



## 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

June 30, 2010

Leon Glenn  
Texpar Energy LLC  
268 Industrial Blvd  
Bainbridge, GA 39817- 7547

### BE IT KNOWN THAT

Texpar Energy LLC  
268 Industrial Boulevard  
BAINBRIDGE, GA, GA 39819

### IS HEREBY REGISTERED AS A USED OIL



Transporter, Transfer Facility, Marketer, 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 **GAD033590514** on June 30, 2010  
Insurance Carrier: **ZURICH AMERICAN INSURANCE**

**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**

		<b>8700-12FL - FLORIDA NOTIFICATION</b> <b>REGULATED WASTE ACTIVITY</b> DEP Waste Management Division—HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772		<b>RECEIVED</b> Date Received: <b>MAR 01 2010</b> (For FDEP Official Use Only)	
		EPA ID: <b>G A D 0 3 3 5 9 0 5 1 4</b>		RCRA Info: <b>B-1 ESHW</b>	
<b>1. Reason for Submittal</b>		Mark 'X' in correct box: <input type="checkbox"/> To provide <b>initial notification</b> (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide <b>subsequent notification</b> (to update status and facility identification information). <input type="checkbox"/> Is this the <b>final notification</b> (see instructions) for the facility?			
<b>2. Facility or Business Name</b>		TexPar Energy, LLC		<b>FEID No.</b> <b>2 0 0 2 7 3 7 5 8</b>	
<b>3. Facility Operator</b> (List additional Operators in the comments section).		<b>Name of Operator:</b> TexPar Energy, LLC		<input type="checkbox"/> <b>New Operator</b> <b>Date became Operator:</b> <u>11</u> / <u>01</u> / <u>03</u> mm dd yy	
		<b>Street or P.O. Box:</b> 268 Industrial Boulevard		<b>Phone Number:</b> 229-246-4341	
		<b>City or Town:</b> Bainbridge		<b>State:</b> GA <b>Zip Code:</b> 39817	
		<b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____			
<b>4. Facility Physical Location Information</b>		<b>Physical Street Address:</b> 268 Industrial Boulevard			
		<b>City or Town:</b> Bainbridge		<b>State:</b> GA <b>Zip Code:</b> 39817	
		<b>County:</b> <u>Choose Decatur</u>		If available, please attach a map or sketch of the facility boundaries.	
		<b>Latitude:</b> <u>3</u> <u>0</u> <u>5</u> <u>8</u> <u>4</u> <u>3</u> <u>8222</u> <b>Longitude:</b> <u>8</u> <u>4</u> <u>3</u> <u>7</u> <u>3</u> <u>6</u> <u>323</u> <b>Method:</b> google maps dd mm ss.ssss dd mm ss.ssss Datum:			
<b>5. Facility North American Industry Classification System (NAICS) Code(s)</b>		<b>A.</b> 562119		<b>B.</b>	
		<b>C.</b>		<b>D.</b>	
<b>6. Facility or Business Mailing Address</b>		<b>Street Address or P.O. Box:</b> 268 Industrial Boulevard			
		<b>City or Town:</b> Bainbridge		<b>State:</b> GA <b>Zip Code:</b> 39817	
<b>7. Facility or Business Contact Person</b>		<b>First Name:</b> Leon		<b>Last Name:</b> Glenn	
		<b>Phone Number:</b> 229-246-4341		<b>Extension:</b> 205	
		<b>E-Mail:</b> lglennt@texpar.com			
		<b>Street or P.O. Box:</b> 268 Industrial Boulevard			
		<b>City or Town:</b> Bainbridge		<b>State:</b> GA <b>Zip Code:</b> 39817	
<b>8. Real Property (Land) Owner of the Facility's Physical Location</b> (List additional real property owners in the comments section.)		<b>Name of Real Property (Land) Owner:</b> TexPar Energy LLC		<input type="checkbox"/> <b>New Owner</b> <b>Date became Owner:</b> ____ / ____ / ____ mm dd yy	
		<b>Street or P.O. Box:</b> 268 Industrial Boulevard		<b>Phone Number:</b> 229-246-4341	
		<b>City or Town:</b> Bainbridge		<b>State:</b> GA <b>Zip Code:</b> 39817	
		<b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> 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 (HSPA, 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.]

**(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):**

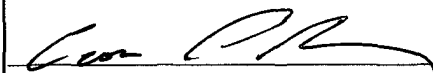
- ☒ a. Transporter
- ☒ b. Transfer Facility

**(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

Leon Glenn

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.

GAD033590514

**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.

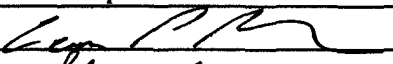
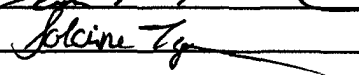
Contact \_\_\_\_\_ Phone \_\_\_\_\_

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)
	Leon Glenn	02/25/2010
	Solaine Tyre	02/25/2010

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

Solaine Tyre

229-246-4341

styre@texpar.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

# ACORD CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE  
12/03/2008

PRODUCER

877-945-7378

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.

Willis HRH  
26 Century Blvd.  
P. O. Box 305191  
Nashville, TN 37205191

## INSURERS AFFORDING COVERAGE

NAIC#

INSURED

TexPar Energy, LLC  
268 Industrial Blvd  
Bainbridge, GA 39817

INSURER A: Zurich American Insurance Company	16535-000
INSURER B: American Guarantee and Liability Insurance	26247-001
INSURER C: American International Specialty Lines Ins	26883-000
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.

SR ADD'L TR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY	GL0594471500	12/1/2008	12/1/2009	EACH OCCURRENCE \$ 1,000,000
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
<input type="checkbox"/>	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
<input checked="" type="checkbox"/>	Contractual Liability				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
<input type="checkbox"/>	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY	BAP594471400	12/1/2008	12/1/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
<input checked="" 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 \$
<input type="checkbox"/>					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY	AUC937761105	12/1/2008	12/1/2009	EACH OCCURRENCE \$ 10,000,000
<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000
<input type="checkbox"/>	DEDUCTIBLE				\$
<input type="checkbox"/>	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC594471600	12/1/2008	12/1/2009	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	WC594471700	12/1/2008	12/1/2009	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500,000
	OTHER	PLC3781475	3/26/2008	3/26/2011	E.L. DISEASE - POLICY LIMIT \$ 500,000
	Pollution Legal Liab				\$5,000,000 per Incident
	Claims Made Coverage				\$5,000,000 Aggregate

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

Workers Compensation Coverage: The Proprietor/Partners/ Executive Officers Are Included

## CERTIFICATE HOLDER

## CANCELLATION Non-Payment Statutory

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ~~RECEIVE~~ MAIL 30 DAYS WRITTEN

NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT ~~RECEIVE~~ MAIL

~~RECEIVE~~ MAIL

~~RECEIVE~~ MAIL

AUTHORIZED REPRESENTATIVE

To Whom It May Concern  
268 Industrial Blvd  
Bainbridge, GA 39819

# TexPar Energy, LLC

## **Used Oil Management Procedures to include Collection:**

TexPar Energy, L.L.C. collects non-hazardous used oil from a multitude of clients throughout the Southeast.

Collection schedules are designed to meet the customer needs and are set up accordingly for the consistent generators of used oil. Customers that generate oil less frequently are serviced on an on-call basis. A 24-hour notice is preferable; however, we do on call around the clock should an emergency pump-out be necessary.

### **1. Call for Service**

If not already established as a TexPar Energy, L.L.C. customer, we inform the caller of services offered and quote prices if available at that time for used oil, oily water, used oil filters and many other services. Prior to agreement to service them, industrial accounts are required to furnish Texpar Energy with a Material Safety Data Sheet for all the products used on site for our review. This gives us the opportunity to identify possible contamination sources and inform our personnel of the products with which they may come in contact with. When determined that the caller's product is acceptable, the caller is interviewed either via phone or in person. All customers are told that upon service TexPar will test their used oil on site with a Dexsil Clor-d-Tect kit for halogen levels or a sample will be pulled to test in our in house lab.

### **2. Setting up the Account**

The customer must provide TexPar with all the necessary information to set them up as an account. We require the company name, address, billing address if different, contact person, phone number, E.P.A. # if applicable, desired schedule of service and size of tank or method of storage. This information is recorded onto a new customer form and a

---

driver is set up to service the new customer. If a new customer is to be charged for services, a credit application is sent for completion.

### **3. Collecting a Customers Used Oil**

A driver is sent out to the customer's site. Upon arrival, the driver will make contact with the designated person and will make sure all customer information is correct. Once the driver is led to the used oil to be pumped, the driver pulls a sample of the used oil and tests it with a Dexsil Clo-d-tect kit (1000ppm). This test will show if the halogen level is <1,000-ppm or >1,000-ppm. If further testing is needed the sample is carried back to our in house lab in Bainbridge, Ga. If the halogen level exceeds 1,000-ppm, the driver will refuse to collect the product and will offer assistance to track down the source of halogens. If it is determined that a hazardous substance has been mixed with the oil, TexPar's office will work with the customer to assist with the proper management of the used oil. This oil will not be loaded unless a rebuttable presumption test or information has been received by Texpar Energy.

If the used oil tests <1,000-ppm at the initial screening, the driver will pump the oil onto the collection vehicle through a filter system and leaves the customer with a signed service manifest. This manifest states that the oil collected was received by TexPar Energy, L.L.C. and list the date, gallons collected, test results of <1,000-ppm, destination and all other pertinent information.

The used oil collection driver has a daily route he runs of established customers along with the new customers he will collect that day. All collection trucks utilize a "TIF RX-1A instrument leak detector for sniffing the used oil for halogens in each established customers used oil tanks. If the TIF RX- 1A leak detector detects a high level of halogens gas, the driver will check the used oil with a Dexsil Clor-d-tect kit (1000ppm) for halogens level of <1,000-ppm or >1,000-ppm. If the used oil is >1000-ppm the driver will not load the used oil and the same procedures will be used as listed above on new customers. If the used oil is <1000-ppm the driver will load the used oil.

---

**The next page is an example of Texpar Energy, L.L.C. used oil manifest.**



Non - Hazardous Waste  
Manifest

TexPar Energy, L.L.C

260 Industrial Blvd.  
Barnbridge, GA 39817  
1-888-246-0670  
EPA # GAD 033590514

Generator  
SANTA ROSA COUNTY RECYCLING

1337 DALISA ROAD  
DAGDAD, FL 32503  
EPA #

Manifest: DA1401

P.O.# none  
Customer# 190134001  
Date 8/23/2006 12:12:14 PM  
C.E.S.Q.G. N/A

On site closed test: <1000PPM

Manifest - Pay by Statement

Product	Qty	Per Unit	Total
310-Used Oil (Gallons) Combustible Liquid; N.D.S., NA 1993, PG III	470	(\$117.50)	(\$117.50)
			Total (\$117.50)

Emergency # Chem Trec 1-800-424-3900

Generator warrants and represents that the material provided TexPar Energy, LLC have not been mixed, combined, or otherwise blended in any quantity with materials defined as hazardous waste under but not limited to 40 CFR 260-279. Generator agrees to indemnify and hold harmless TexPar Energy, LLC for any damages, costs, attorney's fees, fines, etc. Arising out of or in any way related to a breach of the above warranty by the generator.

Customer Signature Electronically Captured

Generator Signature

Driver - Steve Wilson

Driver Signature

THANK YOU!!

Poor Original

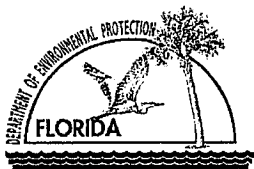
#### 4. Recordkeeping

At each collection stop a manifest is filled out and signed by the customer. The driver will turn in a daily route sheet, which list all of the collection stops for that day. Information from manual signed manifests and the manifests put into our **hand held data units** are down loaded into our Advantage Accounting software program. A copy of each signed manifest is filed in each individual customer file at our Bainbridge, Ga. Office for future reference. Also all used oil customer test results for halogens is recorded at the Bainbridge, Ga. Office. This information is kept for a minimum of three years.

#### 5. Used Oil Management Training

All Texpar Energy employees involved in used oil collections are trained on the training list below within 90 days of employment. Texpar Energy used oil drivers are trained on truck collections for a minimum of four weeks.

- 1) Used Oil Management Procedures
  - 2) 40 CFR 279 Codes
    - a) 279.20 thru 279.44
  - 3) Rule 62-710 Florida Used Oil Management
    - a) 62-710.510
    - b) 62-710.600
  - 4) DOT Haz Mat Training
-



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, 2009 through December 31, 2009

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: Tex Par Energy, LLC 2. Telephone No. (229) 246-4341  
Site Address: 268 Industrial Boulevard  
Bainbridge, GA 39817 3. EPA ID No. GAD 0335 90514  
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) Solaine Tyre  
Title QC Manager Phone number (if different from #2, above) ( )
5. Type of operation (check as many as apply to your operations)  
Used Oil: ☒ Transporter o Transfer Facility o Collection Center/Aggregation Point o Processor ☒ Marketer  
o Burner (of off-specification used oil)  
Used Oil Filter: ☒ Transporter o 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)

- |  | Automotive | Industrial | Mixed | Total     |
|--|------------|------------|-------|-----------|
| 1. Amount (in gallons) of Used Oil and Oily Wastes collected |            |            |       |           |
| a. In Florida.....   | 318,533    | 56,212     |       | 374,745   |
| b. From out of state.....                                    | 725,320    | 127,998    |       | 853,318   |
| c. Beginning Inventory + semi & rail purchases               |            |            |       | 3,622,492 |
| d. Total (sum of totals from Lines a + b + c).....           |            |            |       | 4,850,555 |
- 
- |  | In State  | Out of State |
|--|-----------|--------------|
| 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.....                             | 1,708,329 | 2,848,450    |
| 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.....                              | 1,708,329 | 2,848,450    |
| 4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....     |           | 293,776      |

**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.....	32,200	✓
2. Number of used oil filters collected.....	414,650	✓
3. Total number of used oil filters to manage (1 plus 2).....	446,850	✓
4. Disposition of used oil filters collected:	398,100	✓
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.....	398,100	✓
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	48,750	✓
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 55-gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55 gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One ton 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) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us).