



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

April 09, 2010

W Miller
Aqua Clean Environmental Company Inc
3210 Whitten Rd
Lakeland, FL 33811- 1086

BE IT KNOWN THAT

Aqua Clean Environmental Company Inc
3210 Whitten Rd
Lakeland, FL 33811- 1086

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)
The Department of Environmental Protection hereby issues
Registration Number **FLR000034033** on April 09, 2010
Insurance Carrier: **NATIONAL UNION FIRE**

This registration will expire on 06/30/2011

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.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Permitting

AQUA CLEAN ENVIRONMENTAL COMPANY INC

ID: 9757 EPA: FLR000034033 City: Lakeland County: Polk

[« Back to main page](#)

8700-12 Submitted As: HWG RUOH

Logged in as [Collins_S](#) [\[Logout\]](#)UOP : aquaclean@tampabay.rr.com HWR : aquaclean@tampabay.rr.com

Program Area	Process	Date	Author
HWG			
HWG	Logged	3/12/2010 11:29:46 AM	Sullivan_TA
HWG	Waiting for information	3/25/2010 9:35:03 AM	Sullivan_TA
HWG	Completeness Review	4/9/2010 2:48:53 PM	Sullivan_TA
HWG	Data processing	4/9/2010 2:49:00 PM	Sullivan_TA
RUOH			
RUOH	Completeness Review	4/9/2010 3:39:34 PM	Sullivan_TA
RUOH	Data processing	4/9/2010 3:39:39 PM	Sullivan_TA
RUOH	Final reviewed	4/9/2010 4:13:47 PM	Graves_A
RUOH	Notification Letter Emailed	4/9/2010 4:15:12 PM	Graves_A

RUOH ☐ Booked into Oculus

4/12/2010 8:46:07 AM or

[Add new process](#)

Date	Comment	Program Area	Author
HWG			
4/9/2010 2:48:51 PM	This facility is a Non-handler of hazardous Waste	HWG	Sullivan_TA
RUOH			
3/25/2010 9:34:50 AM	Waiting on the training manual to be approved.	RUOH	Sullivan_TA
4/1/2010 12:26:19 PM	The Training Manual is approved with the added information sent by email The Annual Report is approved	RUOH	Graves_A
4/9/2010 4:13:46 PM	Annual Report OK	RUOH	Graves_A
4/12/2010 8:46:06 AM	Annual Report Complete	RUOH	Collins_S

Add new
commentRUOH ☐[Add comment](#)



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

MAR 08 2009

EPA ID F L R 0 0 0 0 3 4 0 3 3

1. Reason for Submittal

Mark 'X' in
correct box:



Initials _____

Date _____

- ☐ 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

Aqua Clean Environmental Co., Inc.

FEID No.

5 4 1 8 0 3 4 8 3

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

Name of Operator:

Aqua Clean Environmental Co., Inc.

☐ New Operator

Date became Operator: ____/____/1997
mm dd yy

Street or P.O. Box:

3210 Whitten Road

Phone Number:

863-644-0665

City or Town:

Lakeland

State:

FL

Zip Code:

33811

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other _____

4. Facility Physical Location Information

Physical Street Address:

3210 Whitten Road

City or Town:

Lakeland

State:

FL

Zip Code:

33811

County:

Polk

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

Latitude:

28

00

19

4N

Longitude:

82

02

34

36W

Method:

dd

mm

ss

ssss

dd

mm

ss

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:

3210 Whitten Road

City or Town:

Lakeland

State:

FL

Zip Code:

33811

7. Facility or Business Contact Person

First Name:

W D

Last Name:

Miller III

Title:

VP/GM

Phone Number:

863-644-0665

Extension:

E-Mail:

aquaclean@tampabay.rr.com

Street or P.O. Box:

3210 Whitten Road

City or Town:

Lakeland

State:

FL

Zip Code:

33811

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:

Aqua Clean Environmental Co., Inc.

☐ New Owner

Date became Owner: ____/____/1997
mm dd yy

Street or P.O. Box:

3210 Whitten Road

Phone Number:

863-644-0665

City or Town:

Lakeland

State:

FL

Zip Code:

33811

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other _____

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

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

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or 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 ☐ [Chapter 62-737, F.A.C.]

Note: A hazardous waste permit is required for this activity [Rule 62-737.800, 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**

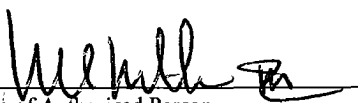
- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(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.

(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

W D Miller III VP/GM

Print Name of Authorized Person

(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.

FLR000034033

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.

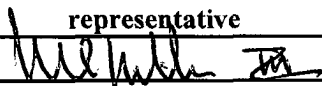
Contact _____ Phone _____

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)
	W D Miller III VP/GM	02/25/2010

If the person who 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) _____

13. Comments:



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*

*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, 2009-2010

Please print or type

1. Business Name Aqua Clean Environmental Co INC FEID No. 54-1803483
DBA (Doing Business As) _____ Telephone No. 863 644-0665
Business Mailing Address: 3210 Whitten Rd
City: Lakeland County Polk State FL Zip Code: 33811
Site Address: Same
City: _____ County _____ State: _____ Zip Code: _____

2. Name of Contact Person (if different from owner/operator) W.D. Miller III
Telephone No. (863) 644 0665 email: aqua.clean@tampabay.rr.com

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 100 034 033

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.

W.D. Miller III W.D. Miller III 2-25-2010
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.

W.D. Miller III W.D. Miller III 2-25-2010
Name of Authorized Person (Print or Type) Signature of Authorized person Date



Department of Environmental Protection
FDEP MS 4555 2600 Blair Stone Road Tallahassee, Florida 32309-2400

FDEP Form #62-710.600(1)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

MAR 03 2010

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. National Union Fire Ins.
Company of Pittsburgh, PA (the Insurer), 70 Pine Street, New York, NY 10270
(Name of the Insurer) (Address of the Insurer)
hereby certifies that it has issued liability insurance to: Aqua Clean Environmental
3210 Whitten Road Company, Inc. (the Insured),
Lakeland, FL 33811 (Name of the Insured)
whose EPA Identification number is FLR000034033
(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 CSI, less the deductible or retention of \$0 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 CA826-23-14, issued on 03/01/2010
(Date)

The expiration date of said policy is 03/01/2010 or the annual renewal date is
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
- 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.
- 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.
- 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.
- 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 lines insurer, in one or more States, including Florida.

(Signature of Insurer or Authorized Representative)

Lisa Car

(Type Name)

Senior Underwriter

(Title)

Authorized Representative of

National Union Fire Insurance
Company of Pittsburgh, PA

(Name of Insurer)

One Liberty Place, 1650 Market St. 38th Floor
(Address of Representative) Philadelphia, PA 19103

Page 1 of 2

ACORD™ CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
10/06/2008

PRODUCER

Wachovia Insurance Services, Inc.
9020 Stony Point Parkway
Suite 200
Richmond, VA 23235

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC

INSURED

Virginia American Industries, Inc and
Aqua Clean Environmental Company, Inc.
Attn: Dee Miller - 3210 Whitten Road
Lakeland, FL 33811

INSURER A: American International Specialty Lin

26883

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A		OTHER Pollution Legal Liability	PLS2679085	10/13/08	10/13/11	\$1,000,000 Ea Incident \$1,000,000 Cov Sec Agg \$1,000,000 Policy Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Insured Property: 3210 Whitten Road, Lakeland, FL 33811

Poll. Cov. for On-Site Clean-up of New Conditions; 3rd Party Claims for On-Site BI & PD;
3rd Party Claims for Off-Site Clean-up resulting from New Conditions; 3rd Party Claims
for Off-Site BI & PD; Pollution Conditions Resulting from Transported Cargo.
(See Attached Descriptions)

CERTIFICATE HOLDER

Florida DEP
Attn: Nancy Harper
2600 Blainstone Road MS 4525
Tallahassee, FL 32399

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Merlene M. Barbour



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, ~~2007~~ through December 31, ~~2007~~ 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 Aqua Clean Environmental Co INC 2. Telephone No. (903) 644-0665
Site Address: 3210 Whitten Road
Lakeland FL 33811 3. EPA ID No. FLR 000 034 033

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

4. Name of person preparing report (please print) W.D. Miller
Title General Manager Phone number (if different from #2, above) ()

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

Used Oil: ☒ Transporter ☒ Transfer Facility o Collection Center/Aggregation Point o Processor o Marketer

o Burner (of off-specification used oil)

Used Oil Filter: ☒ Transporter ☒ Transfer Facility o Processor o 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.....

c. Beginning Inventory.....

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

Automotive	Industrial	Mixed	Total
0	0	737,396	737,396
0	0	0	0
			0
			737,396

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	0
0	0
0	0
0	0
0	0
167,031	0
570,365	0
	0
737,396	0
0	0

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 on hand at beginning of year.....
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 hand 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.....

0	
0	
0	
0	
0	
0	
0	
0	
0	
0	

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55 gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in 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 4555, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: sebrina.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: richard.neves@dep.state.fl.us



Department of Environmental Protection
 Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400
Used Oil and Used Oil Filter Record Keeping Form

DEP Form #62-710.901(2)
 Form Title Used Oil and Used Oil Filter
 Record Keeping Form
 Effective Date June 9, 2005

Rule 62-710.510 of the Florida Administrative Code requires each registered person to maintain records on either this or a substantially equivalent form which contains the same information. This information must be kept on-site for three (3) years and be available for inspection by DEP during normal business hours. Used Oil Filter information is optional (but recommended), the Used Oil from filter management must be recorded and reported.

A. Used Oil Source Name, Street Address, City, State, Zip Code, EPA ID Number, if applicable	B. Date	C. Number of Filters	D. Gallons of Used Oil Waste	E. Type Code	F. End Use Code	G. Destination of Used Oil /Used Oil Filters Name, Street Address, City, State, Zip Code, EPA ID Number, if applicable	H. State Mark "X" if not Florida
Perna Fix 10225 General Dr. Orlando FL 32824			174,135		D		
Clean Harbor 3 170 Bentow Municipal Airport Bartow FL 33830			185,456		D		
Environmental Enterprise 314-B Land Street Rd. Orlando FL 32824			40,720		D		
SW5 Environmental 901 Mc Closky Blvd Tampa FL 33605			29,690		D		
Synorgv Environmental 3500 Lake Hamilton Dr Winter Haven, FL 33881			2890		D		
Petrotech 409 Franklin St. Ocala FL 34761			127,776		D		
James Hardie 209 S. Woodrow Wilson Plant City FL 33563			1350		D		
Heritage Crystal Clean 2175 Paint Blvd. Ste 315 Elgin IL 60123			175,399		D		

I. TOTAL COLLECTED

	Automotive	Industrial	Mixed
In State	0	0	737396
Out of State	0	0	0

J. TOTAL END USED

End Use Code	N	O	F	B	I	D
In State	0	0	0	0	0	737396
Out of State	0	0	0	0	0	0

CHECKLIST: This sheet must be signed and returned with your renewal registration.

Email Contact Name and address (if you would like to be included in our listserver):

- ☒ Registration Form. Please be sure that it is signed.
- ☒ Registration Fee. \$100.00. Please make checks payable to the Florida Department of Environmental Protection. (*Permitted Processors are not required to remit fee*)
- ☐ This company is a Used Oil Processor, Used Oil Permit Number: _____, and is exempt from the registration fee.
- ☐ This company is a Used Oil Burner (off-spec), Air Permit Number: _____
- ☐ This company transports *only used oil filters and is exempt* from the certification, insurance, record keeping and reporting requirements of Rule 62-710, F.A.C.

Used Oil Transporter Training Certification: Rule 62-710, Florida Administrative Code (F.A.C.), Used Oil Management, was amended, effective June 9, 2005. To maintain Certification through this Department, ALL Used Oil Transporters who have previously submitted a Used Oil training program to this Department MUST provide evidence that their training program currently addresses the amendments. In particular, the updates should include:

- ☒ 1. The procedure used to ensure that a copy of the shipping papers for a load of used oil is left with the generator as required in Rule 62-710.510(2), F.A.C.
- ☒ 2. Evidence of compliance with Rule 62-710.600(2)(b)(3), F.A.C., which requires a Used Oil Transporter Training Program to include "A detailed description of the company's standard operating procedure for halogen screening at each pick up location. This description shall include instrument specifications and capabilities, calibration methods and frequency, procedures addressing the handling of loads which indicate halogen levels in excess of 1,000 ppm, and record keeping procedures for all loads accepted or refused."
- ☒ 3. Evidence of liability insurance for the minimum amount of \$1 million, which covers pollution liability, in accordance with the requirements of Rule 62-710.600(2)(e), F.A.C.
4. Evidence that company employees are made aware of the circumstances under which a Department Certification can be revoked, which are described in Rule 62-710.600(4), F.A.C.

Proof of Insurance: (Indicate which response applies.)

- ☒ Certificate of Liability Insurance Form 62-710.901(4) signed by insurance company.
- ☐ Certificate of Insurance (ACORD) signed by insurance company for the **renewal of an existing policy** previously filed on a Certificate of Liability Insurance Form.

W.D. Moller
Name (Printed)

[Signature]
Signature

2-25-2010
Date



Environmental Co., Inc.

February 26, 2010

Mr. Richard Neves
Department of Environmental Protection
2600 Blair Stone Road MS 4560
Tallahassee, Florida 32399-2400

Dear Mr. Neves,

Please accept this as our report of oily waste received or transferred during the year of 2009.

We received 737,396 gallons of oily waste during the year of 2009.

Sincerely,

W. D. Miller III, P.E.
General Manager