



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

11/05/2007

Thomas Burdeshaw, Branch Manager
Hydrocarbon Recovery Services Inc
105 S Alexander St
Plant City, FL 33563-4833

DEP/EPA ID: **FLD065680613**
LOCATION: **105 S Alexander St, Plant City.**

Based on information supplied by you, we have processed and accepted your request for the facility identified with the above DEP/EPA identification number to receive the following name change under RCRA:

Hydrocarbon Recovery Services Inc

The status of your facility is:

Treater/Storer/Disposer, Small Quantity Generator, Used Oil Handler

Please notify us in writing if there is any change in your operations which would affect your status. For further assistance, please call the Hazardous Waste Notification Coordinator at (850)245-8760 or (850)245-8772.

Sincerely,

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 28737
Email Address: Thomas.Burdeshaw@siemens.com
Previous Facility Name: Siemens Water Technologies Corp

SIEMENS

Water Technologies

LEGAL DEPARTMENT, 181 Thorn Hill Road, Warrendale, PA 15086

Peter Davis
Telephone 724-772-1358
Fax 724-772-1420
Email PeterJ.Davis@Siemens.com
Internet www.usfilter.com

1 October 2007

Florida Department of Environmental Protection
Waste Management Division – HWRS, MS4560
2600 Blair Stone Road
Tallahassee, FL 32399

RECEIVED

OCT 08 2007

RE: Separation of Hydrocarbon Recovery Services, Inc. from Siemens Water Technologies Corp.
Regulated Waste Activity

Dear Sir/Madam:

On August 31, 2006, you were notified that the legal entity U.S. Filter Recovery Services (Mid-Atlantic), Inc. was merged into its immediate parent company, Siemens Water Technologies Corp. As a result, U.S. Filter Recovery Services (Mid-Atlantic), Inc. ceased to exist, and Siemens Water Technologies Corp. succeeded by operation of law to all of the former U.S. Filter Recovery Services (Mid-Atlantic), Inc.'s assets and liabilities.

Effective October 1, 2007, Siemens Water Technologies Corp. is separating the assets of the aforementioned facilities into the legal entity Hydrocarbon Recovery Services, Inc., which is a direct, wholly-owned, subsidiary of Siemens Water Technologies Corp. No change of ownership is occurring and there will be no change in facility personnel or operations as a result of transferring these business assets into a wholly-owned subsidiary. This applies to the following facilities:

EPA ID # FL0000346304	Ft. Pierce
EPA ID # FLR000031393	Jacksonville
EPA ID # FLR000069088	Orlando
EPA ID # FLD065680613	Plant City
EPA ID # FLD984262410	Pompano Beach

As a result of this separation, Hydrocarbon Recovery Services, Inc. will succeed to, and become the new permittee under EPA ID #FL0000346304, #FLR000031393, #FLR000069088, #FLD065680613, and #FLD984262410 currently issued to Siemens Water Technologies Corp. I understand that the permit[s] will remain in effect and its

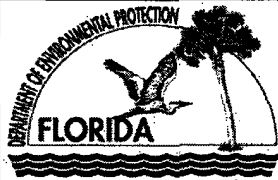
[their] status will not otherwise be affected by the separation. Please notify me at your earliest opportunity if this is not the case. Thank you for your attention to this request. Please feel free to contact me if you have any questions or require any further information regarding this matter.

Sincerely,
Siemens Water Technologies Corp.



Peter Davis
Senior Counsel

Enclosures: Regulated Waste Notification Forms



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY
 DEP Waste Management Division-HWRS, MS4560
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400
 (850) 245-8760

Date Received
 (for FDEP Official Use Only)

OCT 08 2007

EPA ID: FLD065680613 MTS RCRA Info

1. Reason for Submittal
 Check correct box:
 To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
 To provide **subsequent notification** (to update status and facility identification information).

2. Facility or Business Name
 Hydrocarbon Recovery Services

3. Facility Operator
 (List additional Operators in the comments section).
 Name of Operator: Hydrocarbon Recovery Services, Inc. New Operator
 Date became Operator: 10 / 1 / 2007
 mm dd yy
 Street or P.O. Box: 105 S. Alexander Street Phone Number: (813) 754-1504
 City or Town: Plant City State: FL Zip Code: 33566
 Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information
 Physical Street Address: 105 S. Alexander Street
 City or Town: Plant City State: FL Zip Code: 33566
 County: Hillsborough Land Type: Private Federal Municipal
 State Other
 Latitude: [][] [][] [][] [][] Longitude: [][] [][] [][] [][] Method:
 d d m m s s . ssss d d m m s s . ssss Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)
 A. 423930 B.
 C. D.

6. Facility Mailing Address
 Street Address or P.O. Box: 105 S. Alexander Street
 City or Town: Plant City State: FL Zip Code: 33566

7. Facility Contact Person
 First Name: Garry Last Name: Allen Title: Branch Mgr.
 Phone Number: (813) 754-1504 Extension: E-Mail:
 Street or P.O. Box: 105 S. Alexander Street
 City or Town: Plant City State: FL Zip Code: 33566

8. Real Property Owner of the Facility's Physical Location
 (List additional real property owners in the comments section.)
 Name of Real Property Owner: Hydrocarbon Recovery Services, Inc. New Owner
 Date became Owner: 10 / 1 / 2007
 mm dd yy
 Street or P.O. Box: 14950 Heathrow Forest Pkwy, Suite 111 Phone Number: (281) 227-9100
 City or Town: Houston State: TX Zip Code: 77032
 Owner Type: Private Federal Municipal State Other

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):

A. Hazardous Waste Activities:

For Items 2 through 7, check all that apply.

1. Generator of Hazardous Waste

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities (that apply).

- d. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

2. **Treater, Storer, or Disposer of Hazardous Waste** (at your facility) Note: A hazardous waste permit may be required for this activity.

3. **Recycler of Hazardous Waste** (at your facility)
Specify: Commercial; Non-Commercial.
Note: A hazardous waste permit may be required for this activity.

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** - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

6. **Underground Injection Control**

7. **Transporter of Hazardous Waste** Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. a. For own waste only; b. For Commercial Purposes

c. Hazardous Waste Transporter Insurance Information:

Insurance Company _____
Address _____

Contact: _____ Telephone: _____

Policy Number: _____ Expiration date: _____

d. Transportation Mode: Air; Rail; Highway; Water; Other - specify _____

e. **Hazardous Waste Transfer Facility:** Storage Volume _____

B. Universal Waste (UW) Activities:

1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

	Generate/ Accumulate	Transport
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>
f. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. **Maximum quantity of UW handled/transported at any time**
- a. 5,000 kg or more; Large Quantity Handler (LQH)
 - b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
 - c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. **Destination Facility for UW**

Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. **Transporter of UW**

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9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):**C. Used Oil Activities:**

1. **Used Oil Transporter - Indicate type(s) of activity(ies)**
- a. Transporter
- b. Transfer Facility
2. **Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)**
- a. Processor
- b. Re-refiner
3. **Off-Specification Used Oil Burner**
4. **Used Oil Fuel Marketer - Indicate type(s) of activity(ies)**
- a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner
- b. Marketer who first claims the used oil meets the specifications
5. **Used Oil Generator**

D. Other State Regulated Waste Activities:1. **Used Oil Filter Handler**2. **PCW Handler**

These activities may require additional submissions.

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., DOO1, DOO3, FOO7, U112). Hazardous waste transporters list codes **routinely** or **usually** transported. Use 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
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in the appropriate boxes):**A. Non-Handler of Regulated Waste at this facility**

1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
2. Waste generated by business has been delisted.
3. Other (explain) _____

B. Facility Closed

1. Closed at this location and **moved or moving** to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
2. Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
- Contact _____ Phone _____
- Address _____
- City, State, Zip _____

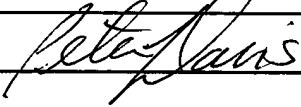
 C. Property Tax Default **D. Petition for Bankruptcy Protection****12. Comments:**

Owner and facility names have changed from Siemens Water Technologies Corporation to Hydrocarbon Recovery Services Incorporated. This is not an ownership change.

EPA ID No.

FLD065680613

13. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	Peter Davis, Senior Counsel, <i>Secretary</i>	09/28/2007

14. Additional Comments

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility: