

Synergy Recycling LLC

A Refined Solution to Environmental Services

Dept. of Environmental Protection

MAY 29 2014

Southwest District

Date: May 28, 2014

Florida Department of Environmental Protection

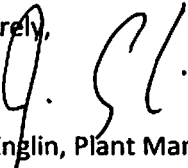
Southwest District, Hazardous Waste Section

13051 N. Telecom Parkway, Temple Terrace, Florida 33637

To whom it may concern:

Please be advised that this notification is in accordance with our facility's SPCC plan notification procedures. The attached report is an accurate description of a minor spill that occurred on May 27, 2014. The spill was contained and cleaned in accordance with all applicable regulations. There is no potential harm to human health or the environment. You may contact me directly at (813) 410-4974 with any questions you may have.

Sincerely,



Jeff Englin, Plant Manager

1. *Pharmaceutical industry* – The pharmaceutical industry is the largest of the three industries, with sales of \$10.5 billion in 1997. It is the only industry that has a significant presence in all three markets.

[illegible][illegible]

1992

U.S. DEPARTMENT OF AGRICULTURE

Synergy Recycling LLC

A Refined Solution to Environmental Services

Minor Spill Report:

Date of Spill: May 27, 2014

Time of Spill: 7:30 PM

Spill Location:

SYNERGY RECYCLING OF CENTRAL FLORIDA, LLC 3800 WEST LAKE HAMILTON DRIVE WINTER HAYEN, FLORIDA 33881 (866) 492-6789 ext. 301

SE 1/4 of NE 1/4 of Section 6, Township 28 South, Range 27 East Latitude 28° 04' 42" and Longitude 81° 39' 39"

U.S. EPA ID. NO. FLR 000 053 611

Responder: Mr. Jeffery Englin, Plant Manager (813) 410-4974

Product Spilled: Used Motor Oil

Quantity: 95 Gallons

Method of determining Quantity: Tank Gauge

Emergency Response Contractor: SWS Environmental, located at 18630 US HWY 27 S, Lake Wales, Florida 33853, telephone number (800) 881-8369

Injuries: None

Fire Risk: None

Surface Water/Ground Water Media Affected: None

Media Affected: Asphalt Paving/Gravel Parking Area

Spill Diagram: Attachment A

Chronological log of events and communication during incident:

At approximately 7:30 pm on May 27, 2014 James Clements, the plant assistant, was transferring product from a used oil collection truck into storage tank #4. During the transfer a pneumatic valve failed on the adjacent truck compartment causing the flow of oil to transfer into this compartment instead of transferring into storage tank #4 as designated. Mr. Clements was filling out his paperwork within 15 feet on the south side of the truck when the spill occurred. The spill occurred from overflowing the compartment and draining to the north of the property. Mr. Clements did not realize the spill immediately as he was standing on the south side of the truck. The spill traveled on inclined asphalt paving following a driveway path into the gravel parking area. Mr. Clements immediately implemented the SPCC Plan by first containing the spill and immediately notifying Jeff Englin. Because the used motor oil traveled onto a non-impervious surface "Gravel Parking Area" Mr. Englin immediately contacted SWS for emergency response assistance. SWS responded at approximately 9:00 pm with 4 personal, Bobcat and a 20 yard roll off container. At 3:00 am the cleanup was complete. Approximately 10 yards of contaminated gravel was removed from the

surface and placed into the roll off for safe disposal of site. The Asphalt paving was cleaned and oily residue removed. The spill was contained and cleaned within a short period of time.

Disposition of spill material: Contaminated Gravel will be tested in accordance with all regulations and safely disposed of at a permitted facility. Upon receipt the Department will be provided a copy of the *disposal* manifest.

Corrective Action: Used Oil Collection Pneumatic valve will be immediately repaired. A copy of the repair will be placed in this file.

Verbal Notification: Date: May 28, 2014

Time: 3:00pm

Dept. of Environmental Protection 1-813-632-7600

Notification via Certified US Mail

Florida Department of Environmental Protection
Southwest District, Hazardous Waste Section
13051N. Telecom Parkway, Temple Terrace, Florida 33637

Florida Department of Environmental
Protection Hazardous Waste Management
Section
2600 Blair Stone Road, Mail Station
4555 Tallahassee, Florida 32399-2400

Florida Department of Environmental Protection
Bureau of Petroleum Storage Systems
2600 Blair Stone Road
Tallahassee, Florida 32399-
2400

Florida Department of Health in Polk county-
Environmental Engineering
Division Curtis Peterson Building
200 N. Kentucky Avenue, Suite 404
Lakeland, Florida 33801-4963

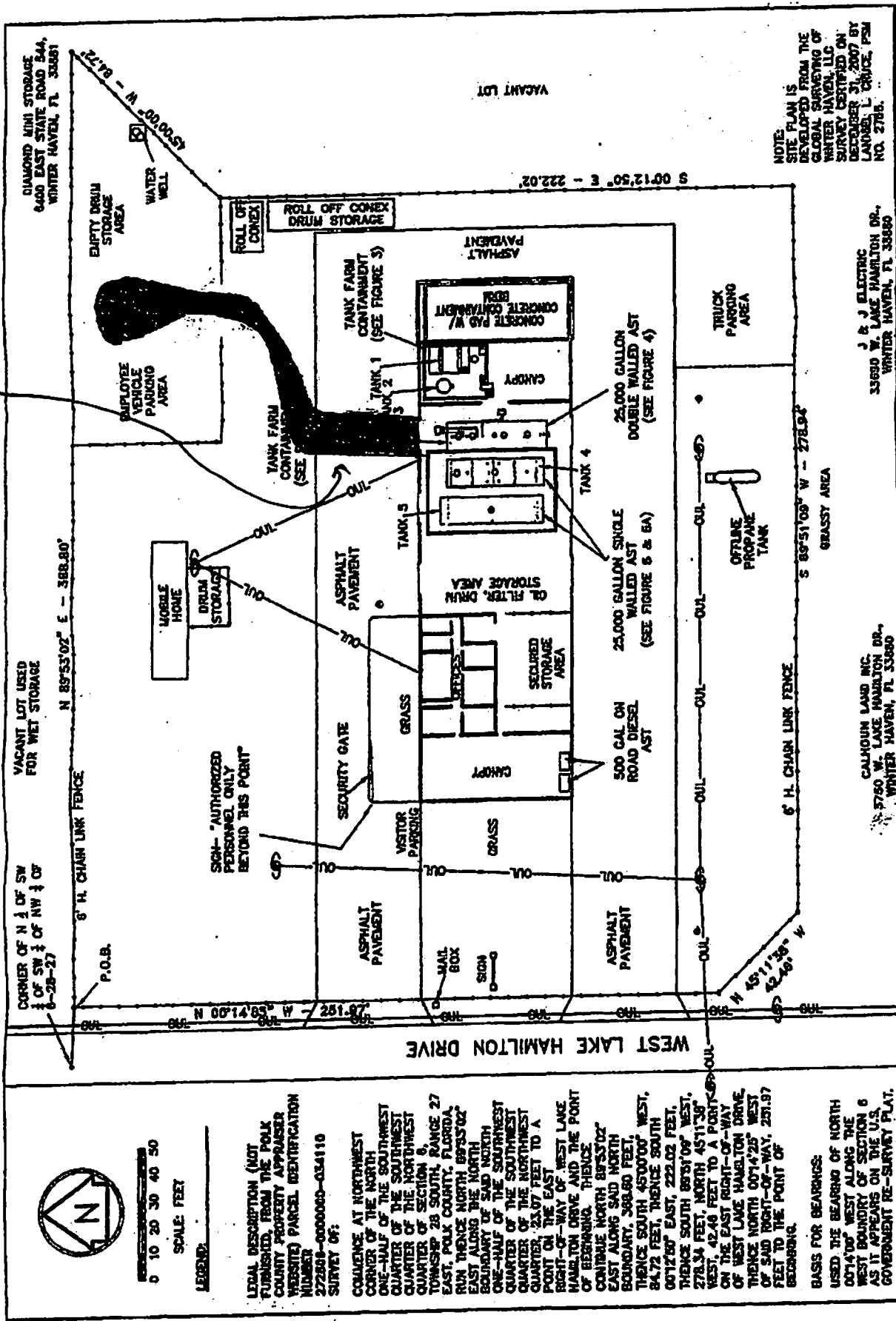
This is an accurate report of the spill incident and response efforts.



Jeffery Englin, Plant Manager

Date: May 28, 2014

Attachment A Spill (Shaded Area Below)



NOTE: SITE PLAN IS DEVELOPED FROM THE GLOBAL SURVEYING OF WINTER HAVEN, LLC SURVEY CERTIFIED ON DECEMBER 31, 2007 BY LANDER, L. CRUCE, PSN NO. 2785.

J & J ELECTRIC
33630 W. LAKE HAMILTON DR.,
WINTER HAVEN, FL 33880

CALHOUN LAND INC.
5750 W. LAKE HAMILTON DR.,
WINTER HAVEN, FL 33880

<p>IMPERIAL 3905 KODON ROAD, LAKELAND, FL</p>	<p>SYNERGY RECYCLING, LLC U.S. EPA ID NO. FLR 000 053 611 3800 W LAKE HAMILTON DR., WINTER HAVEN, FL 33881</p>	<p>DATE OF DRAFTING 05-10-11</p>	<p>SITE MAP</p>	<p>PROJ. NO. 8731 FIGURE NO. 2</p>
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0 10 20 30 40 50
SCALE: FEET

LEGEND:

LEGAL DESCRIPTION (NOT FURNISHED FROM THE POLK COUNTY PROPERTY APPRAISER WEBSITE) PARCEL IDENTIFICATION NUMBER 272809-000000-034110 SURVEY OF:

COMMENCE AT NORTHEAST CORNER OF THE NORTH ONE-HALF OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 8, TOWNSHIP 28 SOUTH, RANGE 27 EAST, POLK COUNTY, FLORIDA; RUN THENCE NORTH 89°53'02" EAST ALONG THE NORTH BOUNDARY OF SAID NORTH ONE-HALF OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 8, 23.07 FEET TO A POINT ON THE EAST RIGHT-OF-WAY OF WEST LAKE HAMILTON DRIVE AND THE POINT OF BEGINNING; THENCE CONTINUE NORTH 89°53'02" EAST ALONG SAID NORTH BOUNDARY, 368.60 FEET, THENCE SOUTH 45°00'00" WEST, 84.72 FEET, THENCE SOUTH 00°12'50" EAST, 222.02 FEET, THENCE SOUTH 89°51'09" WEST, 278.34 FEET, NORTH 45°11'39" WEST, 42.46 FEET TO A POINT ON THE EAST RIGHT-OF-WAY OF WEST LAKE HAMILTON DRIVE; THENCE NORTH 00°14'25" WEST OF SAID RIGHT-OF-WAY, 251.97 FEET TO THE POINT OF BEGINNING.

BASIS FOR BEARINGS: USED THE BEARING OF NORTH 00°14'25" WEST ALONG THE WEST BOUNDARY OF SECTION 6 AS IT APPEARS ON THE U.S. GOVERNMENT RE-SURVEY PLAT.



Discharge Reporting Form

PLEASE PRINT OR TYPE

DEP Form # 62-761.900(1)

Form Title Discharge Reporting Form

Effective Date

Instructions are on the reverse side. Please complete all applicable blanks

1. Facility ID Number (if registered): 000 053 611 2. Date of form completion: May 28, 2014

3. General Information

Facility name: Synergy Recycling of Central Florida, LLC

Facility Owner or Operator: Jeffery Englin

Facility Contact Person: Jeffery Englin

Telephone number: (813) 410-4974

County: Polk

Facility Mailing address: 3900 West Lake Hamilton Drive, Winter Haven, FL 33881

Location of discharge (facility street address): 3900 West Lake Hamilton Drive, Winter Haven

Latitude and Longitude of discharge (if known): east lat 28° 04' 42" - Long 81° 39' 39"

4. Date of receipt of test results or discovery of confirmed discharge: _____ month/day/year

5. Estimated number of gallons discharged: 95

6. Discharge affected: ☐ Air ☒ Soil ☐ Ground water ☐ Drinking water well(s) ☐ Shoreline ☐ Surface water (water body name) _____

7. Method of discovery (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Liquid detector (automatic or manual) | <input type="checkbox"/> Internal inspection | <input type="checkbox"/> Closure/Closure Assessment |
| <input type="checkbox"/> Vapor detector (automatic or manual) | <input type="checkbox"/> Inventory control | <input type="checkbox"/> Groundwater analytical samples |
| <input type="checkbox"/> Tightness test | <input type="checkbox"/> Monitoring wells | <input type="checkbox"/> Soil analytical tests or samples |
| <input type="checkbox"/> Pressure test | <input type="checkbox"/> Automatic tank gauging | <input checked="" type="checkbox"/> Visual observation |
| <input type="checkbox"/> Statistical Inventory Reconciliation | <input type="checkbox"/> Manual tank gauging | <input type="checkbox"/> Other _____ |

8. Type of regulated substance discharged: (check one)

- | | | | | |
|---|--|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Unknown | <input checked="" type="checkbox"/> Used/waste oil | <input type="checkbox"/> Jet fuel | <input type="checkbox"/> Heating oil | <input type="checkbox"/> New/lube oil |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Aviation gas | <input type="checkbox"/> Diesel | <input type="checkbox"/> Kerosine | <input type="checkbox"/> Mineral acid |
| <input type="checkbox"/> Hazardous substance - includes CERCLA substances from USTs above reportable quantities, pesticides, ammonia, chlorine, and derivatives (write in name or Chemical Abstract Service (CAS) number) _____ | | | | |
| <input type="checkbox"/> Other _____ | | | | |

9. Discharge originated from a: (check all that apply)

- | | | | | |
|--|--|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Dispensing system | <input type="checkbox"/> Pipe | <input type="checkbox"/> Barge | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Vehicle |
| <input checked="" type="checkbox"/> Tank | <input type="checkbox"/> Fitting | <input type="checkbox"/> Tanker ship | <input type="checkbox"/> Railroad tankcar | <input type="checkbox"/> Airplane |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Valve failure | <input type="checkbox"/> Other Vessel | <input type="checkbox"/> Tank truck | <input type="checkbox"/> Drum |
| <input type="checkbox"/> Other _____ | | | | |

10. Cause of the discharge: (check all that apply)

- | | | | | |
|--|--|--------------------------------------|---|---|
| <input type="checkbox"/> Loose connection | <input type="checkbox"/> Puncture | <input type="checkbox"/> Spill | <input type="checkbox"/> Collision | <input type="checkbox"/> Corrosion |
| <input type="checkbox"/> Fire/explosion | <input checked="" type="checkbox"/> Overfill | <input type="checkbox"/> Human error | <input type="checkbox"/> Vehicle Accident | <input type="checkbox"/> Installation failure |
| <input checked="" type="checkbox"/> Other <u>Faulty sensor</u> | | | | |

11. Actions taken in response to the discharge: Pavement area cleaned, soil removed and sent for disposal

12. Comments: Corrective Action: Used Oil Collection Pneumatic valve will be immediately repaired. A copy of the repair will be placed in this file

13. Agencies notified (as applicable):

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> State Warning Point
1-800-320-0519 | <input type="checkbox"/> National Response Center
1-800-424-8802 | <input type="checkbox"/> Fire Department | <input type="checkbox"/> County Tanks Program | <input checked="" type="checkbox"/> DEP (district/person) |
|--|---|--|---|---|

14. To the best of my knowledge and belief all information submitted on this form is true, accurate, and complete.

Jeffery Englin
Printed Name of Owner, Operator or Authorized Representative

[Signature]
Signature of Owner, Operator or Authorized Representative



Incident Notification Form

PLEASE PRINT OR TYPE

Instructions are on the reverse side. Please complete all applicable blanks

DEP Form # 62-761.900(6)
Form Title: Incident Notification Form
Effective Date: July 13, 1998

1. Facility ID Number (if registered): 000053611 2. Date of form completion: 5/28/14

3. General information

Facility name: Synergy Recycling of Central Florida, LLC

Facility Owner or Operator: Jeffery Englin

Contact Person: Jeffery Englin

Telephone number: (813) 410-4974

County: Polk

Facility mailing address: 3800 West Lake Hamilton Drive, Winter Haven, FL 33881

Location of incident (facility street address): 3800 West Lake Hamilton Drive

Latitude and Longitude of incident (if known.): east latitude 28 04' 42" Longitude 81 39' 39"

4. Date of Discovery of incident: 5/27/14 month/day/year

5. Monitoring method that indicates a possible release or an incident: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Liquid detector (automatic or manual) | <input type="checkbox"/> Groundwater samples | <input type="checkbox"/> Closure |
| <input type="checkbox"/> Vapor detector (automatic or manual) | <input type="checkbox"/> Monitoring wells | <input type="checkbox"/> Inventory control |
| <input type="checkbox"/> Tightness test | <input type="checkbox"/> Internal inspection | <input type="checkbox"/> Statistical Inventory Reconciliation |
| <input type="checkbox"/> Pressure test | <input type="checkbox"/> Odors in the vicinity | <input type="checkbox"/> Groundwater analytical samples |
| <input type="checkbox"/> Breach of integrity test | <input type="checkbox"/> Automatic tank gauging | <input checked="" type="checkbox"/> Soil analytical tests or samples |
| <input checked="" type="checkbox"/> Visual observation | <input type="checkbox"/> Manual tank gauging | |
| | | <input type="checkbox"/> Other _____ |

6. Type of regulated substance stored in the storage system: (check one)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Diesel | <input checked="" type="checkbox"/> Used/waste oil | <input type="checkbox"/> New/lube oil |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Aviation gas | <input type="checkbox"/> Kerosene |
| <input type="checkbox"/> Heating oil | <input type="checkbox"/> Jet fuel | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hazardous substance - includes CERCLA substances, pesticides, ammonia, chlorine, and their derivatives, and mineral acids.
(write in name or Chemical Abstract Service (CAS) number) _____ | | |

7. Incident involves or originated from a: (check all that apply)

- | | | | | |
|---|---|--|--------------------------------|---|
| <input checked="" type="checkbox"/> Tank | <input type="checkbox"/> Unusual operating conditions | <input type="checkbox"/> Dispensing equipment | <input type="checkbox"/> Pipe | <input type="checkbox"/> Overfill protection device |
| <input type="checkbox"/> Piping sump | <input type="checkbox"/> Release detection equipment | <input type="checkbox"/> Secondary containment system | <input type="checkbox"/> Other | <input type="checkbox"/> Dispenser Liners |
| <input type="checkbox"/> Loss of >100 gallons to an impervious surface other than secondary containment | | <input type="checkbox"/> Loss of >500 gallons within secondary containment | | |

8. Cause of the incident, if known: (check all that apply)

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Overfill (<25 gallons) | <input type="checkbox"/> Spill (<25 gallons) | <input type="checkbox"/> Theft | <input type="checkbox"/> Corrosion |
| <input checked="" type="checkbox"/> Faulty Probe or sensor | <input type="checkbox"/> Human error | <input type="checkbox"/> Installation failure | <input checked="" type="checkbox"/> Other <u>95 gallons</u> |

9. Actions taken in response to the incident: Pavement area cleaned, soil removed and sent for disposal

10. Comments: Corrective Action: Used Oil Collection Pneumatic valve will be immediately repaired.
A copy of the repair will be placed in this file.

11. Agencies notified (as applicable):

- | | |
|---|--|
| <input type="checkbox"/> Fire Department. | <input type="checkbox"/> Local Program |
|---|--|

12. To the best of my knowledge and belief, all information submitted on this form is true, accurate, and complete.

Jeffery Englin

Printed Name of Owner, Operator or Authorized Representative

☒ DEP (district/person)

Signature of Owner, Operator or Authorized Representative.