



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

03/06/2024
Cory Baxter, Operator
Mobile Impact Services LLC
407 W Lake Dr
Sarasota, FL 34232-1948

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 **Mobile Impact Services LLC** located at **407 W Lake Dr, Sarasota, FL 34232-1948**

DEP/EPA Identification Number: **FLR000203158**

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:

<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=FLR000203158.

For further assistance, please contact me at (850) 245-8707 or email me at

Jeff.Gregg@dep.state.fl.us.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jeff Gregg".

Jeff Gregg
Environmental Manager
Waste Compliance Assistance Program

ME ID: 110098, Email Address: mobileimpactservices@gmail.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

Date Received
(for FDEP Official Use Only)

DIVISION OF WASTE MANAGEMENT
'24 FEB 26 AM 11:01:07

EPA ID:

F L R 0 0 0 2 0 3 1 5 8

Please use the instructions document to complete this form

* mandatory fields

1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)

Mark 'X' in
the correct box*:

(must choose one
if a notification)

- ☐ To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).
- ☒ To provide updated information for an EPA ID number (to update status and facility identification information).
- ☐ To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)
- ☐ To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.
- ☐ Submitting new or revised notification for Part A for permitted facilities.

FL Registration(s)

- ☐ UW Mercury (see page 4) ☐ HW Transporter (see page 5) ☒ Used Oil (see page 6)

2. Facility or Business Name*:

Mobile Impact Services

3. Facility Physical Location Information: (No P.O. Boxes)

Physical Street Address*:

407 West Lake Drive

☐ Vessel

City or Town:

Sarasota

State:

FL

Zip Code:

342322

County*:

Sarasota

Country (if not USA)*:

4. Facility or Business Mailing Address:

☒ Same address as # 3 above or*:

City or Town*:

State*:

Zip/Postal Code*:

Country (if not USA):

5. Facility North American Industry Classification System (NAICS) Code(s)*: (at least 5 digits)

A. 811310 (required)

B. 811111

C. 811411

D.

6. Facility or Business RCRA Contact Person: ☐ Same address as # above or:

First Name*:

Cory

Last Name*:

Baxter

Title*:

Operator

Phone Number*:

9419528945

Extension*:

Fax*:

9413124289

E-Mail*:

mobileimpactservices@gmail.com

Street or P.O. Box (or same address box is checked)*:

City or Town*:

State*:

Zip Code*:

Country (if not USA):

RCRA Hazardous Waste Status Notification or Out of Business Notification		EPA ID No. FLR000203158	
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)			
Name of Owner*: <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Cory Baxter</div>		Date became Owner*: <u>08/23/13</u> <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*:	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*: mobileimpactservices@gmail.com			
Owner Type*: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
8. Facility Operator (List additional Operators in the comments section). Same address as # <u>3</u> above or:			
Name of Operator*:		Date became Operator*: ____/____/____ <input type="checkbox"/> New Operator mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*:	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
Operator Type*: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):			
(1) Generator of Hazardous Waste <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (This does not include Universal Waste or Used Oil) If YES, Choose only one of the following three categories. <input type="checkbox"/> a. Large Quantity Generator (LQG): - Generates in any calendar month (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material. <input type="checkbox"/> b. Small Quantity Generator (SQG): - 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 cleanup material. <input type="checkbox"/> c. Very Small Quantity Generator (VSQG): - Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste. In addition, indicate other generator activities that apply. <input type="checkbox"/> d. Short-Term Generator (one-time, not on-going) <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator <input type="checkbox"/> f. United States Importer of hazardous waste <input type="checkbox"/> g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required) <input type="checkbox"/> h. Episodic: Not lasting more than 60 days: <input type="checkbox"/> SQG <input type="checkbox"/> LQG (Addendum B Required) <input type="checkbox"/> i. Electronic Manifest Broker , as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.			

9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply):

For Items 3 through 9, mark 'X' in all that apply.

- (2) **Treater, Storer, or Disposer of Hazardous Waste** (at your facility—Choose Only One) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-Commercial TSD
- ☐ c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)

- (3) ☐ **Recycler of Hazardous Waste** (at your facility)

Specify: ☐ Commercial ☐ Non-CommercialSpecify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.

Note: A permit maybe required for storage prior to recycling.

- (4) ☐ **Exempt Boiler and/or Industrial Furnace**

☐ a. Small Quantity On-site Burner Exemption☐ b. Smelting, Melting, and Refining Furnace Exemption

- (5) ☐ **Person Authorized to Manage Very Small Quantity Waste Generated at Other Facilities**

Choose this management activity ONLY if you attach

EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

- (6) ☐ **Receives Hazardous Waste from Off-Site**

- (7) ☐ **Underground Injection Control**

- (8) ☐ **Recognized Trader**— Mark all that apply

☐ a. Importer☐ b. Exporter

- (9) ☐ **Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G**— Mark all that apply

☐ a. Importer☐ b. Exporter**10. Waste Codes for Federally Regulated Hazardous Wastes²:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112).

Hazardous waste transporters must list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, items 9 and 10 should be left blank and items 12-16 skipped)**(A) Central Accumulation Area (CAA) or Facility Closed:**☐ Central Accumulation Area (CAA)☐ Facility Closed (Complete this section only if all business activities at this facility have ceased.)**(B) Closure Dates:**☐ (1) Expected closure date _____ (date in mm/dd/yyyy)☐ (2) Requesting new closure date _____ (date in mm/dd/yyyy)☐ (3) Date of closure: _____ (date in mm/dd/yyyy)☐ a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)☐ b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)**(C) Property Tax Default** ☐**(D) Petition for Bankruptcy Protection** ☐

14. 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 should NOT register in box 14.A below.

A. HW Transporter Registration Information (must be completed annually 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 ☐ Other - specify _____

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

☐ This facility is a Hazardous Waste Transfer Facility: (as listed in Item 3) Storage Volume _____

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):

☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.)]:

C. The following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

__ Certification by a responsible corporate officer of the transporter facility that the proposed location satisfies the criteria 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., 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 management of hazardous wastes in laboratories

See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ 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 hazardous wastes in laboratories

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) ☐ 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 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	EPA ID No. FLR000203158
18. Comments (attach a page if more space is needed): <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> <p>Rule 62-710-600(1)(c): I will always transport less than 55gal at any time</p> </div>	
19. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.	
<input type="checkbox"/> I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..	
Signature of owner, operator, or an authorized representative: 	Date Signed (mm-dd-yyyy): 2-22-24
Print Name (First, Middle Initial, Last): Cory M Baxter	Title: operator
Organization:	Used Oil <input checked="" type="checkbox"/>
Email: mobileimpactservices@gmail.com	
Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-yyyy):
Print Name (First, Middle Initial, Last):	Title:
Organization:	Used Oil <input type="checkbox"/>
Email:	
If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:	
_____ (Name of person completing this form)	_____ (Phone Number)
_____ (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, 2023 through December 31, 2023

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: Mobile Impact Services 2. Site Address: 407 W Lake Dr. Sarasota, FL 34232
3. Telephone No: 941-952-8945 ☐ Check box if any of the above items (1-3) have changed since your last registration.
4. EPA ID No. FLR000203158 5. Name of person preparing report (please print) Cory Baxter
6. Title: Operator 7. Phone number (if different from #3, above) _____
8. Type of operation (check all that apply): 9. Email Address: mobileimpactservices@gmail.com
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
	140		140
			140
			280

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
265	
265	
15	

DIRECTIONS FOR SECTION B

- Enter the amount of Used Oil or Oily Waste collected in gallons for type code: Automotive, Industrial, and Mixed.
 - In State
 - from Out of State
 - Beginning Inventory from last year's ending amount
 - Enter the total sum of lines a + b + c
- Enter the amount of used oil managed by your facility by end use code (N, O, F, I, B, and D).
- Enter total amount in gallons of Used Oil managed.
- 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 <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters
One 55- 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

- Enter the number of Used Oil Filters on hand, from previous year's inventory.
- Enter the number of Used Oil Filters collected.
- Enter the sum of Line 1 + Line 2.
- Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- Enter the number of filters on hand at your site as of December 31, last year.
- Fill in the number of gallons of used oil collected by your filter operation.
- Enter the number of gallons transferred to a used oil transporter or processor.
- 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.
- 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

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(2)
Form Title Used Oil and Used Oil
Filter Record Keeping Form
Effective Date 4-23-13
Incorporated in Rule 62-710.510(1)

Used Oil and Used Oil Filter Record Keeping Form and Instructions

Rule 62-710.510 of the Florida Administrative Code requires each registered person to maintain records on either this or a substantially equivalent form which contains the same information. This information must be kept on-site for three (3) years and be available for inspection by DEP during normal business hours. Used oil filter information is optional (but recommended). The used oil from filter management must be recorded and reported.

A. Used Oil Source Name, Street Address, City, State, Zip Code, EPA ID Number, if applicable	B. Date	C. Number of Filters	D. Gallons of Used Oil	E. Type Code	F. End Use Code	G. Destination of Used Oil/Used Oil Filters Name, Street Address, City, State, Zip Code, EPA ID Number, if applicable	H. State Mark "X" if not Florida
Benderson Development	2-1-23		6 gal	I	N		
Danken Equipment	2-3-23		20 gal	I	N		
New Hope Tile Loading	2-4-23		5 gal	I	N		
Spectrum Underground	2-23-23		8 gal	I	N		
Florida Southern Roofing	4-14-23		15 gal	I	N		
FGE Construction	4-21-23		10 gal	I	N		
FGE Construction	4-28-23		20 gal	I	N		
BioLife	5-1-23		41 gal	I	N		

I. TOTAL
Collected

Automotive	Industrial	Mixed
In State	125	
Out of State		

J. TOTAL
Managed

End Use Code	N	O	F	I	B	D
In State	125					
Out of State						



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(2)
Form Title Used Oil and Used Oil
Filter Record Keeping Form
Effective PENDING
Incorporated in Rule 62-710.510(1)

Used Oil and Used Oil Filter Record Keeping Form and Instructions

Rule 62-710.510, Florida Administrative Code (F.A.C.), requires each registered person to maintain records on this form which contains the same information. This information must be kept on-site for three (3) years and be available for inspection by DEP during normal business hours. Used oil from filter management must be recorded and reported.

A. Used Oil Source Name, Street Address, Telephone Number, City, State, Zip Code, EPA ID Number, if applicable	B. Date	C. Number of Filters	D. Gallons of Used Oil	E. Type Code	F. End Use Code	G. Destination of Used Oil/Used Oil Filters Name, Street Address, Telephone Number, City, State, Zip Code, EPA ID Number, if applicable	H. State Mark "X" if not Florida
John Wheeler Landscape	10-26-24		5 gal	I	N		
New Hope Tile Loading	12-21-24		10 gal	I	N		

I. TOTAL Collected	Automotive	Industrial	Mixed	J. TOTAL Managed	End Use Code	N	O	F	I	B	D
In State		15			In State	15					
Out of State					Out of State						

**NON-HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

FLR000203158

Manifest
Document No.

370955

2. Page 1 of 1

3. Name and Mailing Address

MOBIL IMPACT SERVICES
407 WEST LAKE DRIVE
SARASOTA, FL 34232PETRO SVC USED OIL
FTL USED OIL

4. Phone 941-952-8944

5. Transporter 1 Company Name
Cliff Berry (DANIA)6. USA EPA ID Number
FLR000083071A. Transporter's Phone
954-763-33907. Transporter 2 Company Name
ENVIRONMENTAL SERVICES & LOGISTICS, INC.8. USA EPA ID Number
FLR000193854B. Transporter's Phone
772-871-24449. Designated Facility Name and Site Address
CLIFF BERRY MIAMI10. USA EPA ID Number
FLD058560699C. Facility's Phone
800 899-7745

3033 NW NORTH RIVER DRIVE, MIAMI, FL, 33142

11. Shipping Name and Description

12. Containers

No.

Type

13.
Total
Quantity14.
Unit
Wt/Vol

a "Non-Hazardous Liquid, (Petroleum destined for recycling Halogens <1000 PPM)",

(370955)

1

TT

140

G

D. Additional Descriptions for Materials Listed Above
AAA USED OILE. Pickup Location
MOBIL IMPACT SERVICES
407 WEST LAKE DRIVE
SARASOTA, FL 34232

15. Special Handling Instructions and Additional Information

Halogens are <1000ppm

16. CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the Department of Transportation. I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name

Signature

Month

Day

Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month

Day

Year

CBI

Cliff Berry, Incorporated Environmental Services

**NON HAZARDOUS
WASTE MANIFEST**

GENERATORS US EPAID

MANIFEST #
DOCUMENT

156252

PO#

TRUCK#

585638

PT20

Send Invoice to _____

Job Location/Generator

Mobil Impact
407 W Lake Dr
Sarasota, FL
34132

Designated Facilities

Check ☒ One

Cliff Berry Inc.
5218 St. Paul St.
Tampa, FL 33619
800-899-7745
EPA ID#FLR000013888

Cliff Berry Inc.
5855 Industrial Dr.
Cocoa, FL 32927
800-899-7745
EPA ID#FLR000119792

Cliff Berry, Inc.
400 Angle Rd
Ft. Pierce, FL 34946
800-899-7745
EPA ID#FLR000009266

Cliff Berry Inc.
3400 SE 9th Ave
Ft. Laud., FL 33316
800-899-7745
EPA ID#FLR000083071

Cliff Berry, Inc.
3033 NW N. River Dr.
Miami, FL 33142
800-899-7745
EPA ID#FLD058560699

Transporter/Cliff Berry, Inc./Ph.#1-800-899-7745/EPA ID FLR000083071

WASTE SHIPPING NAME	A	I	M	Container No Type	Quantity	Unit
Petroleum Oil (Used Oil) NON DOT Regulated Material	x			1 T	125	6
Petroleum Oil (Oily Water) NON DOT Regulated Material						
Non Regulated Liquid (Spent Antifreeze / Coolant)						
Non Regulated Solid (Spent Oil Filters)						
Petroleum Contact Water NON DOT Regulated Material						
OTHER:						

IN CASE OF ANY EMERGENCY CALL CBI AT 1-800-899-7745

☒ <1,000 ppm total halogens per TIFF halogens
Leak Detector (Law FDEP policy)

CBI PAY C.C. CHECK
CBI BILLED

☐ <1,000 ppm total halogens per EPA method 9077

Price per Gallon _____

Time Departed _____ Time Arrived _____

Completed _____ Time Returned _____

TOTAL AMOUNT DUE: 100.00

GENERATORS CERTIFICATION: I CERTIFY THE MATERIALS DESCRIBED ABOVE ON THIS MANIFEST ARE NOT SUBJECT TO
FEDERAL REGULATIONS FOR REPORTING PROPER DISPOSAL OF HAZARDOUS WASTE

PRINT/TYPE NAME

Sharon Boyler

SIGNATURE

Sharon Boyler

MONTH | DAY | YEAR
9 | 6 | 73

TRANSPORTER 1 ACKNOWLEDGE OF RECEIPT OF MATERIALS

PRINT/TYPE NAME

C. A. Smith

SIGNATURE

C. A. Smith

MONTH | DAY | YEAR
9 | 6 | 73

FACILITY OWNER OR OPERATOR: CERTIFICATION OF RECEIPT OF NON-HAZARDOUS WASTE MATERIALS COVERED BY THIS MANIFEST

PRINT/TYPE NAME

C. A. Smith

SIGNATURE

C. A. Smith

MONTH | DAY | YEAR
9 | 6 | 73

Conditions of Sale: Payment is cash in advance unless credit has been established with CBI Credit Department. A charge of 1 1/2% per month, 18% per annum will be added monthly to unpaid balances. Collection costs and attorney fees will be due in the event any collection process becomes necessary.