

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

09/22/2022 Yuri Turovsky, Plant Manager Liquid Environmental Solutions of Florida LLC 1640 Talleyrand Ave Jacksonville, FL 32206-5485

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 or reports for Liquid Environmental Solutions of Florida LLC located at 1640 Talleyrand Ave, Jacksonville, FL 32206-5485

DEP/EPA Identification Number: FLD981928484

Your facility status is the following: **Very Small Quantity Generator (VSQG), Non-Operating: Post-Closure or Corrective Action, Petroleum Contact Water Management.**

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:

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

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=FLD981928484.

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

Sincerely,

Tiffaney Noland For

Jeff Gregg Environmental Manager Waste Compliance Assistance Program

ME ID: 33798, Email Address: yuri.turovsky@liquidenviro.com



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

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

(850) 245-8707



PM1:48

EPA ID:	F	L	D 9	8	1	9	2	8	4	8	4	Please	use the instruction datory fields	uctions o	ocument to complete this form
1. Reason fo	r Su	bmitt	al: (all s	ubmitt	ers m	ust cor	mplete	pages	and	d 2 an	ıd sigr	n page 7. Pag	ges 3 through 6 -	complete a	s applicable)
Mark 'X' in the correct b	ox*:	[To ob	tain a	new l	EPA I	D nui	mber (for h	nazaro	lous v	vaste, univer	sal waste, used o	il activities	s, or PCW activities).
(must choose		[▼To pro	ovide	upda	ted in	forma	ition fo	r ar	i EPA	A ID	number (to	update status and	d facility id	entification information).
if a notification	on)		To pr	ovide	the f	inal i	nform	ation f	or a	n EP	A ID	number (c	losing). (see instr	uctions-r	nust complete pages 1, 2, 3, 7)
			To ob	tain r	new o	r upd	ating	an EPA	ID) nun	nber f	for conduct	ing Electronic	Manifest	Broker activities.
Submitting new or revised notification for Part A for permitted facilities.															
FL Registrat	ion(s)	U	W M	ercur	y (se	e page	e 4)			Πн	IW Transpo	orter (see page :	5)	Used Oil (see page 6)
2. Facility or	Busii	ness Na	ame:*												
					Li	quid	Env	vironr	nei	ntal	Sol	utions o	f Florida, LL	-C	
3. Facility Phy	sical	Locat	ion Info	rmati	ion: (No P.0	O. Box	(es)		-	-				
Physical Street	Add	ress*:						4.0	40	_		1.4			Vessel
City or Town:			<u> </u>					16	40	Ιа	lleyr	and Ave	State:	Zip	Code:
				Jac	cksc	nvill	е						FL		32206
County*:			[Duva	al				Country (if not USA)*:						
4. Facility or l	Busin	ess Ma	ailing Ac	ldres	s:										
Same addr	ess as	s # <u>3</u> a	bove or	' :											
City or Town*	' :								Sta	te*: Zip/Postal Code*:			Country (if not USA):		
5. Facility No	th A	merica	ın Indus	try C	lassi	ficatio	on Sy:	stem (!	NAI	(CS)	Code	e(s)*: (at l	least 5 digits)		
A. <u>5</u>	6 :	2 2	1 9	(re	quire	d)					В.			_	
c.	_ _	_									D.	_			
6. Facility or	Busin	ess R(CRA Co	ntact	Pers	on: 🔀	San	ne addı	ess	as#	3 at	oove or:			
First Name*: Yuri Last Name*: T						urc	vsk	.y		Title*:	Plant	Manager			
Phone Number	r * :		-438-2	2138	}	Exte	ension				•		Fax*:		
E-Mail*:								yur	.tu	rov	sky(@liquide	nviro.com		
Street or P.O.	Box (or sam	e addres	s box	is ch	ecked) * :					-		 -	······································
City or Town*	:								1	State	·*:		Zip Code*:		Country (if not USA):

RCRA Hazardous Waste Status Notification or Out of E	Business Notificatio	EPA ID No.*	981928484				
7. Real Property (FL Land) Owner of the Facility's Physical L	ocation (List additional	owners in the comments sect	tion.)				
Name of Owner*:		Date became Owner*: / /					
A. Thomas Dudley		New Owner mm dd yy					
Street or P.O. Box (or same address box is checked)*:	ame as #3	Phone Number*:	904-354-0372				
City or Town*:	State*:	Zip Code*:	Country (if not USA):				
E-Mail*:		<u> </u>					
Owner Type*: Private Federal Municipal S	tate County O	ther					
Comments:							
8. Facility Operator (List additional Operators in the comments section	n) Same address as #	above or:					
Name of Operator*:	m). Sume address as m_	<u>-</u>					
same as #3		Date became Operator*:					
Street or P.O. Box (or same address box is checked)*:		New Operator Phone Number*:	mm dd yy				
City or Town*:	State*:	Zip Code*:	Country (if not USA):				
	state:	Zip Code:	Country (If not 05/4).				
E-Mail*:							
Operator Type*: Private Federal Municipal Comments:	State County	Other	_				
Comments:							
9. RCRA Hazardous Waste Activities at this Facil	ity: (Mark !V! in	all that apply).					
(1) Generator of Hazardous Waste	ity: (Mark A iii	an mat apply):					
Yes No (This does not include Universal Waste or Used	O:I)						
If YES, Choose only one of the following three categories.	Oll)						
a. Large Quantity Generator (LQG):							
- Generates in any calendar month (includes quanti	ties imported by impor	rter site) 1.000 kilograms o	or greater per month (kg/mo)				
(2,200 lbs/mo.) of non-acute hazardous waste; or							
 Generates in any calendar month, or accumulates Generates in any calendar month, or accumulates 							
material.							
b. Small Quantity Generator (SQG):		0001 / 6.000 / 6.00					
 Generates in any calendar month greater than 100 waste and/or 1 kg (2.2 lbs) or less of acute hazard 							
cleanup material.	· · · · · · · · · · · · · · · · · · ·						
c. Very Small Quantity Generator (VSQG): - Generates in any calendar month 100 kg/mo or le	ss (220 lbs) of non-as	uta hazardayış wasta and/o	r 1 kg (2.2 lbs) or loss of souto				
hazardous waste.	55 (220 105.) of non-ac	ute nazardous waste and/o	1 1 kg (2.2 los) of less of acute				
In addition, indicate other generator activities that apply.							
d . Short-Term Generator (one-time, not on-going)							
e. Mixed Waste (hazardous and radioactive) Generator							
f. United States Importer of hazardous waste	tral of the Same Barge	n numaciont to 40 CED 262	17(A. (Addandum A. Banuinad)				
g. LQG notifying of VSQG Hazardous Waste Under Con h. Episodic: Not lasting more than 60 days: SQG LQ		•	.17(1). (Audendum A Required)				
i. Electronic Manifest Broker, as defined in 40 CFR 260.	· ·	•	em to obtain, complete, and				
	transmit an electronic manifest under a contractual relationship with a hazardous waste generator.						

RCRA Hazardous Waste Status Notification or Out of Business Notification 981928484								
9. RCR	A Hazar	dous Waste Ac	tivities at this F	acility continued	l: (Mark 'X' in	all that apply):		
Г	2.41	0	Abadaaaba			<u> </u>		
		9, mark 'X' in all		(at your facility—Ch	nose Only One) No	ote: A hazardous v	vaste nermit may he	
		his activity.	IIIIIII GOGO TI MOTO	(at your racinty on	oose only one) Tw	yto. 11 mazardous v	vaste porime may be	
	a. Operating Commercial TSD							
	b. Operating Non-Commercial TSD							
	c. Non-	Operating: Postclo	sure or Corrective A	ction Permit or Orde	r (HSWA, etc.)			
(3)	Recycler	of Hazardous Wa	ste (at your facility)					
	Specify:	Commercial	Non-Commerci					
	Specify:	Stores prior to Note: A permi	recycling LiDoo t maybe required for st	es not store prior to recycling	ecycling.			
(4)		Boiler and/or Ind						
			ite Burner Exemption of Refining Furnace					
(5)			•	antity Waste Gener	ated at Other Faci	lities		
(0)	Choose	this management a	ctivity ONLY if you).	
(6)	₹	Hazardous Wast						
(7) L	_	ound Injection Co						
(8)		zed Trader— Mar nporter	k all that apply					
	$\overline{}$	xporter						
(9)	Importe	r/ Exporter of Spe	nt Lead-Acid Batto	eries (SLABs) under	40 CFR subpart (G— Mark all that	apply	
	=	nporter						
10. Was		xporter for Federally	Regulated Haza	rdous Wastes*:	List the waste coo	les of the Federal 1	hazardous wastes handled at	
you	r facility. L	ist them in the orde	er they are presented	in the regulations (e	g., D001, D003, F0	07, K019, P012, U	J 112) .	
Hazardo	ous waste tra	ansporters must list	codes routinely or u	usually transported.	Jse comments or a	n additional page i	f more spaces are needed.	
D0	02	D007	D009	D011				
8		9	10	11	12	13	14	
15		16	17	18	19	20	21	
			·	aste or closed, items	9 and 10 should be	left blank and iter	ns 12-16 skipped):	
(A) Ce		·	AA) or Facility Clos	sed:				
	Central Accumulation Area (CAA)							
Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.) (B) Closure Dates:								
	(1) Expected closure date(date in mm/dd/yyyy)							
	(2) Reque	esting new closure	date		(date in mm/dd/	уууу)		
	(3) Date	of closure:		(date in n	nm/dd/yyyy)			
	a. I	n compliance with	the closure performa	ance standards in 40	CFR 262.17(a)(8)			
	b.	Not in compliance	-	formance standards i	` `		_	
(C) P	nonombu To	r Default		(D) Pet	ition for Rankrunt	toy Protection]	

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.*	981928484					
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 any combination of UW accumulated (at any one time)						
Accumulates: a. UW Batteries b. Pesticides c. Pharmaceuticals						
d. Mercury Containing Devices e. 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 (UP one time)	W) accumulated (at any					
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR]) Florida Universal Pharmaceutical Waste (UPW) Transporter						
C. Florida Annual Mercury Handler Registration:						
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/Hands Activities Ist Annual Registration Annual Renewal One-time \$1,000 fee for Mercury for-hire first time LQH results.						
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices						
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual					
Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	Registration 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	Angual Registrations on: #times 14000 feet					
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More)Requirements (control a DEP)					
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) Ist Annual Registration Annual Renewal Annual Required						
Briefly Describe your Universal Waste Activities: We use Drum 13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transp	Top Bulb Crusher(s).					
Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [6]						

Hazardous Waste Transporter and Academic Laboratories	EPA ID N	io.*		9819	2848	4			
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need	to register	your HV	W Tr	ansporte	er activ	/ities)			
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 should NOT register in box 14.A below.									
A. HW Transporter Registration Information (must be completed annually	and when	this inf	orma	ation cha	anges)				
This form is: Initial Registration Renewal Notification of c	hanges	Canc	el R	egistratio	n				
1. For own waste only									
2. For commercial purposes									
3. Both commercial and own waste									
4. Transportation Mode Air Rail Highway Water Other - specify									
B. HW Transfer Facility Registration Information (must be completed an	nually and	when t	his i	nformat	ion ch	anges)		
☐ This facility is a Hazardous Waste Transfer Facility: (as listed in It	em 3) Stora	ige Volu	ıme _						
This form is: Initial Registration Renewal Notification of c	hanges [Canc	el Re	gistratic	n				
Note: Hazardous Waste transfer facilities must comply with the requirements of Ru	le 62-730.17	1, F.A.0	С., аг	d Rule (52-730.	. 182, I	F. A.C.		
The Transfer Facility records required under the provisions of Rule 62-730.171		, are kej	pt at	(check o	ne):				
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	ansfer Facili	ty:							
Please see 14.C for additional items to be submitted for registration of a Hazardous Florida Administrative Code (F.A.C.)]:	Waste Tran	sfer Fac	cility	[Rule 6	2-730.1	71(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	sfer facility e Code (F.A.	and any .C.)]:	char	nged item	ıs must	be			
Certification by a responsible corporate officer of the transporter facility that the prop-	osed location	ı satisfie	s the	criteria o	of				
Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]									
Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3.	=								
A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]	., F.A.C.J								
A copy of the factity 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 optic laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K	ng into or	withd	raw	ing fro	m ma	nagi	ing		
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the man		hazardı	one A	vastes in	lahora	torje			
See the item-by-item instructions for definitions of types of eligible acader						10110.	•		
a. College or University		1114	•••	11 abb.)					
b. Teaching Hospital that is owned by or has a formal written affiliation agr c. Non-profit Institute that is owned by or has a formal written affiliation agr			-		•				
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous	s wastes in l	ahorato	ries						

Used Oil and Hazardous Secondary Material PA ID No.* 981928484							
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 must annually register 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) Subset 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 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))							
 ALL registered UO transporters must submit an annual report except generators transporting UO from noncontiguous operations within their own company. 							
UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.							
 UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 19 (except those exempted by Rule 62-710.600(1), F.A.C.). 							
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	学者。	EPA ID No.*	981928484
18. Comments (attach a page if more space is needed):			
<u> </u>			
19. Certification: I certify under penalty of law that this document an accordance with a system designed to assure that qualified personnel p submitted is, to the best of my knowledge and belief, true, accurate, ar false information, including the possibility of fine and imprisonment for	properly gather and e nd complete. I am aw	valuate the information	on submitted. The information
I certify as a Used Oil Transporter that I am familiar with the attation and have an annual and new employee training program in place bility is demonstrated by the Used Oil Transporter Certificate of Liabi	e covering the application	able used oil rules. Ev	vidence of financial responsi-
Signature of owner, operator or an authorized representative:	Date Signed (mm		
149 m	<u>'</u>	1/2022	
Print Name (First, Middle Initial, Last):	Title:		
Yuri Turovsky		Plant Mana	ıger
Organization:	Used Oil	· · · · · · · · · · · · · · · · · · ·	
Liquid Environmental Solutions of Florida, LLC			
Email:			
yuri.turovsky@lic	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Signature of owner, operator, or an authorized representative:	Date Signed (mm	-dd-yyyy):	
Print Name (First, Middle Initial, Last):	Title:		
Organization:	Used Oil		
Email:	1	· · · · · · · · · · · · · · · · · · ·	
If the person that filled in this form is not the Facility Contact or Ope	rator, please compl	ete the information b	pelow:
(Name of person completing this form) (Phone Number)	<u> </u>	(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, 2021 through December 31, 2021

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: Liquid Environmental Solutions 2. Site Address:	1640 Talle	yrand Ave. J	acksonville F	L 32206		
(004) 439 3439	box if any of the abov	ve items (1-3) have o	changed since your	last registration.		
EPA ID No. FLD 981 928 484 5. Name of person preparing report (please print) Yuri Turovsky						
6. Title: Plant Manager 7. Phone number						
8. Type of operation (check all that apply): 9. Email Address:						
Used Oil: Transporter Transfer Facility Collection Center/Aggregation						
Marketer: On Spec Off Spec						
Burner (off-specification used oil): Industrial Furnace Industrial		Boiler Heater				
Used Oil Filter: ☑Transporter ☑Transfer Facility ☑ Processor ☐End Use						
SECTION B USED OIL (TO BE COMLETED BY ALL REGISTERED USED OIL	HANDLERS). SEE	DIRECTIONS BEL	.ow			
1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)	Automotive	Industrial	Mixed	Total		
a. In Florida	6,155	21,237	75,586	102,978		
b. From out of State	0	48,164	27,728	75,892		
c. Beginning Inventory				14,500		
d. Total (sum of totals from Lines a + b + c)				193,370		
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)			52,000	0		
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 of	unit		125,070			
Incinerated						
3. Total amount (in gallons) of Used Oil managed			177,070			
4. End of year, on hand estimate (difference between Line 1d and Line 3)			16,300			

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.
 - 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 T	TABLE BELOW FOR CONVERSIONS)	In State	Out of State			
1. Number of filters on hand from previous ye	2,250					
2. Number of used oil filters collected	250					
3. Total number of used oil filters to manage (3. Total number of used oil filters to manage (Line 1 plus Line 2)					
4. Disposition of used oil filters collected:	4. Disposition of used oil filters collected: a. Transferred to another registered facility					
	b. Burned for energy recovery at a Waste-To-Energy facility	0				
	c. Transferred directly to a metal foundry for recycling	0				
	d. TOTAL	2,000				
5. End of year, on hand estimate (Line 3 minu	5. End of year, on hand estimate (Line 3 minus Line 4d)					
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	ed as a result of filter processing agaillons cubic yards	50				
9. Description of oily waste management Pr	ocessed on site					

DIRECTIONS FOR SECTION C

Conversion Table

One **55**-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters

One <u>55</u>- gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters

One <u>ton</u> of drained used oil filters = approximately <u>2,350</u> 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.



Department of Environmental Protection

DEP Form # 62-710.901(7)
Form Title: Used Oil Proceeding Facility
Clesina Cost Estimate Form
Effective Date: 12/2019
Incorporated in Rule 62-710.800(6)(h)

Bob Martinez Center 2600 Blair Stone Road MS 4560, Tallahassee, Florida 32399-2400

Used Oil Processing Facility Closing Cost Estimate Form

I. GENERAL INFORMATION:		EPA II	D Number: _	981 928 484		
Facility Name: Liquid Environmen	ntal Solution	us of FL Permit Number: 72815-019-40				
Facility Address: 1640 Talleyra						
Owner or Operator (Permittee/Applicant):						
Mailing Address:	Same					
II. TYPE OF FINANCIAL ASSURANCE	DOCUMENT (Checi	c Type):				
Letter of Credit* Perfo	ormance Bond*	X_ Financial Guarar	nty Bond*	*Indicate mechanisms that		
Insurance Certificate* Final	ncial Test	Trust Fund Agre	ement	require use of a Standby Trust Fund Agreement		
III. ESTIMATE (Complete either Part A	or Part B):					
Rule 62-710.800(6)(c), Florida Administra Estimates adjusted for inflation are due a			ments for cos	st estimate calculation.		
An inflation adjustment using an inflation inflation-factor adjusting, only page 1 c estimate may be obtained from the So http://FloridaDEP.gov/waste/pen- or by sending a request to Solid.Was This estimate is based on the estimate da	of this form must be s lid Waste website – mitting-compliance-a ste.Financial.Coordin	submitted. The appro assistance/content/so ator@floridadep.gov	priate Inflation lid-waste-fination	on factor for adjusting an ancial-assurance		
	(signature date)	_ wat trab approved .	o, ale wepai	(leave blank if not approved)		
	urrent Year Inflation Factor (e.g.1.0xx)		on Adjusted Cost Estimat	te:		
\$ 419,134.00 x	1.012	= \$ <u>424,</u>	164.0	<u>v</u>		
Short -	02/1	7/2022	(904)	438-2138		
Signature (representative of Owner/Operator)	Date					
YURI TUROVSKY				liquidenviro, com		
Name and Title PLANT MG/2		B-mail				
If you have questions concerning this for phone at (850) 245-8707.	n, please contact the	Used Oil Permitting	Coordinator	at the address below or by		
Please send this completed cost estimused Oil Permitting Coordinator	ate to:	Please e-mail a estimate to:	copy of this	completed cost		
Department of Environmental Protection 2600 Blair Stone Road MS 4560			ncial.Coordi	nator@florldadep.gov		

Tallahassee, Florida 32399-2400



February 24, 2022

Janet Ashwood
Used Oil Program Coordinator
Department of Environmental Protection
Bob Martinez Center
Hazardous Waste Program and Permitting, MS #4560
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

RE: FLD 981 928 484

2021 Petroleum Contact Water Report

Dear Mrs. Ashwood,

Liquid Environmental Solutions of Florida LLC received a total of 393,596 gallons of petroleum contact water in 2021. The facility recovered 26,732 gallons of product from petroleum contact water during 2021.

Sincerely,

Yuri Turovsky Plant Manager



February 24, 2022

FEB 25 PM1:2

Janet Ashwood
Used Oil program Coordinator
Department of Environmental Protection
Bob Martinez Center
Hazardous Waste Program and Permitting, MS #4560
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

RE: Annual Used Oil Report and Notification

Dear Mrs. Ashwood,

Please find enclosed the documents required to renew the Liquid Environmental Solutions of Florida Used Oil Handler Registration for the period of July 1, 2022 through June 30, 2023.

The Certificate of Liability Insurance has been forwarded to you earlier directly by the insurance provider.

Please contact me if you have any questions concerning this report.

Thank you,

Yuri Turovsky Plant Manager

Liquid Environmental Solutions of Florida, LLC

Enclosures:

- 1. Form 8700-12FL Florida Notification of Regulated Waste Activities
- 2. Form 62-710.901(3) Annual Report by Used Oil and Used Oil Filter Handlers
- 3. Form 62-710.901(7) Closing Cost Estimate
- 4. 2021 PCW Report