



# 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

October 26, 2011

Ronald Patterson  
Fuels Unlimited Inc  
PO Box 259  
Sanford, FL 32772- 0259

## BE IT KNOWN THAT

Fuels Unlimited Inc  
509 S French Ave  
Sanford, FL 32771- 1875

## IS HEREBY REGISTERED AS A USED OIL

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

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)

The Department of Environmental Protection hereby issues

Registration Number **FLR000050369** on July 29, 2011

Insurance Carrier: **ZURICH AMERICAN INSURANCE**

Insurance Policy #: **TRK919538800**

Insurance Ex. Date: **08/02/2012**

Transporter Type: **FH**

**This registration will expire on 06/30/2012**

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**

.....

Oils Unlimited  
P.O. Box 259  
Sanford, FL 32772  
407-302-3193 /407-302-3189 fax

# Oils Unlimited

**Received**

July 19, 2011

JUL 20 2011

**BSHW**

EPA ID Notification Coordinator  
Hazardous Waste Regulation Section MS 4560  
Department of Environmental Protection  
2600 Blair Stone Rd.  
Tallahassee, FL 32399-2400

To Whom It May Concern:

Enclosed please find an 8700-12FL along with an annual report. We were notified that you did not have record of these. I have printed out the forms and re-written with original signatures for you. They were previously submitted. Proof of insurance is also enclosed. I did not include the Used Oil Transporters Certification Manual from UAUOS, as it on file.

I may be contacted directly if necessary. Also, can you please respond by email so we may know when this is received and when we can expect to receive the registration certificate? Our email is [oilsunlimited@bellsouth.net](mailto:oilsunlimited@bellsouth.net). Thank you.

Sincerely,



Karen Violet  
Fuels Unlimited, Inc.,  
dba Oils Unlimited

.....



**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

Date Received  
(for FDEP Official Use Only)

**Received**

**JUL 20 2011**

**BSHW**

EPA ID

FLA000050369

MTS

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 *Fuels Unlimited Inc dba Oils Unlimited*

FEID No.

204329977

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

Name of Operator:

*Oils Unlimited*

☐ New Operator

Date became Operator: *01/01/06*  
mm dd yy

Street or P.O. Box:

*P.O. Box 259*

Phone Number:

*407-302-3193*

City or Town:

*Sanford*

State:

*FL*

Zip Code:

*32772*

Operator Type: ☐ Private ☐ Federal ☐ Municipal ☐ State ☐ Other

4. Facility Physical  
Location  
Information

Physical Street Address:

*509 S. French Ave*

City or Town:

*Sanford*

State:

*FL*

Zip Code:

*32772*

County:

Choose *Seminole*

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

Latitude: *28* *48* *12* *7* Longitude: *81* *16* *21* *2* Method:  
d d m m s s . ssss d d m m s s . ssss Datum:

5. Facility North American Industry  
Classification System (NAICS)  
Code(s)

A.

*324191*

B.

C.

D.

6. Facility or  
Business Mailing  
Address

Street Address or P.O. Box:

*P.O. Box 259*

City or Town:

*Sanford*

State:

*FL*

Zip Code:

*32772*

7. Facility or  
Business Contact  
Person

First Name:

*Ronald*

Last Name:

*Patterson*

Title:

*Pres.*

Phone Number:

*407-302-3193*

Extension:

*—*

E-Mail:

*—*

Street or P.O. Box:

*P.O. Box 259*

City or Town:

*Sanford*

State:

*FL*

Zip Code:

*32772*

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:

*Ronald Patterson*

☐ New Owner

Date became Owner: *01-1-06*  
mm dd yy

Street or P.O. Box:

*P.O. Box 259*

Phone Number:

*407-302-3193*

City or Town:

*Sanford*

State:

*FL*

Zip Code:

*32772*

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** N/A

(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 (HWSA, 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** N/A

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

N/A

(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"/>	
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(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):**

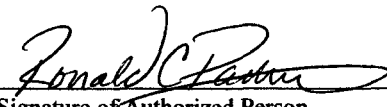
- ☒ a. Transporter
- ☒ b. Transfer Facility

**(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

Ronald Patterson  
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. FL2000050369

**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.

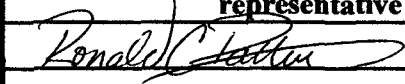
Contact \_\_\_\_\_ Phone \_\_\_\_\_

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)**

Ronald Patterson, Pres.

7-19-2011

re-submitted

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

 Karen Violet  
 (Name of person completing this form)

 407-302-3193  
 (Phone Number)

 oilsunlimited@bellsouth.net  
 (E-mail Address)
**13. Comments:**





Department of Environmental Protection  
FDEP MS 4650 2800 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.601(d)  
Form Title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2004

Received

JUL 29 2011

BSHW

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Zurich American Insurance Company, (the Insurer), 1400 American Lane, Schaumburg, IL 60196  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Fuels Unlimited DBA Oils Unlimited (the Insured),  
(Name of the Insured)

509 S. French Ave., Sanford, FL 62771 whose EPA Identification number is FLR 000 050 369  
(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)(e). [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. CSL 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 TRK9240245, issued on 08-02-2011  
(Date)

The expiration date of said policy is 08-02-2012 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]  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Andrew M. Easton  
(Type Name)

Zurich American Insurance Company  
(Name of Insurer)

Authorized Representative 6602 E. 75th St., Ste 450, Indianapolis, IN 46250  
(Title) (Address of Representative)

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

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

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

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

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

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

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 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).





## 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, 2010 through December 31, 2010

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: Fuels Unlimited Inc dba Oils Unlimited 2. Telephone No. (407) 302-3193
- Site Address: 509 S. French Ave  
Sanford, FL 32771 3. EPA ID No. FLR000050369
- ☐ Check box if any of the above items (1-3) have changed since your last registration
4. Name of person preparing report (please print) Karen Violet  
Title V. Pres Phone number (if different from #2, above) ( )
5. Type of operation (check as many as apply to your operations)  
Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☒ Processor ☒ Marketer  
☐ Burner (of off-specification used oil)  
Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☒ Processor ☐ End User

### SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

	Automotive	Industrial	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected				
a. In Florida.....			769764	769764
b. From out of state.....			669978	669978
c. Beginning Inventory.....				26676
d. Total (sum of totals from Lines a + b + c).....				1466418

	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.....	66893	1362644
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.....	66893	1362644
4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....	36881	

**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 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.....

4000	
58800	
62800	
52000	
0	
0	
52000	
6800	
0	
0	
0	

**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),