



# 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

May 15, 2009

Gregory Reynolds  
Water Recovery Inc  
1819 Albert St  
Jacksonville, FL 32202- 1103

## BE IT KNOWN THAT

Water Recovery Inc  
1819B Albert St  
Jacksonville, FL 32202- 1103

## IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Processor, Marketer, Filter Transporter,  
Filter Transfer Facility, Filter Processor

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **FLR000069062** on May 15, 2009

**This registration will expire on 06/30/2010**

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.

**Richard C. Neves**  
**Environmental Specialist III**  
**Hazardous Waste Regulation Permitting**



Department of Environmental Protection  
Post Office Box 3070 Tallahassee, Florida 32399-2400

DEP Form #62-710.901(1)  
Form Title Application for Registration  
Used Oil & Oil Filter Handlers  
Effective Date June 9, 2005

## Application for Registration Used Oil and Oil Filter Handlers\*

MAR 26 2009

\*Handlers are any persons subject to the registration requirements of Rule 62-710.500 and 62-710.850, F.A.C. (see item 4b below)  
For registration period July 1, 2008 through June 30, 2009

Please print or type

1. Business Name Water Recovery Inc FEID No. 52-2183567  
DBA (Doing Business As) \_\_\_\_\_ Telephone No. (904) 475-9320  
Business Mailing Address: 1819 Albert St  
City: Jacksonville County: Duval State: FL Zip Code: 32202  
Site Address: SAME  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name of Contact Person (if different from owner/operator) Gregory Reynolds  
Telephone No. (904) 475-9320 email: GREYNOLDS

3. The records required under the provisions of Rule 62-710.510, F.A.C. are kept (check one):

☒ at our mailing (business) address ☐ at the site (facility) address

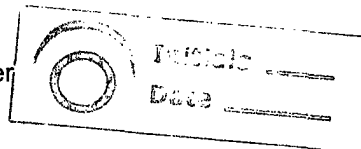
4. Include the registration fee of \$100.00, in the form of a check or money order payable to Florida Department of Environmental Protection. Permitted Used Oil Processing Facilities are exempt from this fee.

4a. Registration Status: \_\_\_\_\_ New ☒ Renewal EPA ID No. FLR 000069062

4b. Check boxes which apply to your used oil/used oil filter activity(ies).

Used Oil: ☒ Transporter ☒ Transfer Facility ☒ Collection Center/Aggregation Point ☒ Marketer ☒ Processor  
☐ Burner of off-spec used oil

Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☒ Processor ☐ End User



5. Certification

5a. General Certification to be signed by all Registrants:

To the best of my knowledge and belief I certify the information provided in this application is true, accurate and correct.

Gregory Reynolds G. Reynolds 3/23/09  
Name of Authorized Person (Print or Type) Signature of Authorized person Date

5b. Specific Certification to be signed by all Used Oil Transporters

(Except those exempted by Rule 62-710.600(1), F.A.C.)

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

Gregory Reynolds G. Reynolds 3/23/09  
Name of Authorized Person (Print or Type) Signature of Authorized person Date

## Instructions for Used Oil Registration Form

Use this form to comply with the requirements for registration of used oil and used oil filter transportation and processing operations found in Sections 620-710.500 and 62-710.850, Florida Administrative Code (F.A.C.).

### Who must register?

1. Each person who transports over public highways used oil in shipments greater than 55-gallons.
2. Each person who processes used oil for recycling.
3. Each person who markets used oil.
4. Each person who burns off-specification used oil fuel for energy recovery.
5. Each person who transports for hire used oil filters.
6. Each person who accepts shipments of segregated used oil filters from a non-registered person.
7. Used oil filter transporters and transfer facilities.
8. Used oil filter processors.

### Who must certify?

1. Any person transporting over public highways more than 500 gallons of used oil annually, except those exempted under 62-710.600(1), F.A.C.

### Definitions

1. "Used oil processing" means chemical or physical operations designed to produce from used oil, or to make used oil more amenable for production of, fuel oils, lubricants, or other oil-derived products. Processing includes: blending used oil with virgin petroleum products, blending used oils to meet the fuel specifications, filtration, simple distillation, chemical or physical separation.
2. "Used oil marketer" means any person who: a) directs a shipment of off-specification used oil from their facility to a used oil burner; or b) first claims that used oil that is to be burned for energy recovery meets the used oil fuel specifications set forth in Part 279.11 of the Chapter 40 of the Code of Federal Regulations (CFR).
3. "Used oil burner" means a facility where used oil not meeting the specifications in 40 CFR, Part 279.11 is burned for energy recovery in devices identified in 40 CFR Part 279.61(a).
4. "Used oil filter" means any device which is an integral part of an oil flow system, the primary purpose of which is to remove contaminants from the flowing oil contained within the system and, as a result of use, has become contaminated and unsuitable for its original purpose, is removed from service, and contains entrapped used oil.

### Section 1

**Business Name:** Give the business name under which you are applying for registration.

**DBA:** If you are doing used oil business at your facility location under a fictitious name other than the business name listed above, you are required to submit these fictitious names on your application in order for your registration number to apply to these operations.

**FEID:** Your federal employer identification number, or your social security number used for tax purposes.

### Section 4

Your EPA ID number (obtained by submitting EPA Form 8700-12 to this Department) will serve as your used oil activity identification number. If you are renewing, your registration number will remain the same from year to year. However, your registration number must be updated annually. Your registration will be valid from July 1 of the year of registration or the initial registration to June 30 of the following year. There is one registration fee of \$100.00 per site, regardless of the number of used oil activities your business is involved in at that site.

### Section 5

Each person who fills out this registration form must sign the General Certification clause (5a). Each person who transports over public highways more than 500 gallons of used oil annually, except those exempted under 62-710.600(1), F.A.C., must sign the Specific Certification (5b).

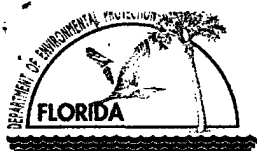
#### 62-710.600 Certification of Used Oil Transporters

(1) Any person who transports over public highways after January 1, 1990, more than 500 gallons of used oil annually, not including oily waste, shall be a certified used oil transporter, except:

(a) Local governments or private solid waste haulers under contract to a local government that transport used oil collected from households to a public used oil collection center; or

(b) Any used oil transporter that transports its own used oil, which is generated at its own noncontiguous facilities to its own central collection facility for storage, processing, or energy recovery. However, such used oil transporters shall provide proof of financial responsibility required in paragraph (2)(e) of this section.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4555, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400,  
Phone (850) 245-8754, email: [sebrene.bolton@dep.state.fl.us](mailto:sebrene.bolton@dep.state.fl.us), OR  
Phone (850) 245-8755, email: [richard.neves@dep.state.fl.us](mailto:richard.neves@dep.state.fl.us)



# Department of Environmental Protection

FDEP, MS 4555, 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 June 9, 2005

## 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 reporting period January 1, 2008 through December 31, 2008

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: Water Recovery Inc 2. Telephone No. 904 475-9320  
Site Address: 1819 Albert Street  
Jacksonville FL 32202 3. EPA ID No. FLR 000069062  
☐ Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) Gregory Reynolds  
Title Vice President & Gen Mgr Phone number (if different from #2, above) ( )

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

- a. In Florida.....  
b. From out of state.....

Automotive	Industrial	Mixed	Total
	1,001,582		1,001,582
	333,860		333,860
			90000 est
			1425,443

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

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.....

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

In State	Out of State
0	1,040,359
260,088	
	125,000 est

**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.....
2. Number of used oil filters collected.....
3. Total number of used oil filters to manage (1 plus 2).....
4. Disposition of used oil filters collected:
  - a. Transferred to another registered facility.....
  - b. Burned for energy recovery at a Waste-To-Energy facility.....
  - c. Transferred directly to a metal foundry for recycling.....
  - d. TOTAL.....
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....
6. Gallons of used oil collected as a result of filter processing.....
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....
8. Volume of oily waste collected and managed as a result of filter processing.....
9. Description of oily waste management.....

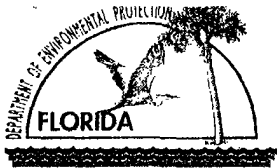

**DIRECTIONS FOR SECTION C**

Conversion Table

One <b>55</b> -gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One <b>55</b> gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One <b>ton</b> of drained used oil filters = approximately <b>2,350</b> 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 Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: [sebrina.bolton@dep.state.fl.us](mailto:sebrina.bolton@dep.state.fl.us), OR Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us)



Department of Environmental Protection  
FDEP MS 4555 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(4)  
Form Title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Steadfast Insurance Company, (the Insurer), 1400 American Lane, Schaumburg, IL  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Water Recovery, Inc. (the Insured),  
(Name of the Insured)

P.O. Box 330569, Atlantic Beach, FL 32233 whose EPA Identification number is FIR000069092  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida Administrative Code Rule 62-710.600(2)(d). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or retention of \$ 250,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number PLC 9033254-00, issued on April 5, 2007.  
(Date)

The expiration date of said policy is 01/18/2010 or the annual renewal date is 01/18/2010.  
(Date) (Date)

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 this 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 or by any other termination of the insurance (e.g. expiration or 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 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 line insurer in one or more States, including Florida.

Jeff Wyatt  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Jeff Wyatt  
(Type Name)

Steadfast Insurance Company  
(Name of Insurer)

Regional Vice President  
(Title)

1400 American Lane, Schaumburg, IL  
(Address of Representative)

**Chapter 62-710.600(2)(e), Florida Administrative Code  
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4555, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: [usedoil@dep.state.fl.us](mailto:usedoil@dep.state.fl.us), OR Phone (850) 245-8755, email: [usedoil@dep.state.fl.us](mailto:usedoil@dep.state.fl.us)



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8772

Initials \_\_\_\_\_

Date Received \_\_\_\_\_

(for EDEP Official Use Only)

EPA ID **F L R 0 0 0 0 6 9 0 6 2**

MTS

RCRAInfo

## 1. Reason for Submittal

Mark 'X' in 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).
- ☐ Is this the **final notification** (see instructions) for the facility?

## 2. Facility or Business Name

Water Recovery, Inc

FEID No.

**5 2 2 1 8 3 5 6 7**

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

Name of Operator:

Gregory Reynolds

☐ New Operator

Date became Operator: **03 / 01 / 07**  
mm dd yy

Street or P.O. Box:

1819 Albert Street

Phone Number:

904-475-9320

City or Town:

Jacksonville

State:

FL

Zip Code:

32202

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

## 4. Facility Physical Location Information

Physical Street Address:

1819 Albert Street

City or Town:

Jacksonville

State:

FL

Zip Code:

32202

County:

Duval

If available, please attach a map or sketch of the facility boundaries.

Latitude: **3 0 2 0 1 1 . 8** Longitude: **8 1 2 5 . 9 1** 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. **562219**

B.

C.

D.

## 6. Facility or Business Mailing Address

Street Address or P.O. Box:

1819 Albert Street

City or Town:

Jacksonville

State:

FL

Zip Code:

32202

## 7. Facility or Business Contact Person

First Name:

Gregory

Last Name:

Reynolds

Title:

Vice President

Phone Number:

904-475-9320

Extension:

E-Mail:

GReynolds@wrijax.com

Street or P.O. Box:

1819 Albert Street

City or Town:

Jacksonville

State:

FL

Zip Code:

32202

## 8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:

WRI-DLAC

☐ New Owner

Date became Owner: **07 / 27 / 99**  
mm dd yy

Street or P.O. Box:

PO Box 330358

Phone Number:

904-475-9320

City or Town:

Atlantic Beach

State:

FL

Zip Code:

32233

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other



**9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):****A. Hazardous Waste Activities:**

For Items 2 through 7, mark 'X' in 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 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.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

**(3) ☐ Recycler of Hazardous Waste (at your facility)**Specify: ☐ Commercial; ☐ Non-Commercial.

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) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(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 \_\_\_\_\_****☐ Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [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.]
- ☐ Notification of changes in above items
- ☐ Annual update notification

**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):**

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**(3) Mercury Recovery and/or Reclamation Facility** ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]  
[Chapter 62-737, F.A.C.]

**(4) Reverse Distributor of UW** ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

**(5) Destination Facility for UW** ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**C. Used Oil Activities:****(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☒ a. Transporter
- ☒ b. Transfer Facility

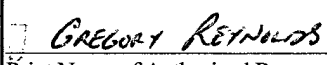
**(2) ☒ Collection Center****(3) ☒ Used Oil Processor** (A permit is required for this activity.)**(4) ☐ Off-Specification Used Oil Burner****(5) ☒ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☒ c. Processor
- ☐ d. End User

**(8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

  
Signature of Authorized Person

  
Print Name of Authorized Person

**(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.**

☒ A check is enclosed.

**(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):**

- ☒ Our mailing (business) address
- ☒ The site (facility) address

EPA ID No.

FLR000069062

**D. Other State Regulated Waste Activities:**☒ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

**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, 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 all that apply):****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 Form 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. 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. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	Gregory Reynolds, Vice President	03-12-2009

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

Gregory Reynolds                      904-475-9320                      GReynolds@wrijax.com

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

**13. Comments:**

**Sullivan, Theresa A.**

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**From:** Greg Reynolds [greynolds@wrijax.com]  
**Sent:** Friday, May 15, 2009 10:25 AM  
**To:** Sullivan, Theresa A.  
**Subject:** Halogens Test Method for Used Oil

Theresa,

Per our conversation, Water Recovery uses 2 wet test methods from Dexsil to test for halogens in used oil.  
The Hydroclor-Q, and or Chlor-D-Tect, test kits are used.

Regards,

Gregory Reynolds  
V.P. and General Manager  
Water Recovery, Inc.  
Office 904-475-9320  
Mobile 904-614-0145  
Fax 904-475-9449  
[greynolds@wrijax.com](mailto:greynolds@wrijax.com)