

# Florida Department of Environmental Protection

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

Jeff Kottkamp Lt. Governor

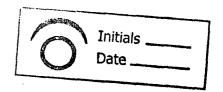
Michael W. Sole Secretary

March 08, 2007

Mark Owens Water Recovery Inc 1819 Albert St Jacksonville, FL 32202- 1103

#### **BE IT KNOWN THAT**

Water Recovery Inc 1819B Albert St Jacksonville, FL 32202- 1103



#### IS HEREBY REGISTERED AS A USED OIL

Transfer Facility, Processor, Marketer, 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 **FLR000069062** on March 08, 2007

This registration will expire on 06/30/2008

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.

Richard C.Neves
Environmental Specialist
Hazardous Waste Management



## M E. 36081

Department of Environmental Protection

Post Office Box 3070 Tallahassee, Florida 32399-2400

# DEP Form #62-710.901(1) Form Title Application for Registration Used Oil & Oil Filter Handlers Effective Date June 9, 2005

### **Application for Registration Used Oil and Oil Filter Handlers\***

MAR 0 1 2007

\*Handlers are any persons subject to the registration requirements of Rule 62-710.500 and 62-710.850, F.A.C. (see item 4b below) For registration period July 1, 2007 through June 30, 2008 Please print or type

|       | 1. B   | usiness Name Water Kecovery Jus. FEID No. 52-210-3364  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|
|       | D  | BA (Doing Business As) Telephone No. (904) 445-9320  |  |  |  |  |  |  |  |
|       | В  | usiness Mailing Address: 1819 Albert St.   |  |  |  |  |  |  |  |
|       | С  | ity: Jacksonville County Dural State: FLZip Code: 3262   |  |  |  |  |  |  |  |
|       | s  | ite Address: 1819 Albert St.   |  |  |  |  |  |  |  |
|       |  | ity: Jacksonvile County Davel State: FL Zip Code: 3220x  |  |  |  |  |  |  |  |
| J. H  | 2. N<br>T  | ame of Contact Person (if different from owner/operator) <u>Mcドロルさい</u><br>elephone No. ( <u>१०५)                                    </u>  |  |  |  |  |  |  |  |
| 340   | 3. The records required under the provisions of Rule 62-710.510, F.A.C. are kept (check one): at our mailing (business) address at the site (facility) address   |  |  |  |  |  |  |  |  |
|       | 4. N   | lake \$100.00 fee check or money order payable to Florida Department of Environmental Protection   |  |  |  |  |  |  |  |
| #     | 4a. Registration Status: New Renewal EPA ID No. FLR 0000 69062   |  |  |  |  |  |  |  |  |
| 1865  | 4b. Check boxes which apply to your used oil/used oil filter activity(ies).  Used Oil: □Transporter ♣Transfer Facility □ Collection Center/Aggregation Point ♣Marketer ♣Trocessor □Burner of off-spec used oil |  |  |  |  |  |  |  |  |
| #     |  |  |  |  |  |  |  |  |  |
| · • d | U  | lsed Oil Filter: □Transporter ॎॗ॔Transfer Facility ॎॗProcessor □End User   |  |  |  |  |  |  |  |
| 1228  | 5. Certification   |  |  |  |  |  |  |  |  |
| dot   | 5  | a. General Certification to be signed by all Registrants:  |  |  |  |  |  |  |  |
| 370'  | To the best of my knowledge and belief I certify the information provided in this application is true, accurate and correct.   |  |  |  |  |  |  |  |  |
|       |  | Mrr K O wenz<br>Name of Authorized Person (Print or Type) Signature of Authorized person Date  |  |  |  |  |  |  |  |
|       | 5  | b. Specific Certification to be signed by all Used Oil Transporters  |  |  |  |  |  |  |  |
|       |  | (Except those exempted by Rule 62-710.600(1), F.A.C.) I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C. |  |  |  |  |  |  |  |
|       |  | Name of Authorized Person (Print or Type)  Signature of Authorized person  Date  Page 1 of 2   |  |  |  |  |  |  |  |

Refund \$100 to fee if permitted processor



#### Department of Environmental Protection Post Office Box 3070 Tallahassee, Florida 32399-2400

DEP Form #<u>62-710.901(1)</u>
Form Title Application for Registration
Used Cil & Cil Filter Handlers
Effective Date <u>June 9, 2005</u>

**Application for Registration Used Oil and Oil Filter Handlers\*** 

1. Business Name Water Recovery Jw. FEID No. 52-218-3567

MAR 0 1 2007

\*Handlers are any persons subject to the registration requirements of Rule 62-710.500 and 62-710.850, F.A.C. (see item 4b below)

For registration period July 1, 2007 through June 30, 2008

Please print or type

|   | DBA (Doing Business As) Telephone No. (904) 445-9320  |
|---|---|
|   | Business Mailing Address: 1819 Albert \$  |
|   | City: Jacksonville County Davil State: FLZip Code: 32602  |
|   | Site Address: 1819 Albert St.   |
| •   | City: Jacksonwile County Davel State: FL Zip Code: 3220x  |
| 2.  | Name of Contact Person (if different from owner/operator) Mork Owens Telephone No. (904) 475-9320 email: MOWENS CWITTEN COM                                   |
| 3.  | The records required under the provisions of Rule 62-710.510, F.A.C. are kept (check one):  at our mailing (business) address  at the site (facility) address |
| 4.  | Make \$100.00 fee check or money order payable to Florida Department of Environmental Protection  |
| 4a  | Registration Status: New Renewal EPA ID No. FLR 0000 69062  |
| 4b  | . Check boxes which apply to your used oil/used oil filter activity(ies).   |
|   | Used Oil: □Transporter ♣Transfer Facility □ Collection Center/Aggregation Point ♣Marketer ♣Frocessor □Burner of off-spec used oil                             |
|   | Used Oil Filter: □Transporter arransfer Facility Processor □End User  |
| 5.  | Certification   |
|   | 5a. General Certification to be signed by all Registrants:  |
|   | To the best of my knowledge and belief I certify the information provided in this application is true, accurate and correct.                                  |
| and the designation of the second companies — and | RIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER. SEE BACK FORDERALLS CHECK DATE  CHECK DATE  CO. 7.2.2.5                            |
| O   |   |
|   | Recovery: Inc.  3. AATLANTIC BEACH: FLORIDA 82233:0569 & PHONE: (904) 241-2200  PAY THIS AMOUNT   |
| POST OFFICE BOX (33056)                           | ***one hundred and x3 / 100*** \$ 100.00  |
|   | DEPT OF ENVIRONMENTAL PROTECTION  |
| PAY<br>TO THE<br>ORDER<br>OF                      | P O BOX 3070<br>TALLAHASSEE, FL 32315-  |
|   |   |



SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

# Departmerit 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

MAR 0 1 2007

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, 2006 through December 31, 2006

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

| 1. Company Name: Water Recovery, Inc. 2. Telephone No. (904)   | 475-9320           |  |  |  |  |  |  |  |  |
|--|--------------------|--|--|--|--|--|--|--|--|
| Site Address: 1819 Albert Street , Jacksonville FL 32202   |                    |  |  |  |  |  |  |  |  |
| 3. EPA ID NO. FLR 0000   |                    |  |  |  |  |  |  |  |  |
| 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)  |                    |  |  |  |  |  |  |  |  |
| Title Plant Manager Phone number (if different from #2, above) (904) 475-93  |                    |  |  |  |  |  |  |  |  |
| 5. Type of operation (check as many as apply to your operations)  Jsed Oil: o Transporter fransfer Facility o Collection Center/Aggregation Point Processor Marketer  Burner (of off-specification used oil)  Jsed Oil Filter: o Transporter Transer Facility Processor o End User | _                  |  |  |  |  |  |  |  |  |
| SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLE  | ERS SEE SECTION C) |  |  |  |  |  |  |  |  |
| Automotive Industrial Mixed  |                    |  |  |  |  |  |  |  |  |
| a. In Florida  |                    |  |  |  |  |  |  |  |  |
| b. From out of state   |                    |  |  |  |  |  |  |  |  |
| c. Beginning Inventory   | 80,000             |  |  |  |  |  |  |  |  |
| d. Total (sum of totals from Lines a + b + c)  | 927,000            |  |  |  |  |  |  |  |  |
| 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  |                    |  |  |  |  |  |  |  |  |
| 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   |                    |  |  |  |  |  |  |  |  |
| 3. Total amount (in gallons) of used oil managed   |                    |  |  |  |  |  |  |  |  |
| I. End of year, on hand estimate (Difference between Lines 1D and Line 3)  |                    |  |  |  |  |  |  |  |  |

|                                    | ACORD.   |  |   |                                     | D/                                    | TE(M/DD/YY)<br>02/15/07     |   |  |  |  |  |  |  |
|------------------------------------|--|--|---|-------------------------------------|---------------------------------------|-----------------------------|---|--|--|--|--|--|--|
|                                    | AON Risk Services, Inc.<br>13901 Sutton Park Drive<br>Suite 360 - Building C<br>Jacksonville FL 32224 US   | of Florida<br>South<br>A   | THIS CEXTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CEXTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |                                     |                                       |                             |   |  |  |  |  |  |  |
|                                    | - (004) 724 2001   | /0043 non 4455   | INSURERS AFFORDING COVERAGE   |                                     |                                       |                             |   |  |  |  |  |  |  |
| INST                               | E-(904) 724-2001   | FAX-(904) 223-1155   |   |                                     |                                       |                             | } {   |  |  |  |  |  |  |
| 1                                  | Water Recovery, Inc.   |  | RESIDER A: Zurich American Ins Co RESIDER B: COMMERCE & Industry Ins Co   |                                     |                                       |                             | 1 '   |  |  |  |  |  |  |
| l                                  | P 0 Box 330569<br>Jacksonville FL 32233-26   | 13 USA   |   |                                     |                                       |                             | 1   |  |  |  |  |  |  |
|                                    |  |  | NSURERC Steadfast Insurance Company   |                                     |                                       |                             | 77.13 T.3   |  |  |  |  |  |  |
|                                    |  |  |   | NSREE D:                            |                                       |                             |   |  |  |  |  |  |  |
| ROBER R                            |  |  |   |                                     |                                       |                             |   |  |  |  |  |  |  |
| A)<br>PE                           | THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY EQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOLLMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PRITAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERIEN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. |  |   |                                     |                                       |                             |   |  |  |  |  |  |  |
| INSE<br>LTR                        | TYPE OF INSURANCE  | POLICY AUGUS   | POLICY EFFECTIVE<br>BATRIMBODRYY)   | POLICY EXPERATION<br>DATE(MEMORETY) | ш                                     | ats                         | ] ;   |  |  |  |  |  |  |
| <b>A</b>                           | GERERAL LIABILITY  | GL0903325300   | 02/15/07  | 01/18/08                            | EACH OCCURRENCE                       | \$1,000,000                 | 101310100043  |  |  |  |  |  |  |
|                                    | X COMMERCIAL GENERAL LIABILITY   | General Liability  |   |                                     | FIRE DAMAGE(Any one fire)             | \$100,000                   | 1 5   |  |  |  |  |  |  |
|                                    | CLABAS MADE X OCCUR  |  |   |                                     | MED EXP (Any one person)              | \$5,000                     | ] [   |  |  |  |  |  |  |
|                                    |  |  |   |                                     | PERSONAL & ADVINURY                   | \$1,000,000                 | 1 8   |  |  |  |  |  |  |
|                                    |  | ]  |   |                                     | GENERAL AGGREGATE                     | \$2,000,000                 | 1   |  |  |  |  |  |  |
|                                    | GENTL AGGREGATE LIMIT APPLIES PER:   |  |   |                                     | PRODUCTS - COMP/OP AGG                | \$2,000,000                 | 1.  |  |  |  |  |  |  |
|                                    | POLICY PRO- LOC  |  |   | ·                                   |                                       | 22,000,000                  |   |  |  |  |  |  |  |
|                                    |  |  |   |                                     |                                       |                             |   |  |  |  |  |  |  |
| ٨                                  | AUTOROBILE LIABILITY   | BAP9046516   | 01/18/07  | 03/19/07                            | COMBINED SINGLE LIMIT (Es accident)   | \$1,000,000                 | 5   |  |  |  |  |  |  |
|                                    | X ANY AUTO   |  |   |                                     |                                       | 22,500,000                  | }   |  |  |  |  |  |  |
|                                    | ALL OWNED AUTOS SCHEDULED AUTOS  |  |   | •                                   | BODULY RUURY<br>(Per person)          |                             | ۱ `   |  |  |  |  |  |  |
|                                    | X HIRED AUTOS  | RECEIV   |   |                                     | BODELY DRURY<br>(Per socident)        |                             |   |  |  |  |  |  |  |
|                                    | X NON OWNED AUTOS X Includes MCS-90  | MAR 0 1 20   | )P7   |                                     | PROPERTY DAMAGE (Per socident)        |                             | l   |  |  |  |  |  |  |
|                                    |  | 579 N.W.   |   |                                     | 144 444                               |                             | J   |  |  |  |  |  |  |
|                                    | GARAGE LIABILITY   |  | =   |                                     | AUTO ONLY - BA ACCIDENT               |                             |   |  |  |  |  |  |  |
|                                    | ANY AUTO   |  |   |                                     | OTHER THAN EA ACC                     |                             |   |  |  |  |  |  |  |
|                                    |  |  |   |                                     | AUTO ONLY:                            |                             | İ   |  |  |  |  |  |  |
|                                    | EXCESS LIABILITY   |  |   |                                     | EACH OCCURRENCE                       |                             | 1   |  |  |  |  |  |  |
|                                    | OCCUR CLAIMS MADE  |  |   |                                     | AGGREGATE                             |                             |   |  |  |  |  |  |  |
| J                                  |  |  | ]   |                                     |                                       |                             | ]   |  |  |  |  |  |  |
| l                                  | DEDUCTIBLE   | ·  |   |                                     |                                       |                             | ]   |  |  |  |  |  |  |
| _                                  | RETENTION  |  | 1   |                                     |                                       |                             | 1   |  |  |  |  |  |  |
| •                                  | WORKERS COMPLISATION AND   | WC2959860  | 01/18/07  | 01/18/08                            | X WC STATU- OTH-                      |                             | ]   |  |  |  |  |  |  |
|                                    | ENGLOYERS LIABILITY  | Workers Comp / USL&H incl.   | ]   |                                     | EL EACH ACCIDENT                      | \$1,000,000                 |   |  |  |  |  |  |  |
| - 1                                |  |  | 1   |                                     | EL. DESEASE-POLICY LIMIT              | \$1,000,000                 |   |  |  |  |  |  |  |
|                                    |  |  |   |                                     | BL. DISEASE-EA EMPLOYEE               | \$1,000,000                 | 垂   |  |  |  |  |  |  |
| -                                  | CTHER  | PLC903325400   | 02/15/07  | 01/18/10                            | Aggregate Limit                       | \$2,000,000                 |   |  |  |  |  |  |  |
|                                    | X Pollutn/Env Imp  |  |   |                                     | Per Claim Limit                       | \$1,000,000                 | · 1000年11日 - 1000年11日 |  |  |  |  |  |  |
| DESCR                              | IPTION OF OPERATIONS/LOCATIONS/VEH   | L<br>ECLES/EXCLUSIONS ADDED BY ENDORSEM  | ENT/SPECIAL PROVISION   | ts .                                | · · · · · · · · · · · · · · · · · · · |                             | 13  |  |  |  |  |  |  |
|                                    |  |  |   |                                     |                                       |                             | 2   |  |  |  |  |  |  |
|                                    | etenni fulk, i filozof selek i i e en e  | name to the system of the same |   |                                     |                                       |                             | 1   |  |  |  |  |  |  |
|                                    |  |  |   |                                     |                                       | 174 (12 kg) (14 kg) (15 kg) | Z   |  |  |  |  |  |  |
|                                    | "FOR RID PURPOSES ON   |  | SHOULD ANY OF THE ABOVE DESCRIBED FOLICES BE CANCELLED REPORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL.   |                                     |                                       |                             | 금   |  |  |  |  |  |  |
|                                    | Atlantic Beach FL 32   | 233 IISA   | DO DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,<br>BIT FAILIBLE TO DO SO SHALL DIFFOSE NO CELECATION OR LIABELITY   |                                     |                                       | 를                           |   |  |  |  |  |  |  |
|                                    |  | Į.   | OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  |                                     |                                       | 子                           |   |  |  |  |  |  |  |
| AUTHORIZED REPRESENTATIVE DELL'ALL |  |  |   |                                     |                                       |                             |   |  |  |  |  |  |  |
| and the                            |  |  |   |                                     |                                       |                             |   |  |  |  |  |  |  |





### Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Colleen M. Castille Secretary

#### PERMITTEE:

Water Recovery, Inc. 1819 Albert Street Jacksonville, Florida 32202

Attn.: Mr. Mark Owens, Plant Manager

I.D. Number: FLR 000 069 062 Permit/Cert Number: 79677-HO-06 Date of Issue: April 25, 3006 Expiration Date: October 11, 2010

County: Duval

Lat/Long: 30° 19' 45" N/81° 37' 25" W Project: Used Oil Processing Facility

This permit renewal is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule(s) 62-4, 62-701, 62-710, 62-730, 62-740 and 40 Code of Federal Regulations (CFR) Part 279. The above named Permittee is hereby authorized to perform the work or operate the facility shown on the application and approved drawing(s), plans, and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

To operate a Used Oil Processing Facility consisting of a tank storage and processing area and a container storage area, hereinafter referred to as "Facility" (Attachment A).

The tank storage and processing area consists of ten (10) aboveground storage tanks and a heater unit, which may be used to store or process used oil, oily water, petroleum contact water (PCW), sludges/solids, and water. Tanks 1-P, 2-P, 3-P, 4-P, 5-P, 6-P, 7-P, 8-P, 9-P, 10-P and the Heater are located within secondary containment on the north side of the facility. Tanks 1-P, 2-P and 3-P have a capacity of 23,232 gallons each. Tank 4-P has a capacity of 21,445 gallons; Tank 5-P has a capacity of 20,778 gallons; Tank 6-P has a capacity of 25,806 gallons; Tank 7-P and 8-P have a capacity of 21,446 gallons each; Tank 9-P has a capacity of 20,833 gallons; and Tank 10-P has a capacity of 10,000 gallons. Stormwater Tank 1SW, with a capacity of 30,000 gallons, is located within the secondary containment in the used oil processing area. Tank 7-P has been designated for the storage of PCW. The total capacity for all used oil storage and processing tanks at the facility is 211,450 gallons. The tank system has the ability to transfer the used oil, PCW, and waste water to and from any of the tanks.

The facility's secondary containment system consists of a concrete slab bounded by concrete block walls and two (east and west) driveway berms. The secondary containment is capable of containing a volume of 40,359 gallons, which is greater than 110% of the volume of the largest tank in the secondary containment area. The facility has the capacity to store up to 30 55-gallon drums containing used oil or used oil filters in the concrete secondary containment system of the oil processing area located on the north side of the facility. This area may also be used for the storage of a roll-off container for the accumulation of used oil processing solid wastes, residues and sludges.

The facility is located at 1819 Albert Street, Jacksonville, Duval County, Florida. Operation of the facility will be in accordance with the permit applications and additional information submitted by the facility.

"More free school, Less Process"

Printed on recycled paper.

PERMITTEE:

Water Recovery, Inc. 1819 Albert Street Jacksonville, FL 32202 I.D. Number: FLR 000 069 062 Permit/Cert Number: 79677-HO-06 Expiration Date: October 11, 2010

The following documents were used in preparation of this Permit:

- 1. Permit renewal application dated September 12, 2005 and additional information dated September 22, 2005.
- 2. Permit Application dated May 15, 2000 and additional information submitted on June 29, 2000 and the permit modification submitted on January 24, 2002.

This permit replaces the permit No. 79677-HO-005, issued to the previous owner, Envirotech Southeast, Inc.