

<b>A. GENERATOR INFORMATION</b>		Technical Contact <u>Daniel Forehand</u>	
Generator Name <u>CABLE MARINE WEST</u>	Telephone <u>(954) 763-3390</u>	EXT. _____	
Facility Address <u>2491 SR 84</u>	FAX _____	Billing Name <u>CAPITAL MARINE GROUP LLC</u>	
City/County <u>FORT LAUDERDALE BROWARD,</u>	Billing Address <u>700 SE 32ND COURT</u>	_____	
State <u>FL</u> Zip Code <u>33312</u>	City <u>FORT LAUDERDAL</u> State <u>FL</u> Zip Code <u>33316</u>	Attention <u>JON HINES</u>	
USEPA ID# <u>FLCESQG</u>	Telephone <u>954-907-5190</u>	EXT. _____	
Effective Date: _____	Expiration Date: _____		

<b>B. DOT Shipping Name</b> "Non-Hazardous Liquid, Oily Water (< 1000 ppm halogens)"  _____ Hazard Class _____  UN/NA No. _____ Packing Group _____ RQ _____	<b>D. ANNUAL REPORT CODES</b>  SIC Code: _____ Source Code: <u>G09</u> Form Code: <u>W113</u> Origin Code: _____ System Type: <u>H039</u>	<b>E. OTHER COMPONENTS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>No</th> <th>Yes</th> <th>Total ppm</th> </tr> </thead> <tbody> <tr> <td>PCB's</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Cyanides</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Sulfides</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Pesticides</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Phenolics</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Dioxins</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Halogens</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____ %</td> </tr> </tbody> </table>		No	Yes	Total ppm	PCB's	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	Cyanides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	Sulfides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	Pesticides	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	Phenolics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	Dioxins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %
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Halogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____ %																															
<b>C. RCRA</b> RCRA Non Hazardous/Exempt? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Process Generating: <u>cleaning operations</u> State Waste Codes: _____ EPA Waste Codes: _____																																		

<b>F. PHYSICAL CHARACTERISTICS AT 70 F °</b>			
1. Infectious or Biological Waste? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. NRC Regulated Radioactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 3. Reactivity <input checked="" type="checkbox"/> None <input type="checkbox"/> Water Reactive <input type="checkbox"/> Pyrophoric <input type="checkbox"/> Shock Sensitive <input type="checkbox"/> Cyanides <input type="checkbox"/> DOT Explosive <input type="checkbox"/> Sulfides <input type="checkbox"/> Other _____	Weight Density _____ lbs./gal. (US, liq) _____ lbs./cu. ft. Dry Weight <input type="checkbox"/> < 1.0% <input type="checkbox"/> 5-20% <input type="checkbox"/> 1-5% <input type="checkbox"/> 20-100%  pH <input type="checkbox"/> N/A <input type="checkbox"/> 0-2 <input type="checkbox"/> 4.1-10 <input type="checkbox"/> >= 12.5 <input type="checkbox"/> 2.1-4 <input type="checkbox"/> 10.1-12.4 <input type="checkbox"/> Exact	Dermal Toxicity LD (Mg/Kg) <input type="checkbox"/> <=40 <input type="checkbox"/> >200, <=1000 <input type="checkbox"/> >40, <=200 <input checked="" type="checkbox"/> >1000 4. Material poisonous by inhalation? No	Oral Toxicity LD (Mg/Kg) <input type="checkbox"/> <=5 <input checked="" type="checkbox"/> >5, <=50  Solids: <input type="checkbox"/> >50, <=200 <input checked="" type="checkbox"/> >200 Liquids: <input type="checkbox"/> >50, <=500 <input checked="" type="checkbox"/> >500
<input type="checkbox"/> Gas (Cylinder) <input checked="" type="checkbox"/> Solid _____ % <input type="checkbox"/> Aerosol <input type="checkbox"/> Sludges _____ % <input type="checkbox"/> Lab Pack <input checked="" type="checkbox"/> Free Liquids _____ 98 %	Flash Point (liquid only) Boiling Point <input type="checkbox"/> <73 F (23 C) <input type="checkbox"/> <95 F (35 C) <input type="checkbox"/> 70-140 F (23-60 C)° <input type="checkbox"/> >95 F (35 C) <input type="checkbox"/> 142-200 F (61-93 C)° <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A	5. Is this material in vented drums? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6. Is this waste pumpable? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Is the waste polymerizable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. Is waste stream subject to the National Emission Standards for Benzene Waste Operations (40 CFR 61 Subpart 82)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 9. Is this waste regulated as an ozone depleting substance (40 CFR 61 Part FF)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Does this waste contain scrap metal pieces greater than 2 inches in size? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Layers <input type="checkbox"/> Single Layered <input type="checkbox"/> Bi-Layered <input checked="" type="checkbox"/> Multi-Layered  Viscosity <input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High  Odor <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> High Describe: <u>stale petroleum</u>  Color/Appearance: <u>clear black</u>	<b>H. PHYSICAL/CHEMICAL CONSTITUENTS</b> <u>Waxer</u> <u>90-99%</u> <u>Used Oil</u> <u>1-10%</u>		

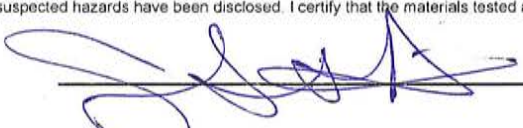
<b>G. METALS</b>				
<input checked="" type="checkbox"/> None	<input type="checkbox"/> TCLP (MG/L)	<input type="checkbox"/> TOTAL (PPM)		
	Req. Limit	Below	Above	Range
Arsenic	5 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Barium	100 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0
Cadmium	1 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Chromium	5 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
Copper		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Lead	5 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2
Mercury	0.2 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0
Nickel	134 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Selenium	1 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0
Silver	5 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0
Zinc		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Others:	_____			

BTU/Lb. <u>0</u>	
(Attach All MSDS, Sample Analysis & Additional Info.)	

<b>I. ANTICIPATED VOLUME</b>			
Qty	Container	Qty	Container
<input checked="" type="checkbox"/>	TT	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Unapproved	
Eff. Date: <u>1/19/22</u>		<input type="checkbox"/> MSDS	
Exp. Date: <u>1/18/23</u>		<input type="checkbox"/> Lab Rpt	
Sales Rep: _____		<input checked="" type="checkbox"/> Gen Knowledge	
Dir: _____			
<b>INTERNAL USE ONLY</b>			

**Generator's Certification:**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition properties exist and that all known or suspected hazards have been disclosed. I certify that the materials tested are representative of all material described by this profile.

Generator's Authorized Signature:  Date: 1-19-22



# 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 equivalent to complete this document.

### SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: \_\_\_\_\_ 2. Site Address: \_\_\_\_\_

3. Telephone No: \_\_\_\_\_  Check box if any of the above items (1-3) have changed since your last registration.

4. EPA ID No. \_\_\_\_\_ 5. Name of person preparing report (please print) \_\_\_\_\_

6. Title: \_\_\_\_\_ 7. Phone number (if different from #3, above) \_\_\_\_\_

8. Type of operation (**check all that apply**): 9. Email Address: \_\_\_\_\_

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

Marketer:  On Spec  Off Spec

Burner (off-specification used oil):  Industrial Furnace  Industrial Boiler  Utility Boiler  Heater

**Used Oil Filter:**  Transporter  Transfer Facility  Processor  End User

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

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

a. In Florida .....

b. From out of State .....

c. Beginning Inventory .....

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

	Automotive	Industrial	Mixed	Total
a. In Florida .....				
b. From out of State .....				
c. Beginning Inventory .....				
d. <b>Total</b> (sum of totals from Lines a + b + c) .....				

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel.....

D - Disposed of: Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated .....

3. **Total** amount (in gallons) of Used Oil managed .....

4. **End of year**, on hand estimate (difference between Line 1d and Line 3) .....

	In State	Out of State
N - Transferred to another facility (not an end use).....		
O - Marketed as an on-specification used oil fuel.....		
F - Marketed as an off-specification used oil fuel.....		
I - Marketed for an industrial process.....		
B - Burned as an off-specification used oil fuel.....		
D - Disposed of: Landfilled.....		
Treated at a wastewater treatment unit.....		
Incinerated .....		
3. <b>Total</b> amount (in gallons) of Used Oil managed .....		
4. <b>End of year</b> , on hand estimate (difference between Line 1d and Line 3) .....		

**DIRECTIONS FOR SECTION B**

1. Enter the amount of Used Oil or Oily Waste collected in gallons for type code: Automotive, Industrial, and Mixed.
  - a. In State
  - b. from Out of State
  - c. Beginning Inventory from last year's ending amount
  - d. Enter the total sum of lines a + b + c
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 TABLE BELOW FOR CONVERSIONS)	In State	Out of State
1. Number of filters on hand from previous year .....		
2. Number of used oil filters collected .....		
3. Total number of used oil filters to manage (Line 1 plus Line 2) .....		
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility .....		
b. Burned for energy recovery at a Waste-To-Energy facility .....		
c. Transferred directly to a metal foundry for recycling .....		
d. TOTAL .....		
5. End of year, on hand estimate (Line 3 minus Line 4d) .....		
6. Gallons of used oil collected as a result of filter processing .....		
7. Gallons of used oil transferred to a used oil handler (transporter or processor) .....		
8. Volume of oily waste collected and managed as a result of filter processing ..... <input type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....		
9. Description of oily waste management _____		

**DIRECTIONS FOR SECTION C**

**Conversion Table**

One 55-gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55- gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One <b>ton</b> of drained used oil filters = approximately <b>2,350</b> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in 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 Oil Coordinator at 850-245-8707.**



March 4, 2022

Florida Department of Environmental Protection  
Bob Martinez Center  
Waste Compliance Assistance Program, MS# 4560  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Re: 2021 PCW Report

Dear Ms. Ashwood,

Please see below PCW Report for 2021:

### PCW Report 2021

Facility	EPA ID	Incoming PCW (Gal)
CBI Jacksonville	FLR 000 119 784	144,220
CBI Cocoa	FLR 000 119 792	376,532
CBI Tampa	FLR 000 013 888	513,414
CBI Port Ev	FLR 000 083 071	42,786
CBI Miami	FLD 058 560 699	3,092,971

Sincerely,

A handwritten signature in blue ink, appearing to read "Cliff Berry, II".

Cliff Berry, II.  
Chief Executive Officer