



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

04/17/2024

Ken Khim, Plant Supervisor
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 for 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:

<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 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: 33798, Email Address: ken.khim@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

Date Received
(for FDEP Official Use Only)DIVISION OF WASTE MANAGEMENT
'24 FEB 29 AM 10:35:30

EPA ID:

F L D 9 8 1 9 2 8 4 8 4

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*:☐ To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).(must choose one
if a notification)☒ 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:***

Liquid Environmental Solutions of Florida, LLC

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

Physical Street Address*:

1640 Talleyrand Ave

☐ Vessel

City or Town:

Jacksonville

State:

FL

Zip Code:

32206

County*:

Duval

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. 5 6 2 2 1 9 (required)B. C. D. **6. Facility or Business RCRA Contact Person:** ☒ Same address as # above or:

First Name*:

Ken

Last Name*:

Khim

Title*:

Plant Supervisor

Phone Number*:

904.237.3293

Extension*:

Fax*:

E-Mail*:

ken.khim@liquidenviro.com

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

1640 Talleyrand Ave.

City or Town*:

Jacksonville

State*:

FL

Zip Code*:

32206

Country (if not USA):

RCRA Hazardous Waste Status Notification or Out of Business Notification		EPA ID No.* 981928484	
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)			
Name of Owner*: A. Thomas Dudley		Date became Owner*: ____/____/____ <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)*: same as #3		Phone Number*: 904-354-0372	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
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 #____ above or:			
Name of Operator*: same as #3		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 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:			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):			
(1) Generator of Hazardous Waste			
<input checked="" type="checkbox"/> Yes <input 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):			
<ul style="list-style-type: none"> - 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):			
<ul style="list-style-type: none"> - 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 checked="" type="checkbox"/> c. Very Small Quantity Generator (VSQG):			
<ul style="list-style-type: none"> - 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 may be 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 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, 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
D002	D007	D009	D011			
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.* 981928484
18. Comments (attach a page if more space is needed):	
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 checked="" 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):
Print Name (First, Middle Initial, Last): <div style="text-align: center;">Ken Khim</div>	Title: <div style="text-align: center;">Plant Supervisor</div>
Organization: <div style="text-align: center;">Liquid Environmental Solutions of Florida, LLC</div>	Used Oil <input checked="" type="checkbox"/>
Email: <div style="text-align: center;">ken.khim@liquidenviro.com</div>	
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)	

Addendum A: LQG Consolidation of VSQG Hazardous Waste		EPA ID No.* 981928484
Only fill out this form if: • You are the LQG receiving hazardous waste from VSQGs under the control of the same person. Use additional pages if more space is needed.		
VSQG 1 <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete		
A. EPA ID Number (if assigned)		B. Facility Name
C. Facility Street Address		
D. City	E. State	F. Zip Code
G. Contact Phone Number	H. Contact Name	
I. Contact Email		
VSQG 2 <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete		
A. EPA ID Number (if assigned)		B. Facility Name
C. Facility Street Address		
D. City	E. State	F. Zip Code
G. Contact Phone Number	H. Contact Name	
I. Contact Email		
VSQG 3 <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete		
A. EPA ID Number (if assigned)		B. Facility Name
C. Facility Street Address		
D. City	E. State	F. Zip Code
G. Contact Phone Number	H. Contact Name	
I. Contact Email		

Addendum B: Episodic Generator				EPA ID No.* 981928484	
Only fill out this form if: <ul style="list-style-type: none"> You are an SQG or VSQG generating hazardous waste from a planned or unplanned episodic event, lasting no more than 60 days, that moves the generator to a higher generator category. Note: Only one planned and one unplanned episodic event are allowed within one year; otherwise, you must follow the requirements of the higher generator category. Use additional pages if needed. 					
Episodic Event					
A. Planned			B. Unplanned		
<input type="checkbox"/> Excess chemical inventory removal <input type="checkbox"/> Tank Cleanouts <input type="checkbox"/> Short-term construction or demolition <input type="checkbox"/> Equipment maintenance during plant shutdowns <input type="checkbox"/> Other _____			<input type="checkbox"/> Accidental spills <input type="checkbox"/> Production process upsets <input type="checkbox"/> Product recalls <input type="checkbox"/> "Acts of nature" (Tornado, Hurricane, Flood, etc.) <input type="checkbox"/> Other _____		
C. Emergency Contact Phone			D. Emergency Contact Name		
E. Beginning Date _____ (mm/dd/yyyy)			F. End Date _____ (mm/dd/yyyy)		
Waste 1					
G. Waste Description				H. Estimated Quantity (in pounds)	
I. Federal Hazardous Waste Codes					
Waste 2					
G. Waste Description				H. Estimated Quantity (in pounds)	
I. Federal Hazardous Waste Codes					
Waste 3					
G. Waste Description				H. Estimated Quantity (in pounds)	
I. Federal Hazardous Waste Codes					

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: 12/2019 Page 10 of 10



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
12/12/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Willis Towers Watson Insurance Services West, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center	
	PHONE (A/C, No, Ext): 1-877-945-7378	FAX (A/C, No): 1-888-467-2378
	E-MAIL ADDRESS: certificates@willis.com	
INSURED Liquid Environmental Solutions of Florida, LLC 1640 Talleyrand Avenue Jacksonville, FL 32206	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Nautilus Insurance Company	
	INSURER B: Arch Insurance Company	
	INSURER C: Allied World Assurance Company US Inc	
	INSURER D: Arch Indemnity Insurance Company	
	INSURER E:	
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** W31382953**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GSP2039165-11	12/15/2023	12/15/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
			MED EXP (Any one person) \$ 25,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	AUTOMOBILE LIABILITY			11CAB1047503	12/15/2023	12/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$				
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			FFX2039166-11	12/15/2023	12/15/2024	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 2,000,000				
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>		\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
C	Pollution - Transportation Cov.			0313-6451	12/15/2022	12/15/2025	Per Occ/Agg \$15,000,000 Deductible - Per Occ. \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SEE ATTACHED

CERTIFICATE HOLDER**CANCELLATION**Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: _____

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Willis Towers Watson Insurance Services West, Inc.		NAMED INSURED Liquid Environmental Solutions of Florida, LLC 1640 Talleyrand Avenue Jacksonville, FL 32206	
POLICY NUMBER See Page 1			
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Arch Indemnity Insurance Company

NAIC#: 30830

POLICY NUMBER: 11WCI1047303

EFF DATE: 12/15/2023

EXP DATE: 12/15/2024

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
WORKERS COMPENSATION	E.L. EACH ACCIDENT	\$1,000,000
AND EMPLOYERS' LIABILITY	E.L. DISEASE - EA EMP	\$1,000,000
Per Statute	E.L. DISEASE-POL LMT	\$1,000,000



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: Liquid Environmental Solutions of FL, LLC 2. Site Address: 1640 Talleyrand Ave, Jacksonville FL 32206

3. Telephone No: (904) 237.3293 ☒ Check box if any of the above items (1-3) have changed since your last registration.

4. EPA ID No. FLD 981 928 484 5. Name of person preparing report (please print) Ken Khim

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

8. Type of operation (check all that apply): 9. Email Address: ken.khim@liquidenviro.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)	Automotive	Industrial	Mixed	Total
a. In Florida	124,872	28,464	50,031	203,367
b. From out of State	579	16,094	28,560	45,233
c. Beginning Inventory				12,500
d. Total (sum of totals from Lines a + b + c)				261,100

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).....	41,500	107,118
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.....	122,142	107,338
Incinerated		
3. Total amount (in gallons) of Used Oil managed	163,642	214,456
4. End of year, on hand estimate (difference between Line 1d and Line 3)	97,458	153,982

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	500	
2. Number of used oil filters collected	875	
3. Total number of used oil filters to manage (Line 1 plus Line 2)	1,375	
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)	1,375	
6. Gallons of used oil collected as a result of filter processing	0	
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 checked="" type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....	50	
9. Description of oily waste management <u>Recovered oil and water to designated plant process.</u>		

DIRECTIONS FOR SECTION C

Conversion Table

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

- 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.



February 28, 2024

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
2023 Petroleum Contact Water Report

Dear Mrs. Ashwood,

Liquid Environmental Solutions of Florida LLC received a total of 135,478 gallons of petroleum contact water in 2023. The facility recovered 24,719 gallons of product from petroleum contact water during 2023.

Sincerely,

Ken Khim
Plant Supervisor



February 28, 2024

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, 2024 through June 30, 2025.

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

Thank you,

Ken Khim
Plant Supervisor
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. Certificate of Liability Insurance
4. Form 62-710.901(7) Closing Cost Estimate
5. 2022 PCW Report