: (No P.O. Boxes)

Physical Street Address*:

8205 NW 58th St

☐ Vessel

City or Town:

MIAMI

State:

FL

Zip Code:

33166

County*:

MIAMI-DADE

Country (if not USA)*:

4. Facility or Business Mailing Address:

☒ Same address as # 3 above or*:

City or Town*:

State*:

Zip/Postal Code*:

Country (if not USA):

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

A. | 4 | 2 | 3 | 8 | 3 | 0 | (required)

B. | | | | | | |

C. | | | | | | |

D. | | | | | | |

6. Facility or Business RCRA Contact Person: ☒ Same address as # 3 above or:

First Name*:

Ronny

Last Name*:

Alvarado

Title*:

Safety/Environmental Coordinator

Phone Number*:

(305) 909-3259

Extension*:

Fax*:

E-Mail*:

Ronny_Alvarado@pantropic.com

Street or P.O. Box (or same address box is checked)*:

City or Town*:

State*:

Zip Code*:

Country (if not USA):

RCRA Hazardous Waste Status Notification or Out of Business Notification		EPA ID No.* FLD982091787	
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)			
Name of Owner*: <div style="text-align: center;">Kelly Tractor Co.</div>		Date became Owner*: <u>12</u> / <u>31</u> / <u>1977</u> <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)*: <u>8255 NW 58th ST</u>		Phone Number*: <u>(305) 592-5360</u>	
City or Town*: <u>MIAMI</u>	State*: <u>FL</u>	Zip Code*: <u>33166</u>	Country (if not USA):
E-Mail*: <u>Roy_Subia@kellytractor.com</u>			
Owner Type*: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments: email is for Safety & Environmental Coordinator of Kelly Tractor Co.			
8. Facility Operator (List additional Operators in the comments section). Same address as # <u>3</u> above or:			
Name of Operator*: <div style="text-align: center;">Pantropic Power Inc</div>		Date became Operator*: <u>12</u> / <u>19</u> / <u>86</u> <input type="checkbox"/> New Operator mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*: <u>(305) 592 4944</u>	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*: <u>Ronny_Alvarado@Pantropic.com</u>			
Operator Type*: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):			
(1) Generator of Hazardous Waste			
<input type="checkbox"/> Yes <input type="checkbox"/> No (This does not include Universal Waste or Used Oil)			
If YES, Choose only one of the following three categories.			
<input type="checkbox"/> a. Large Quantity Generator (LQG):			
<ul style="list-style-type: none"> - Generates in any calendar month (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material. 			
<input checked="" type="checkbox"/> b. Small Quantity Generator (SQG):			
<ul style="list-style-type: none"> - 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 and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material. 			
<input type="checkbox"/> c. Very Small Quantity Generator (VSQG):			
<ul style="list-style-type: none"> - Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste. 			
In addition, indicate other generator activities that apply.			
<input type="checkbox"/> d. Short-Term Generator (one-time, not on-going)			
<input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator			
<input type="checkbox"/> f. United States Importer of hazardous waste			
<input type="checkbox"/> g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required)			
<input type="checkbox"/> h. Episodic: Not lasting more than 60 days: <input type="checkbox"/> SQG <input type="checkbox"/> LQG (Addendum B Required)			
<input type="checkbox"/> i. Electronic Manifest Broker, as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.			

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

For Items 3 through 9, mark 'X' in all that apply.

- (2)
- Treater, Storer, or Disposer of Hazardous Waste**
- (at your facility—Choose Only One) 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-CommercialSpecify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.

Note: A permit maybe 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 Very Small Quantity 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**

- (8)
- ☐
- Recognized Trader**
- Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

- (9)
- ☐
- Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G**
- Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

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 must list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1	2	3	4	5	6	7
D001	F003	F005				
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, items 9 and 10 should be left blank and items 12-16 skipped):**(A) Central Accumulation Area (CAA) or Facility Closed:**

- ☐ Central Accumulation Area (CAA)
- ☐ Facility Closed (Complete this section only if all business activities at this facility have ceased.)

(B) Closure Dates:

- ☐ (1) Expected closure date _____ (date in mm/dd/yyyy)
- ☐ (2) Requesting new closure date _____ (date in mm/dd/yyyy)
- ☐ (3) Date of closure: _____ (date in mm/dd/yyyy)
- ☐ a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)
- ☐ b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)

(C) Property Tax Default ☐**(D) Petition for Bankruptcy Protection** ☐

Hazardous Waste Transporter and Academic Laboratories

EPA ID No.*

FLD982091787

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 as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.

Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.

A. HW Transporter Registration Information (must be completed annually and when this information changes)

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: (as listed in Item 3) Storage Volume Between 750-1000 Gallons

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:

F	L	D	9	8	2	0	9	1	7	8	7
---	---	---	---	---	---	---	---	---	---	---	---

Please see 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

C. 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 facility 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 facility'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. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)

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. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.

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. UO Collection Centers must check 16.(2) of this form (not as a registration).

(1) Used Oil Transporter - mark 'X' in all that apply: (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) ☐ Used Oil Re-refiner (A permit is required.)

(5) ☐ Off-Specification Used Oil Burner
☐ Utility Boiler ☐ Industrial Boiler ☐ Industrial Furnace

(6) Used Oil Fuel Marketer ☒ On-Spec ☐ Off-Spec

(7) Used Oil Filter Management (must annually register)

☒ a. Transporter

☒ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User (see instructions for definition)

(8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

☐ Our mailing (business) address (as listed in Item 4)

☒ The site (facility) address (as listed in Item 3)

(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

- ALL registered UO transporters 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 19 (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.

17. Notification of Hazardous Secondary Material (HSM) Activity

(1) ☐ Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required)

(2) ☐ Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate. (Addendum C Required)

Required signature page	EPA ID No.* FLD982091787	
18. Comments (attach a page if more space is needed):		
19. 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 known violations.		
<input checked="" type="checkbox"/> 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:	Date Signed (mm-dd-yyyy):	
	04-19-2021	
Print Name (First, Middle Initial, Last):	Title:	
Ronny	Safety & Environmental Coordinator	
Organization:	Used Oil <input checked="" type="checkbox"/>	
Pantropic Power Inc		
Email:		
Ronny_Alvarado@pantropic.com		
Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-yyyy):	
Ronny Alvarado	04-19-2021	
Print Name (First, Middle Initial, Last):	Title:	
Ronny N ALVARADO	SAFETY & ENVIRONMENTAL COORDINATOR	
Organization:	Used Oil <input type="checkbox"/>	
PANTROPIC POWER INC		
Email:		
If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:		
(Name of person completing this form)	(Phone Number)	(E-mail Address)

Addendum A: LQG Consolidation of VSQG Hazardous Waste		EPA ID No.* FLD982091787
Only fill out this form if: <ul style="list-style-type: none"> You are the LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed. 		
VSQG 1 <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete		
A. EPA ID Number (if assigned)		B. Facility Name
C. Facility Street Address		
D. City	E. State	F. Zip Code
G. Contact Phone Number		H. Contact Name
I. Contact Email		
VSQG 2 <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete		
A. EPA ID Number (if assigned)		B. Facility Name
C. Facility Street Address		
D. City	E. State	F. Zip Code
G. Contact Phone Number		H. Contact Name
I. Contact Email		
VSQG 3 <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete		
A. EPA ID Number (if assigned)		B. Facility Name
C. Facility Street Address		
D. City	E. State	F. Zip Code
G. Contact Phone Number		H. Contact Name
I. Contact Email		

Addendum B: Episodic Generator				EPA ID No.* FLD982091787	
Only fill out this form if: <ul style="list-style-type: none"> You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category. Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if needed. 					
Episodic Event					
A. Planned			B. Unplanned		
<input type="checkbox"/> Excess chemical inventory removal <input type="checkbox"/> Tank Cleanouts <input type="checkbox"/> Short-term construction or demolition <input type="checkbox"/> Equipment maintenance during plant shutdowns <input type="checkbox"/> Other _____			<input type="checkbox"/> Accidental spills <input type="checkbox"/> Production process upsets <input type="checkbox"/> Product recalls <input type="checkbox"/> "Acts of nature" (Tornado, Hurricane, Flood, etc.) <input type="checkbox"/> Other _____		
C. Emergency Contact Phone			D. Emergency Contact Name		
E. Beginning Date _____ (mm/dd/yyyy)			F. End Date _____ (mm/dd/yyyy)		
Waste 1					
G. Waste Description				H. Estimated Quantity (in pounds)	
I. Federal Hazardous Waste Codes					
Waste 2					
G. Waste Description				H. Estimated Quantity (in pounds)	
I. Federal Hazardous Waste Codes					
Waste 3					
G. Waste Description				H. Estimated Quantity (in pounds)	
I. Federal Hazardous Waste Codes					



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, 2019 through December 31, 2019

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: Pantropic Power 2. Telephone No. 305-477-3329
Site Address: 8205 NW 58th St., Miami, Fl. 33166
3. EPA ID No. FLD982091787

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

4. Name of person preparing report (please print) Ronny Alvarado
Title: Safety/Environmental Coordinator Phone number (if different from #2, above) 305 909-3259

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☐ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer ☐ Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☐ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

	Automotive	Industrial	Mixed	Total
a. In Florida		11,750		11,750
b. From out of State				
c. Beginning Inventory				
d. Total (sum of totals from Lines a + b + c)				11,750

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....
O - Marketed as an on-specification used oil fuel.....
F - Marketed as an off-specification used oil fuel.....
I - Marketed for an industrial process.....
B - Burned as an off-specification used oil fuel.....
D- Disposed of: Landfilled.....
Treated at a wastewater treatment unit.....
Incinerated

In State	Out of State
11,750	
11,750	
0	

3. Total amount (in gallons) of Used Oil managed

4. End of year, on hand estimate (difference between Line 1d and Line 3).....

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	<input type="checkbox"/>
2. Number of used oil filters collected	14655	<input type="checkbox"/>
3. Total number of used oil filters to manage (Line 1 plus Line 2)	14655	<input type="checkbox"/>
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility	14655	<input type="checkbox"/>
b. Burned for energy recovery at a Waste-To-Energy facility	0	<input type="checkbox"/>
c. Transferred directly to a metal foundry for recycling	0	<input type="checkbox"/>
d. TOTAL	14655	<input type="checkbox"/>
5. End of year, on hand estimate (Line 3 minus Line 4d)	0	<input type="checkbox"/>
6. Gallons of used oil collected as a result of filter processing	0	<input type="checkbox"/>
7. Gallons of used oil transferred to a used oil handler (transporter or processor)	0	<input type="checkbox"/>
8. Volume of oily waste collected and managed as a result of filter processing <input type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....	0	<input type="checkbox"/>
9. Description of oily waste management <u>Picked up by Hazardous waste facility Cliff Berry Inc (CBI)</u>		

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, land filled after appropriate testing, etc.).

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

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

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

1. OLR Old Republic Insurance Company
(Name of Insurer)

(the "Insurer"), of 445 South Moorland Road, Suite 300, Brookfield, Wisconsin 53005
(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

Kelly Tractor Company
(Name of Insured)

(the "Insured"), of 8255 W 58th Steet Miami. Florida 33166
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</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 \$ 1,000,000.00 for each accident, exclusive of legal defense costs. The coverage is provided under policy number MWTB312258, issued on 03/01/2019.
(date)

The effective date of said policy is 03/01/2019 and the expiration date of said policy is 03/01/2020.
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ 10,000,000.00 for each accident in excess of the underlying limit of \$ 1,000,000.00 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ZUP-21P23195-19-NF, issued on 03/21/2019. The effective date of said policy is 03/21/2019 and the expiration date of said policy is 03/21/2020.
(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)

Gary Santarcangelo

(Typed name)

Agent

(Title)

Authorized Representative of

OLR Old Republic Insurance Company

(Name of Insurer)

201 Alhambra Cir, Suite 1401
Coral Gables, FL 33134

(Address of Representative)

CHECK NUMBER	CHECK DATE	VENDOR NUMBER
162451	4/23/2021	9002277

[illegible]

NET TOTAL





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14/USA/NCCC
LOT C8656

480V PA
CKTS#32

WASTE AEROSOL
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CAT[®]

Halogens and Waste Oil

When the waste oil hauler company (**CBI**) comes to pick up waste oil, it may run a test on the oil to check for contaminants. If the test results indicate “halogens” are present more than 1,000 parts per million, the company will not accept the waste oil unless we can prove it was not mixed with hazardous waste.

What are halogens?

Halogens are any compound containing chlorine, bromine, fluorine, and iodine. Typically, the Department of Environmental Protection (DEP) is concerned with the chlorine compounds.

Why be concerned about halogens?

Most waste oil today is recycled as fuel. During the combustion process, some of the chlorine compounds are chemically converted into hydrogen chloride. When combined with water, which also forms during the burning of fuels, hydrogen chloride becomes hydrochloric acid. Hydrochloric acid is a toxic compound that can corrode furnaces and threaten public health. Additionally, products created from the incomplete combustion of chlorine compounds, such as dioxins, pose significant health risks in the exhaust. Increasingly, the more volatile halogen compounds have been shown to damage the ozone layer.

How do halogens get into waste oil?

Some oil products contain halogens by design. For example, chlorinated paraffins, often used in cutting oils and in some lubricating applications for railroads, have thermal properties that make them useful in applications where unchlorinated oils could break down due to heat. Oils containing chlorinated paraffins are much less of a threat to human health and the environment than waste oil containing other halogen compounds.

What happens if the halogens are high in the waste oil?

If the total halogen level exceeds 1,000 ppm, the presumption is the waste oil is mixed with hazardous waste. If we are certain that the waste oil has not been mixed with hazardous waste, Pantropic Power can rebut the presumption by demonstrating that the high halogen levels are not due to mixing with hazardous waste. A reasonable defense includes the generator's knowledge of the source of the halogens. For example, Pantropic Power may be able to show that the halogen level in the chlorinated cutting oil is the same as in the waste cutting oil. More commonly, testing the oil for halogenated compounds provides a determination of the halogenated compound's origin.

SERVICE DEPARTMENTS

When transporting used oil, you must use drums assigned to the transportation of used oil only.

When transporting used coolant, you must use drums assigned to the transportation of coolant only.

If you believe a mistake was done and incompatible fluid was poured into an unassigned drum, please contact your department manager immediately and under no circumstance the fluid in that mixed drum can reach the hazardous waste storages located in the coolant cage, AST tank or oil pit in the spec shop.

Receipt for Order #17465

Details

Customer: ronny_alvarado@pantropic.com

Total: \$186.50

Paid: \$186.50 Fri 30th Apr 2021

Date: 2021-04-30

Shipping Address

Ronny Alvarado
Pantropic Power Inc
8205 NW 58TH ST
DORAL
Florida
33166-3406
United States
305-909-3259

Billing Address

Ronny Alvarado
Pantropic Power Inc
8205 NW 58TH ST
DORAL
Florida
33166-3406
United States
305-909-3259

Please Note: There could be a \$16.00 fee assessed for any address corrections made by our carrier in order to ensure proper delivery of the package. Please notify us as soon as possible if you believe a correction to the delivery address needs to be made to prevent such a fee. The original form of payment will be assessed the address correction fee

Item	Quantity	Unit Price	Total
Clor-D-Tect 1000 SKU: CD-DET	20	\$10.33	\$177.60
Shipping	FedEx Ground®		\$8.90
Discount	Clor-D-Tect Volume Discount 20-79 *NEW* (\$1.45 and 0% per item and \$0.00 base rate)		(\$29.00)
PAID			Item Sub Total: \$206.60
			Total Discount: (\$29.00)
			Item Total: \$177.60
			Total Shipping: \$8.90
			Total Price: \$186.50

Used Oil Transport Record

[illegible]

Used Oil Transport Record

[illegible]

Used Oil Transport Record

[illegible]



MILAM DAIRY
5600 NW 72ND AVE
MIAMI, FL 33166-9998
(800)275-8777

04/29/2021 10:16 AM

Product	Qty	Unit Price	Price
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First-Class Mail®	1		\$1.40
Large Envelope			

Tallahassee, FL 32399
Weight: 0 lb 2.60 oz
Estimated Delivery Date
Mon 05/03/2021

Certified Mail®			\$3.60
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Tracking #:
70202450000213091817

Return Receipt			\$2.85
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Tracking #:
9590 9402 3909 8060 9075 13

Total			\$7.85
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First-Class Mail®	1		\$1.60
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Large Envelope
Tallahassee, FL 32399
Weight: 0 lb 3.30 oz
Estimated Delivery Date
Mon 05/03/2021

Certified Mail®			\$3.60
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Tracking #:
70202450000213091800

Return Receipt			\$2.85
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Tracking #:
9590 9402 3909 8060 9075 20

Total			\$8.05
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Grand Total:			\$15.90
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Credit Card Remitted			\$15.90
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Card Name: AMEX
Account #: XXXXXXXXXXXX2012
Approval #: 874552
Transaction #: 551
AID: A000000025010801 Chip
AL: AMERICAN EXPRESS
PIN: Not Required

U.S. Postal Service™
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Tallahassee, FL 32399

Certified Mail Fee	\$3.60	\$2.85
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	

Postage \$1.60

Total Postage and Fees \$8.05

Sent To 2600 BLAIR STONE ROAD

Street and Apt. No., or PO Box No.

TALLAHASSEE, FLORIDA 32399-2400

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com

Tallahassee, FL 32399

Certified Mail Fee	\$3.60	\$2.85
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	

Postage \$1.40

Total Postage and Fees \$8.85

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PS Form 3800, April 2015 PSN 7530-02-000-9047

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