

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Rick Scott Governor

Jennifer Carroll Lt. Governor

Herschel T. Vinyard Jr. Secretary

07/20/2012 Brenda Hassler, Authorized Agent Safety-Kleen Systems Inc 3003 W Breezewood Lane Neenah, WI 54957-0368

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Safety-Kleen Systems Inc** located at **1400 NW 13th Ave**, **Pompano Beach**, **FL33069-1906**

FLD984247882

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Conditionally Exempt SQG.

Your facility is **currently registered** for the following activities: **Used Oil Transporter**, **Used Oil Transfer Facility**, **Used Oil Filter Transporter**, **Used Oil Filter Transfer Facility** (reg exp on 06/30/2013).

Your facility is currently permitted/active as: No Active Hazardous Waste Treatment, Storage, or Disposal Permit.

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here: <u>http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm</u>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984247882.

For further assistance, please e-mail a Notification Coordinator at <u>EPOST_HWreg@dep.state.fl.us</u> or call us at (850)245-8707.

Sincerely,

River FOR Hum

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 60958 , Email Address: <u>bhassler@jjkeller.com</u>

| FLORIDA | RE DEP W | FL - FLORIDA NOT GULATED WASTE /aste Management Division Blair Stone Rd. Tallahassee (850) 245-8772 | ACTIVITY -HWRS, MS4560 , FL 32399-2400 | | | |
|---|--|---|--|--|-----------------------|--|
| EPA ID F L D | 9 8 4 2 4 | 7 8 8 2 | | | | and and a second se |
| Reason for Submittal Facility or Business Name S | Mark 'X' in provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). FEB 2 0 2012 To provide subsequent notification (to update status and facility identification information). BSHW Is this the final notification (see instructions) for the facility? | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | 396 | 090019 |
| 3. Facility Operator (List additional Operators in the | SAFETY-KLEE | N SYSTEMS INC | | Date bec | | tor: <u>1 / 23 / 90</u> mm dd yy |
| comments section). | Street or P.O. Box 1400 NW 13TH | | | | Phone Num 800-558- | ber: 5011 x 7351 |
| | City or Town: POMPANO BEA | ЛСН | | State: FI | Zip (| Code: 33069 |
| | Operator Type: | | Municipal | State | Other | |
| 4. Facility Physical | Physical Street Ad 1400 NW 13TH | | | | | |
| Location Information | City or Town: | · · · · · · · · · · · · · · · · · · · | | State: | Zip (| |
| | POMPANO BEA County: Choose | <u></u> | If available, plea boundaries. | FL 33069 able, please attach a map or sketch of the facility ries. | | |
| | Latitude: [[d d | Long mm ss.ssss | itude: [] [] d d m m | <u> </u> | j Meth sss Datu | |
| 5. Facility North Am Classification Syst Code(s) | • | A. 562112 C. | | B. D. | · · · · | |
| 6. Facility or | Street Address or | P.O. Box: OOD LANE PO BOX 36 | 8 | | | |
| Business Mailing Address | City or Town: NEENAH | <u>COD EARD TO BOA 30</u> | | State: W | Zip (| Code: 54957-0368 |
| 7. Facility or Business Contact | First Name: BRENDA | | Last Name: HASSLER | | Title A | |
| Person | Phone Number: .800-558-5011 | | Extension: 7351 | E-Mail: bhassler@jjkeller.com | | |
| | Street or P.O. Box 3003 BREEZEW | - | | | | , |
| | City or Town: NEENAH | | | State: W | Zip C | Code: 54957 |
| 8. Real Property (Land) Owner of the Facility's | Name of Real Prop | perty (Land) Owner: N SYSTEMS INC | | New | Owner | r: <u>1 / 23 / 90</u> |
| Physical Location | Street or P.O. Box | : | | L | Phone Num | iber: |
| (List additional real property owners | 5360 LEGACY I City or Town: | DRIVE BLDG 2 SUITE 1 | 00 | State: | 800-669-: | 5840 Code: |
| in the comments | PLANO | · · · | · | State: T> | | 75024 |
| section.) | Owner Type: 🔯 | Private Federal | Municipal Sta | te 🔲 O | ther | ·· |

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 01-04-2009 Page 1 of 4

| | EPA ID No. FLD984247882 |
|--|--|
| . Type of Regulated Waste Activity (Mark 'X' in all tha | at apply): |
| . Hazardous Waste Activities: | For Items 2 through 7, mark 'X' in all that apply. |
| (1) Generator of Hazardous Waste (Choose only one of the following three categories.) a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of non-acute hazardous waste; or Greater than 1 kg (2.2 lbs) | (2) Treater, Storer, or Disposer of Hazardous Waste (at your facility) 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 |
| of acute hazardous waste D. 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 X c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste | Permit or Consent Order (HSWA, etc.) (3) Recycler of Hazardous Waste (at your facility) Specify: Commercial; Non-Commercial. A permit is 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 Conditionally Exempt 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 |
| In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator | FDEP. (6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste. |
| (7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Information Insurance Company | · · · · |
| Contact | Telephone |
| Policy Number | Expiration date |
| d. Transportation Mode 🗌 Air 🔲 Rail 🔀 Highway | Water Other - specify |
| e. 🔲 Hazardous Waste Transfer Facility: | Storage Volume |
| Florida Administrative Code (F.A.C.)]: Certification by a responsible corporate officer of criteria of Section 403.7211(2), Florida Statutes (Evidence of the transporter's financial responsibili | ty [Rule 62-730.171(3)(a)3., F.A.C.] |
| \square A brief general description of the transfer facility of \square A conv of the facility closure plan [Pule 62, 730, 1] | |
| A copy of the facility closure plan [Rule 62-730.1] A copy of the contingency and emergency plan [R | |
| A map or maps of the transfer facility [Rule 62-73 | |
| Notification of changes in above items | |
| Annual update notification | |

| | EPA ID No. FLD984247882 | | | |
|---|--|--|--|--|
| B. Universal Waste (UW) Activities (Mark 'X' in all that apply) (' | 'accumulated'' means at any one time): | | | |
| Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of | of any combination of UW accumulated | | | |
| Small Quantity Handler (SQH) = always less than 5,000 kg accu | mulated | | | |
| Mercury-containing devices LQH = 100 kg (220 lb) or more acc | cumulated by for-hire handler | | | |
| Mercury-containing devices SQH = less than 100 kg accumulate | d by for-hire handler | | | |
| Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lam | ps) or more accumulated by for-hire handler | | | |
| Mercury-containing lamps SQH = less than 2,000 kg (8,000 lam | ps) accumulated by for-hire handler | | | |
| [Note: 4 lamps = 1 kg, 62-737.200(10)] | | | | |
| Pharmaceuticals LQH = 5,000 kg or more of universal pharmace | utical waste (UPW) accumulated | | | |
| Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar | dous ("P-listed") pharmaceutical waste accumulated | | | |
| Pharmaceuticals SQH = always less than 5,000 kg of UPW and a | always 1 kg or less of acutely hazardous UPW accumulated | | | |
| (1) For those Managing Generate/ Accumulate Generate/ instructions) Handle at Transfer Facility | (2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time. | | | |
| a. Batteries | | | | |
| b. Pesticides | | | | |
| c. Pharmaceuticals | | | | |
| d. Mercury Containing Devices | | | | |
| e. Mercury Containing Lamps | | | | |
| (3) Mercury Recovery and/or Reclamation Facility [Chapter 62-737, F.A.C.] | Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.] | | | |
| (4) Reverse Distributor of UW Pharmaceuticals | Lamps Devices | | | |
| (5) Destination Facility for UW | ty, a facility must treat, dispose or recycle a UW. A permit is required for ycling. | | | |
| C. Used Oil Activities: (1) Used Oil Transporter - indicate type(s) of activity(ies): (2) Collection Center (3) (3) Used Oil Processor (A permit is required for this activity.) (4) Off-Specification Used Oil Burner (5) Used Oil Fuel Marketer (6) Used Oil Fuel Marketer (7) (6) Used Oil Fuel Marketer (6) Used Oil Filter (7) Transfor Facility (8) Specific Certification to be signed by all Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to thorginally approved training program, they are explained in attachments this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C. (6) Used Oil Fuel Marketer (7) D. Transfer Facility (8) Specific Certification to be signed by all Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C. (7) Adam Hooyman/JJ Keller/Auth Agent (8) Specific Certification to be signed by all Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C. | | | | |
| (7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection. A check is enclosed. | (9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one): Our mailing (business) address The site (facility) address | | | |

)

| | | | | EPA ID No. FL | D984247882 | | |
|---|---|---|---|--|--|--|--|
| <u>```</u> | D. Other State Regulated Waste Activities: Note: A water facility permit may be required for this activity. | | | | | | |
| your facility. | 10. Waste Codes for Federally Regulated Hazardous Wastes: 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, U112). Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed. | | | | | | |
| 7 D039 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 15 | 16 | 17 | 18 | 19 | 20 | .21 | |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| 11. Other S | tatus Changes (Ma | rk 'X' in all that a | p ply): | | | | |
| □ (1) □ (2) □ (3) | andler of Regulated W Business no longer ger Waste generated by bu Other (explain) | nerates, transports, t siness has been deli | reats, stores, or dis isted. | - | waste | | |
| | | waste there. | | (Date). Pl | | new location if you will tact person, mailing | |
| Cor | ntact | | Phone | , | | | |
| | | | | | | | |
| City | y, State, Zip | | | ······································ | | <u> </u> | |
| С. | Property Tax Default | t | D. Petition | for Bankruptcy I | Protection | | |
| in accordance information su for submitting | with a system designed abmitted is, to the best | d to assure that qual of my knowledge as uding the possibilit | lified personnel pro nd belief, true, accu y of fine and impris | perly gather and ev irate, and complete sonment for knowin | aluate the informate. I am aware that the result of the second se | here are significant penalties nave notified as a transfer | |
| Signature of | f owner, operator, o representative | r an authorized | Pr | int Name and T | itle | Date Signed (mm-dd-yyyy) | |
| Adr Hogy | ST Keller / Auty 1 | Agent | Adam Hooy. | man JJKeller | Anthe Agent | 01/25/2012 | |
| | | | · | / / | | | |
| | | | | | | | |
| If the person | who filled in this form | n is not the Facilit | y Contact or Oper | rator, please comp | lete the information | on below: | |
| | nan/JJ Keller/Auth Age on completing this for | | <u>800-558-5011 EX</u> (Phone Number) | <u>T 7062</u> | ahooyman@jjkelle | er.com | |
| 13. Comme | | | | · · · · · | (E-mail Address) | | |
| 13. Comme | | | | | | | |

| NEWTAL PROTECTION | i Ca |
|-------------------|-------|
| Station of State | NY I |
| FLORIDA | - } } |
| | |

Department of Environmental Protection FDEP, MS 4560, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Print Form

DEP Form #62-710.901(3) Form Title Annual Reported Vised Oil and Used Oil filter Carter NCC

FEB 21 2012

| (*Handlers are | al Report by U any persons subject to the registr for reporting se the information recorded in your | ation requirements operiod January 1, | of rule 62-710.50 2011 through | 0 and 62-710.850, F.A December 31, 2011 | .C. [See Section A, Box 5 I | |
|--|--|---------------------------------------|-----------------------------------|--|-----------------------------------|--|
| SECTION A TO BE COMPL | ETED BY ALL REGISTERED | PERSONS | | | | · |
| 1. Company Name: SA | FETY-KLOEN SI | STEMS. | INC | 2. Telep | hone No. (800) | 69.5840 |
| | NW ISTHAUE | | | | | |
| Olice Address. | 10 00 02107102 | | | | - | 84247882 |
| | | | | | | 0741806 |
| | the above items (1-3) ha | | | | | |
| 4. Name of person prepa | | | | | · | |
| Title MGR-REL | 5 LOMPLIANCE | Phone | e number (if | different from # | 2, above) (847) 4 | 68.6725 |
| 5. Type of operation (che Used Oil: 21 ransporter Burner (of off-specificat Used Oil Filter: 27 Trans | Transfer Facility | llection Cente | r/Aggregatio | on Point Proc | and the second second | an a |
| SECTION B USED OIL (| TO BE COMPLETED BY ALL | | JSED OIL HA | NDLERS. USED (| DIL FILTER HANDLER | S SEE SECTION C) |
| | | | Automotive | | Mixed | Total |
| I. Amount (in gallons) of | a. In Florida | | 3980 953 | 58482 | · | 4 089 435 |
| | b. From out | of state | 84000 | | | 84000 |
| | c. Beginning | g Inventory | | | | • |
| | d. Total (su | m of totals from | m Lines a + | b + c) | | 4123435 |
| | | | | | In State | Out of State |
| 2. Amount (in gallons) of | Used Oil and Oily Wast | es Managed | | | | 19111011 |
| N - Not an end us | se, transferred to anothe | r facility for st | orage or pro | ocessing | | 3844841 |
| O - Marketed as | an on-specification used | l oil fuel | | | | |
| | an off-specification used | | | | | |
| | an industrial process | | | | | |
| | · | | | | | |
| | off-specification used o | II TUEI | | •••••• | | |
| D - Disposed of | Landfilled | | | | | |
| ٦ | Treated at a wastewater | treatment unit | t | | | |
| i | ncinerated | | | | 200111011 | |
| 3. Total amount (in gallo | ns) of used oil managed | l | | •••••• | 3844841 | |
| 4. End of year on hand | estimate (Difference bet | ween Lines 1[| D and Line : | 3) | 278594 | |

Page 1 of 2

| DEP Form #62-710.901(3)) |
|--------------------------------------|
| Form Title Annual Report by Used Oil |
| and Used Oil Filter Handlers |
| Effective Date June 9, 2005 |

| SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS) | CHECK COLUMN IF OUT OF STATE | | |
|--|------------------------------|-----|--|
| 1. Number of filters on hand from previous year | | | |
| 2. Number of used oil filters collected | 6445 555 | | |
| 3. Total number of used oil filters to manage (1 plus 2) | 6445 555 | | |
| 4. Disposition of used oil filters collected: a. Transferred to another registered facility | 6407955 | 50% | |
| b. Burned for energy recovery at a Waste-To-Energy facility | | | |
| c. Transferred directly to a metal foundry for recycling | | | |
| d. TOTAL | 6407955 | | |
| 5. End of year, on had estimate (Difference between Lines 3 and Line 4d) | 37600 | | |
| 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 | | | |
| 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 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 Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
- 9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us,

| the state of the s | | | | | | Print Form |
|--|---|---|-----------------------|----------------------|-----------------------------------|--|
| FLORIDA | Department FDEP, MS 4560, 260 | | | | OII Form Title | #62-710.901(3) Annual Report by Used Oil Ind Used Oil Filter Handlers Nate June 9, 2005 |
| | , | | | | | Received |
| | Report by U | | | | | |
| | rsons subject to the registra for reporting p nformation recorded in your | period January 1 | , 2011 through D | ecember 31, 2011 | | BSHW |
| SECTION A TO BE COMPLETED | · · · · · · · · · · · · · · · · · · · | | | | · · · | |
| 1. Company Name: Safety | 1- KLEEN SY | STEMS 1 | NC. | 2. Telepl | hone No. (82))66 | 9.5840 |
| Site Address: 1400 N | N 18TH AVE | POMPAA | IO BEACH | t, AL 3 | 3069 | |
| | | | | • | A ID NO FLD98 | 424782 |
| Check box if any of the at | pove items (1-3) ha | ve changed s | since your las | t registration | | |
| 4. Name of person preparing re | eport (please print) | <u>Ben</u> | Smitit | | | |
| Title | ATONY LOMPI | ALCE Phon | e number (if d | different from #2 | 2, above) (847) 4 | 68-6725 |
| 5. Type of operation (check as Used Oil: Transporter Trans Burner (of off-specification us Used Oil Filter: Transporte | nsfer Facility 🛄 Col sed oil) | your operation lection Cente fer Facility | er/Aggregation | · 🛏 , | ssor 	Marketer | |
| SECTION B USED OIL (TO BE | COMPLETED BY ALL | REGISTERED | USED OIL HAN | DLERS. USED O | IL FILTER HANDLERS | SEE SECTION C) |
| 1. Amount (in gallons) of Used | l Oil and Oily Waste a. In Florida b. From out | es collected | Automotive 4075314 | Industrial 316790 | Mixed | Total 4392104 |
| | | | , | | | |
| | | | | | | 4392104 |
| | | | | | In State | Out of State |
| 2. Amount (in gallons) of Used | d Oil and Oily Wast | es Managed | | | | |
| N - Not an end use, tra | ansferred to anothe | r facility for s | torage or proc | essing | 152585 | 4206984 |
| O - Marketed as an on | -specification used | oil fuel | | | | |
| F - Marketed as an off | -specification used | oil fuel | | ••••• | | |
| I - Marketed for an inc | dustrial process | | | | | |
| B - Burned as an off-s | pecification used oi | il fuel | | | | |
| Treate | ïlled ed at a wastewater | treatment un | it | | | |
| | erated | | | | 152585 | 4206984 |
| 3. Total amount (in gallons) of | | | | | 152585 | 1006701 |
| 4. End of year, on hand estim | ate (Difference bet | ween Lines 1 | D and Line 3) | | 56111 | |

Page 1 of 2

| DEP Form # <u>62-710,901(3</u> | 3)) |
|--------------------------------|--------------|
| Form Title Annual Report | by Used Oil |
| and Used Qil Fil | ter Handlers |
| Effective Date June 9, 20 | 05 |

| SE | CTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS) | CHECK COLUMN IF OUT OF STA | |
|----------------|---|----------------------------|---|
| 1. | Number of filters on hand from previous year | | |
| 2. | Number of used oil filters collected | 2108063 | |
| 3. | Total number of used oil filters to manage (1 plus 2) | 2 108063 | |
| 4. | Disposition of used oil filters collected: a. Transferred to another registered facility | 2079628 | く |
| | b. Burned for energy recovery at a Waste-To-Energy facility | <u> </u> | |
| | c. Transferred directly to a metal foundry for recycling | | |
| | d. TOTAL | 2079628 | |
| 5. | End of year, on had estimate (Difference between Lines 3 and Line 4d) | 2079628 28435 | |
| 6. | Gallons of used oil collected as a result of filter processing | | |
| | 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 | | |
| . 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

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- 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 Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
- 9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: <u>aprilia.graves@dep.state.fl.us</u>,