

# FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee. FL 32399-2400 Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Shawn Hamilton Secretary

10/21/2024 Kenneth Graden, Owner Independent Waste Oil Inc 2231 New Berlin Rd Jacksonville, FL 32218

The Florida Department of Environmental Protection has reviewed your submittal for a hazardous waste DEP/EPA Identification Number or status/information change.

Based on the information received, you have been issued the following number for reports for Independent Waste Oil Inc located at **343 Dennard Ave # B, Jacksonville, FL 32254-3401** 

DEP/EPA Identification Number: FLR000009563

Your facility status is the following: **Non-Handler of Hazardous Waste**.

Florida Administrative Code 62-730 requires all persons who generate, transport, recycle, store, or dispose of hazardous waste to notify the department of their hazardous waste activities. You are required to renotify on form 8700-12FL when there are changes in your operations which would affect your status, activity or contact information. Additional hazardous waste information including the 8700-12FL form can be found at:

 $\frac{https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page \ .$ 

Please note that pending program registrations, certifications, or permits will be sent to you separately. **To review the details of your status**, visit: https://fldeploc.dep.state.fl.us/www RCRA/Reports/handler results.asp?epaid=FLR000009563.

For further assistance, please contact me at (850) 245-8707 or email me at Jeff.Gregg@dep.state.fl.us

Sincerely,

Jeff Gregg

Environmental Manager

Waste Compliance Assistance Program

ME ID: 59611, Email Address: <a href="mailto:independentwasteoil@gmail.com">independentwasteoil@gmail.com</a>



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE A TIVITY

DEP Waste Management Division HV/RS, MS4560 2600 Blair Stone Rd. Tallahassee. FL 32399-2400

(850) 245-8707

Date Received (for DEP Official Use Only)

DIVISION OF WASTE MANA '24 SEP 9 AM10:22:03

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RCRA Hazardous Waste Activities at this Fact (1) Generator of Hazardous Waste                                           | llity: (Mark 'X' in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| If YES, Choose only one of the following three categories.                                                                 | · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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|                                                                                                                            | - 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 and/or no more than 100 kg (220 lbs) of any acute hazardous spill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| c. Very Small Quantity Generator (VSQG):                                                                                   | and a graduate of the forest of the second second second second to the forest second s | angarita da parametra da parame |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and the second control of the second control |  |  |
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| hazardous waste.  In addition, indicate other generator activities that apply.                                             | anga malamatan dan sanga ganta dalaman da tanah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| d. Short-Term Generator (one-time, not on-going)  e. 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| f. 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| g. 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| h. 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| transmit an electronic manifest under a contractual relationship with a hazardous waste generator.                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 9.            | 9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply):                                     |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| 7.            | 5                                                                                                                                | 76                           | A CONTRACTOR OF THE PROPERTY O | 17                          | 78                                             | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20                                      | 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| 11            | Other                                                                                                                            | Statue Ch                    | SHUES Ofro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Ì             | (A) Central Accumulation Area (CAA) or Facility Closed:  Central Accumulation Area (CAA)                                         |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|               | Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.)  (B) Closure Dates: |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|               | [ (1) Expected closure date                                                                                                      |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|               | (2) Requesting new closure date(date in mm/dd/yyyy)                                                                              |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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|               | (date in mm/dd/yyyy)                                                                                                             |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Section 1     | a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)                                                   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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|               | b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)                                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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|               | (C) Prop                                                                                                                         | erty Tax Del                 | per 1979                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             | - 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| Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | etis magaying 1990 - Million op a sanggint skip al Majariman Pankish malay ya sana 1990                        |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |  |  |  |
| A. Federal Notification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |  |  |  |  |
| Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of a of UW accumulated (at any one time)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nny combination                                                                                                |  |  |  |  |
| Accumulates: 2. UW Batteries 5. Pesticides 5. Pharmaceuticals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                |  |  |  |  |
| d. Mercury Containing Devices . Mercury Containing Lamps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |  |  |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |  |  |  |  |
| B. Florida Universal Pharmaceutical Waste (UPW): one-time notification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |  |  |  |  |
| Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |  |  |  |  |
| Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW one time)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ) accumulated (at any                                                                                          |  |  |  |  |
| Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Busi Regulation [DBPR])                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ness and Professional                                                                                          |  |  |  |  |
| Florida Universal Pharmaceutical Waste (UPW) Transporter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |  |  |  |  |
| C. Florida Annual Mercury Handler Registration:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | traker er en en fall i mellement de transer en en en fall er fille três en |  |  |  |  |
| For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3.,F.A.C. (please contact FDEP first).  If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below. |                                                                                                                |  |  |  |  |
| (1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Hai<br>Activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ndler <u>for-hire</u>                                                                                          |  |  |  |  |
| 1st Annual Registration Annual Renewal One-time \$1,000 fee for Mercury for-hire first time LQH re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | gistration is attached                                                                                         |  |  |  |  |
| For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |  |  |  |  |
| For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps of Devices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Annual                                                                                                         |  |  |  |  |
| Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Registration<br>Required                                                                                       |  |  |  |  |
| Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |  |  |  |  |
| Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Annual Registration + one- time \$1,000 fee+                                                                   |  |  |  |  |
| Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | More Requirements<br>(contact FDEP)                                                                            |  |  |  |  |
| (2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)  [ Ist Annual Registration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |  |  |  |  |
| Briefly Describe your Universal Waste Activities:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |  |  |  |  |
| 13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transpo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rt [62-740 F.A.C.]                                                                                             |  |  |  |  |

| Hazardous Waste Transporter and Academic Laboratories                                                                                                                                                                                                                                                                                                                            | EPA ID No.                                         |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|--|--|--|
| 4. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)                                                                                                                                                                                                                                                      |                                                    |  |  |  |  |
| Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department. |                                                    |  |  |  |  |
| Generators who transport waste only within the boundaries of their facility st                                                                                                                                                                                                                                                                                                   | touid NO1 register in box 14.A below.              |  |  |  |  |
| A. HW Transporter Registration Information (must be completed annually                                                                                                                                                                                                                                                                                                           | y and when this information changes)               |  |  |  |  |
| This form is: Initial Registration Renewal Notification of                                                                                                                                                                                                                                                                                                                       | changes Cancel Registration                        |  |  |  |  |
| 1. For own waste only                                                                                                                                                                                                                                                                                                                                                            |                                                    |  |  |  |  |
| 2. For commercial purposes                                                                                                                                                                                                                                                                                                                                                       |                                                    |  |  |  |  |
| 3. Both commercial and own waste                                                                                                                                                                                                                                                                                                                                                 |                                                    |  |  |  |  |
| 4. Transportation Mode Air Rail Highway Water Ot                                                                                                                                                                                                                                                                                                                                 | her - specify                                      |  |  |  |  |
| B. HW Transfer Facility Registration Information (must be completed a                                                                                                                                                                                                                                                                                                            | nnually and when this information changes)         |  |  |  |  |
| This facility is a Hazardous Waste Transfer Facility: (as listed in It                                                                                                                                                                                                                                                                                                           | em 3) Storage Volume                               |  |  |  |  |
| This form is: Initial Registration Renewal Notification of C                                                                                                                                                                                                                                                                                                                     | changes Cancel Registration                        |  |  |  |  |
| Note: Hazardous Waste transfer facilities must comply with the requirements of Ru                                                                                                                                                                                                                                                                                                | le 62-739.171, F.A.C., and Rule 62-730.182, F.A.C. |  |  |  |  |
| The Transfer Facility records required under the provisions of Rule 62-730.17.  Our mailing (business) address  The site (facility) a                                                                                                                                                                                                                                            |                                                    |  |  |  |  |
| Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Tr                                                                                                                                                                                                                                                                                       |                                                    |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                  |                                                    |  |  |  |  |
| Please see 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3),                                                                                                                                                                                                                                                |                                                    |  |  |  |  |
| Florida Administrative Code (F.A.C.)]:                                                                                                                                                                                                                                                                                                                                           | vesic transici exempy (Auto 02-130.1/1(3)),        |  |  |  |  |
| C. The following items are required to be submitted with the initial notification for a transubmitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative                                                                                                                                                                                                 |                                                    |  |  |  |  |
| Certification by a responsible corporate officer of the transporter facility that the prop<br>Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]                                                                                                                                                                                                     | osed location satisfies the criteria of            |  |  |  |  |
| _Evidence of the transporter facility'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.]  15. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing                                                                                                                                                                                            |                                                    |  |  |  |  |
| laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K                                                                                                                                                                                                                                                                                                                |                                                    |  |  |  |  |
| 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the man                                                                                                                                                                                                                                                                                                | agement of hazardous wastes in laboratories        |  |  |  |  |
| See the item-by-item instructions for definitions of types of eligible acade                                                                                                                                                                                                                                                                                                     |                                                    |  |  |  |  |
| a. College or University b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university                                                                                                                    |                                                    |  |  |  |  |
| 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardou                                                                                                                                                                                                                                                                                                     | · ·                                                |  |  |  |  |

| Used Oil and Hazardous Secondary Material EPA ID No.*                                                                                                                                                                                                                                                             |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)                                                                                                                                                                                                                               |  |  |  |  |
| Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers <u>must annually register</u> with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers. |  |  |  |  |
| This form is: 🔲 Initial Registration 🔲 Renewal 📈 Notification of changes 🔲 Cancel Registration                                                                                                                                                                                                                    |  |  |  |  |
| If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed. UO Collection Centers must check 16.(2) of this form (not as a registration).                                                                                               |  |  |  |  |
| (1) Used Oil Transporter - mark 'X' in all that apply: (occurring in Florida)                                                                                                                                                                                                                                     |  |  |  |  |
| a. Transporter (off-site) and noncontiguous locations                                                                                                                                                                                                                                                             |  |  |  |  |
| b. Transfer Facility                                                                                                                                                                                                                                                                                              |  |  |  |  |
| (2) Collection Center (From businesses, no more than 55 gal per shipment)                                                                                                                                                                                                                                         |  |  |  |  |
| (3) Used Oil Processor (A permit is required.)                                                                                                                                                                                                                                                                    |  |  |  |  |
| (4) Used Oil Re-refiner (A permit is required.)                                                                                                                                                                                                                                                                   |  |  |  |  |
| (5) Off-Specification Used Oil Burner Utility Boiler Industrial Boiler Industrial Furnace                                                                                                                                                                                                                         |  |  |  |  |
| (6) Used Oil Fuel Marketer On-Spec Off-Spec                                                                                                                                                                                                                                                                       |  |  |  |  |
| (7) Used Oil Filter Management (must annually register)                                                                                                                                                                                                                                                           |  |  |  |  |
| a. Transporter  b. Transfer Facility                                                                                                                                                                                                                                                                              |  |  |  |  |
| c. Processor (Annual Report Required)                                                                                                                                                                                                                                                                             |  |  |  |  |
| d. End User (see instructions for definition)  (8) The records required and on the provisions of Puls 62 710 510. EAC, are legal at (check and).                                                                                                                                                                  |  |  |  |  |
| (8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):  Our mailing (business) address (as listed in Item 4)                                                                                                                                                             |  |  |  |  |
| The site (facility) address (as listed in Item 3)                                                                                                                                                                                                                                                                 |  |  |  |  |
| (9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))                                                                                                                                                                                                                                                  |  |  |  |  |
| <ul> <li>ALL registered UO transporters must submit an annual report except generators transporting UO from noncontiguous operations<br/>within their own company.</li> </ul>                                                                                                                                     |  |  |  |  |
| UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.                                                                                                                                                                                          |  |  |  |  |
| <ul> <li>UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this<br/>submission as a certified used oil transporter in section 19 (except those exempted by Rule 62-710.600(1), F.A.C.).</li> </ul>                                       |  |  |  |  |
| The used oil annual report is attached Evidence of Liability Insurance pursuant to 62-710.600(2)(e)., F.A.C. is attached.                                                                                                                                                                                         |  |  |  |  |
| 17. Notification of Hazardous Secondary Material (HSM) Activity                                                                                                                                                                                                                                                   |  |  |  |  |
| (1) Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required)                                                                                                   |  |  |  |  |
| (2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate.  (Addendum C Required)                       |  |  |  |  |

| Required signature page                                                                                                                                                                                                                                                                         |                                                | EPA ID No.                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| 18. Comments (attach a page if more space is needed):                                                                                                                                                                                                                                           |                                                |                                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                              |
|                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                              |
| 19. Certification: I certify under penalty of law that this document an accordance with a system designed to assure that qualified personnel submitted is, to the best of my knowledge and belief, true, accurate, at false information, including the possibility of fine and imprisonment it. | properly gather and on<br>nd complete. I am av | evaluate the information submitted. The information ware that there are significant penalties for submitting |
| I certify as a Used Oil Transporter that I am familiar with the a tation and have an annual and new employee training program in place bility is demonstrated by the Used Oil Transporter Certificate of Liabs                                                                                  | e covering the applic                          | cable used oil rules. Evidence of financial responsi-                                                        |
| Signature of owner, operator, or an authorized representative:                                                                                                                                                                                                                                  | Date Signed (mn                                | n-dd-yyyy):                                                                                                  |
| X                                                                                                                                                                                                                                                                                               | 8/                                             | 2//2/                                                                                                        |
| Print Name (First, Middle Initial, Last): Henneth W Greden                                                                                                                                                                                                                                      | Title:<br>Owne                                 | R/President/CEO                                                                                              |
| Organization:                                                                                                                                                                                                                                                                                   | Used Oil                                       |                                                                                                              |
| Independent Waste Oil 343 Dennard Avenue                                                                                                                                                                                                                                                        |                                                |                                                                                                              |
| Email: Jacksonville, FL 32254  Independent was te oil@                                                                                                                                                                                                                                          | amail.                                         | com                                                                                                          |
| Signature of owner, operator, or an authorized representative:                                                                                                                                                                                                                                  | Date Signed (mu                                | ı-dd-yyyy):                                                                                                  |
|                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                              |
| Print Name (First, Middle Initial, Last):                                                                                                                                                                                                                                                       | Title:                                         |                                                                                                              |
| Organization:                                                                                                                                                                                                                                                                                   | Used Oil                                       |                                                                                                              |
| Email:                                                                                                                                                                                                                                                                                          |                                                |                                                                                                              |
| If the person that filled in this form is not the Facility Contact or Ope                                                                                                                                                                                                                       | erator, please comp                            | lete the information below:                                                                                  |
| (Name of person completing this form) (Phone Number)                                                                                                                                                                                                                                            | )<br>mandamananananananananananananananananan  | (E-mail Address)                                                                                             |



## DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 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 12/2019
Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers\*

(\*Used Oil handlers are any person(s) subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 8 below.)

For the reporting period January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_

| Use the information recorded in your Record Keeping Form                                                                                       | [62-710.901(2)]                         | or equivale                             | nt to complete this                                                                        | document.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS                                                                                            |                                         |                                         |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. Company Name: I dependent weste eil 2. Site Address: 3                                                                                      | 43 Penne                                | rd Av                                   | = FOX Al 3                                                                                 | 32254                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3. Telephone No: 904. 781-8903 Check                                                                                                           | box if any of the abo                   | ve items (1-3) t                        | nave changed since you                                                                     | er last registration.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4. EPA ID No. FLR 00000 9563 5. Name of person prepa                                                                                           | ring report (please p                   | rint)                                   |                                                                                            | inderna garbagadi ji nik ina kalandagi kapanji gagilah ji 1955 ina kalangan paga-garban kalan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 6. Title: 7. Phone number                                                                                                                      | pr (if different from #                 | (3, above)                              |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8. Type of operation (check all that apply):  9. Email Address: Indexed  Used Oil: Transporter Transfer Facility Collection Center/Aggregation |                                         | :10g-n                                  | neil-com                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Marketer: On Spec Off Spec                                                                                                                     | be would                                |                                         |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Burner (off-specification used oil): Industrial Furnace Industrial                                                                             | rial Boiler Utility                     | Boiler He                               | ater                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Used Oil Filter: Transporter Transfer Facility Processor End User                                                                              | r .                                     | -                                       |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SECTION BUSED OIL (TO BE COMLETED BY ALL REGISTERED USED OIL                                                                                   | HANDLERS). SEE                          | DIRECTIONS                              | BELOW                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)                                                                       | Automotive                              | Industria                               | d Mixed                                                                                    | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| a. In Florida                                                                                                                                  | 441830                                  | 6852                                    | -0                                                                                         | 510350                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| b. From out of State                                                                                                                           |                                         |                                         |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| c. Beginning Inventory                                                                                                                         |                                         | *************************************** |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| d. Total (sum of totals from Lines a + b + c)                                                                                                  |                                         |                                         |                                                                                            | 510360                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)                                                                      |                                         |                                         | In State                                                                                   | Out of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| N - Transferred to another facility (not an end use)                                                                                           |                                         |                                         | 510350                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| O - Marketed as an on-specification used oil fuel                                                                                              |                                         |                                         |                                                                                            | "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| F - Marketed as an off-specification used oil fuel                                                                                             |                                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I - Marketed for an industrial process                                                                                                         |                                         | ******                                  | manga and an anagas and an ang ang and an an an ang an | The state of the s |
| B - Burned as an off-specification used oil fuel                                                                                               | ********************                    |                                         |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D - Disposed of: Landfilled                                                                                                                    | •••••                                   | *************                           |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Treated at a wastewater treatment a                                                                                                            | mit                                     | 2712424444                              |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Incinerated                                                                                                                                    |                                         | •··•··································  |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3. Total amount (in gallons) of Used Oil managed                                                                                               | *************************************** | *******                                 | 510350                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. End of year, on hand estimate (difference between Line 1d and Line 3)                                                                       | *************************************** | *******                                 |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

DEP Form #62-710.901(3) Form Title Annual Report by Used Oil and Used Oil Filter Handlers Effective Date 12/2019 Incorporated in Rule 62-710.510(5)

### DIRECTIONS FOR SECTION B

- 1. Enter the amount of Used Oil or Oily Waste collected in gallons for type code: Automotive, Industrial, and Mixed.
  - In State
  - b. from Out of State
  - c. Beginning Inventory from last year's ending amount
  - Enter the total sum of lines a + b + c d.
- 2. Enter the amount of used oil managed by your facility by end use code (N, O, F, I, B, and D).
- 3. Enter total amount in gallons of Used Oil managed.
- 4. Enter the end-of-year on hand amount (difference between Line 1d and Line 3).

| SECTION C USED OIL FILTERS (USE T                 | SECTION C USED OIL FILTERS (USE TABLE BELOW FOR CONVERSIONS) |        |  |  |  |
|---------------------------------------------------|--------------------------------------------------------------|--------|--|--|--|
| 1, Number of filters on hand from previous ye     |                                                              |        |  |  |  |
| 2. Number of used oil filters collected           | 17600                                                        |        |  |  |  |
| 3. Total number of used oil filters to manage (   | 174000                                                       |        |  |  |  |
| 4. Disposition of used oil filters collected:     | 176000                                                       |        |  |  |  |
|                                                   | b. Burned for energy recovery at a Waste-To-Energy facility  |        |  |  |  |
|                                                   | c. Transferred directly to a metal foundry for recycling     |        |  |  |  |
|                                                   | d. TOTAL                                                     | 176000 |  |  |  |
| 5. End of year, on hand estimate (Line 3 minu     |                                                              |        |  |  |  |
| 6. Gallons of used oil collected as a result of f |                                                              |        |  |  |  |
| 7. Gallons of used oil transferred to a used oil  |                                                              |        |  |  |  |
| 8. Volume of oily waste collected and manage      |                                                              |        |  |  |  |
| 9. Description of oily waste management           |                                                              |        |  |  |  |
| DIRECTIONS FOR SECTION C                          |                                                              |        |  |  |  |

Conversion Table One 55-gallon drum of crushed used oil filters = approximately 490 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 Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
- 9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

For assistance with this form, please contact the Used Qil Coordinator at 850-245-8707.