



Florida Department of Environmental Protection

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

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

04/12/2011
Tim Hagan, Owner
HOWCO Environmental Services
3701 Central Ave
St Petersburg, FL 33713-8338

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **HOWCO Environmental Services** located at **843 43rd St S, St Petersburg , FL33711-1922**

FLD152764767

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Handler of Hazardous Waste; Petroleum Contact Water Management.**

Your facility is **currently registered** for the following activities: **Used Oil Transporter, Used Oil Transfer Facility, Used Oil Marketer, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2012); Used Oil Filter Processor (reg exp on 07/02/11).**

Your facility is **currently permitted** as: **Used Oil Processor (exp on 08/03/10).**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD152764767.

For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,


FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 1038 , Email Address: thagan@howcousa.com



February 11, 2011

Received

FEB 15 2011

BSHW

Florida Department of Environmental Protection
2600 Blair Stone Road
MS 4560
Tallahassee, FL 32399-2400

RE: Annual Used Oil and Used Oil Filter Report

To whom it may concern:

Enclosed please find the Used Oil Renewal Registration for our St. Petersburg, Ft. Myers and Astor facilities.

Also enclosed you will find a \$100.00 check to cover the registration fee for the Ft. Myers location mentioned above, a copy of the ACORD Certificate of Liability Insurance and a copy of HOWCO's Drivers' Manual.

If you have any questions or need additional information, please call me at tel. 727-328-7403.

Sincerely,

A handwritten signature in black ink, appearing to read 'RDillen', is written over a horizontal line.

Richard Dillen
Quality Assurance Officer

Cc: File, w/ attachments

**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772Date Received
(for FDEP Official Use Only)

FEB 15 2011

EPA ID

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| F | L | D | 1 | 5 | 2 | 7 | 6 | 4 | 7 | 6 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|

MTS

RECEIVED

**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**

Hagan Holding Company, d/b/a HOWCO Env. Services

FEID No.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 5 | 9 | - | 2 | 6 | 1 | 3 | - | 5 |
|---|---|---|---|---|---|---|---|---|

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

Name of Operator:

HOWCO Environmental Services

☐ New OperatorDate became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

3701 Central Avenue

Phone Number: (727)-327-8467

City or Town:

Saint Petersburg

State: FL

Zip Code: 33713

Operator Type: ☒ Private☐ Federal☐ Municipal☐ State☐ Other**4. Facility Physical
Location
Information**

Physical Street Address:

843 43rd Street South

City or Town:

Saint Petersburg

State: FL

Zip Code: 33711

County: Pinellas

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

Latitude:

| | |
|---|---|
| 2 | 7 |
|---|---|

| | |
|---|---|
| 4 | 5 |
|---|---|

| | |
|---|---|
| 4 | 7 |
|---|---|

 Longitude:

| | |
|---|---|
| 8 | 2 |
|---|---|

| | |
|---|---|
| 4 | 1 |
|---|---|

| | |
|---|---|
| 3 | 2 |
|---|---|

 Method:
dd mm ss.ssss dd mm ss.ssss Datum:**5. Facility North American Industry
Classification System (NAICS)
Code(s)**

A. 324110

B.

C.

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

3701 Central Avenue

City or Town:

Saint Petersburg

State: FL

Zip Code: 33713

**7. Facility or
Business Contact
Person**

First Name:

Tim

Last Name:

Hagan

Title:

C.E.O.

Phone Number:

(727)-327-8467

Extension:

E-Mail:

thagan@howcousa.com

Street or P.O. Box:

3701 Central Avenue

City or Town:

Saint Petersburg

State: FL

Zip Code: 33713

**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:

Timco Real Estate

☐ New OwnerDate became Owner: ____/____/____
mm dd yy

Street or P.O. Box:

3701 Central Avenue

Phone Number: (239)-334-1351

City or Town:

Saint Petersburg

State: FL

Zip Code: 33713

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 (HSA, 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

(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

Richard Dillen

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

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

Richard Dillen, Q.A.O.

Date Signed
(mm-dd-yyyy)

02/02/2011

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

Richard Dillen

(727)-437-4059

rdillen@howcousa.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/04/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | | |
|--|--|---------------------------------------|--|--|--|
| PRODUCER Lassiter-Ware Insurance 4401 W. Kennedy Blvd. #200 Tampa, FL 33609 | | Received FEB 15 2011 | | CONTACT NAME: PHONE (A/C, No, Ext): 352.787.3441 FAX (A/C, No): 888.883.8680 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: | |
| INSURED Hagan Holding Company DBA: Howco Environmental Services 3701 Central Avenue St Petersburg, FL 33713 | | BSHW | | INSURER(S) AFFORDING COVERAGE INSURER A: Chartis Specialty Insurance Co INSURER B: Commerce & Industry Ins. Co. INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | | | NAIC # 26883 19410 | |

COVERAGES

CERTIFICATE NUMBER: 10-11 All Lines

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------------------------------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | EG6538493 | 07/02/2010 | 07/02/2011 | 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) \$ 25,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY | | CA5677907 | 07/02/2010 | 07/02/2011 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <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 | | | | | \$ |
| A | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | EGU6544289 | 07/02/2010 | 07/02/2011 | EACH OCCURRENCE \$ 4,000,000 |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$ 4,000,000 |
| | DEDUCTIBLE | | | | | \$ |
| | <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | | | | WC STATUTORY LIMITS |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> N/A | | | | OTH-ER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| A | Pollution Legal Liability - Claims Made Basis | | EG6538493 | 07/02/2010 | 07/02/2011 | E.L. DISEASE - POLICY LIMIT \$ |
| | | | | | | \$1,000,000 Each Loss Limit \$2,000,000 General Aggregate |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Pollution Legal Liability coverage includes coverage for tanks at Four Locations

CERTIFICATE HOLDER

CANCELLATION

Florida Dept of Environmental Protection
 DEP Waste Management Division
 HWRS, MS4560
 2600 Blair Stone Rd
 Tallahassee, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Patricia Schmaltz/JOANR

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ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

| | | | |
|--|-----------|---|--|
| AGENCY Lassiter-Ware Insurance | | NAMED INSURED Hagan Holding Company | |
| POLICY NUMBER | | 3701 Central Avenue | |
| CARRIER | NAIC CODE | St Petersburg, FL 33713 | |
| | | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: **ACORD Certificate of Liability Insurance**CERTIFICATE HOLDER: **Florida Dept of Environmental Protection**

Garage Liability

| INSR ADD'L LTR INSRD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-------------------------|-------------|---------------|-------------------------------------|--------------------------------------|----------------------------|
| | | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN EA ACC \$ |
| | | | | | AUTO ONLY: AGG \$ |

Automobile Liability

| POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) |
|---------------|-------------------------------------|--------------------------------------|
|---------------|-------------------------------------|--------------------------------------|

Excess/Umbrella Liability

| POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|---------------|-------------------------------------|--------------------------------------|--------|
| | | | \$ |

Other Liability

| POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|---------------|-------------------------------------|--------------------------------------|----------------------------|
| | | | \$10,000 Deductible |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES



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**

Received

Annual Report by Used Oil and Used Oil Filter Handlers FEB 15 2011

(*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, 2010 through December 31, 2010

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

BSHW

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: HOWCO Environmental Services 2. Telephone No. (727) 327 - 8467

Site Address: 843 43rd Street South

St. Petersburg, FL 33711

3. EPA ID No. FLD 152 764 767

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) Richard Dillen

Title Quality Assurance Officer Phone number (if different from #2, above) (727) 437 - 4059

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

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

o 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.....

c. Beginning Inventory.....

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

| Automotive | Industrial | Mixed | Total |
|------------|------------|-----------|------------------|
| 0 | 0 | 4,167,579 | 4,167,579 |
| 0 | 0 | 0 | 0 |
| | | | 552,788 |
| | | | 4,720,367 |

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.....

| In State | Out of State |
|-----------|--------------|
| 0 | 111,982 |
| 1,647,161 | 0 |
| 0 | 0 |
| 693,562 | 0 |
| 54,564 | 0 |
| 36,704 | 0 |
| 1,763,310 | 0 |
| 54,384 | 0 |
| 4,249,685 | 111,982 |
| 358,700 | / |

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

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

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....
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..... sent to a W.T.E. facility

| | |
|-----------|--|
| 11,850 | |
| 1,513,500 | |
| 1,525,350 | |
| 0 | |
| 0 | |
| 1,509,450 | |
| 1,509,450 | |
| 15,900 | |
| 37,459 | |
| 0 | |
| 4,600 | |

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 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us,