

# FLORIDA DEPARTMENT OF Environmental Protection

Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Shawn Hamilton Secretary

Bob Martinez Center 2600 Blair Stone Road Tallahassee, FL 32399-2400

08/06/2024 Kirk Kraus, Project Mgr Alpha Omega Training and Compliance Inc 1540 Armstrong Dr Titusville, FL 32780

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 Alpha Omega Training and Compliance Inc located at 1540 Armstrong Dr, Titusville, FL 32780-7908

### DEP/EPA Identification Number: FLR000255745

Your facility status is the following: Very Small Quantity Generator (VSQG), SQH of Universal Waste - Batteries, Universal Waste - Lamps, 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-wastemanagement-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=FLR000255745.

For further assistance, please contact me at (850) 245-8707 or email me at <u>leff.Gregg@dep.state.fl.us</u>

Sincerely,

Jeff Gregg Environmental Manager Waste Compliance Assistance Program

ME ID: 148121, Email Address: kkraus@a-otc.com

Super Contraction	8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY     Date Received (for FDEP Official Use Only)       DEP Waste Management Division-HWRS, MS4560     Date Received					and the second						
2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707					ISION OF WASTE MANA '24 MAY 28 pm2:42:10							
EPA ID: FL	R 0	0 0	2	55	7	4	5			use the instruction in the instruction is a set of the instruction is a set of the instruction in the instruction is a set of the instruction	ons doc	ument to complete this form
1. Reason for Subm	ittal: (all sub	bmitters r	nust co	mplete pag	es 1 ar	nd 2 ar	nd sign	n pag	ge 7. Page	s 3 through 6 - com	plete as a	pplicable)
Mark 'X' in the correct box*:	To obta	ain a new	EPA	ID numbe	f (for	hazar	dous v	waste	e, universa	ll waste, used oil ac	tivities, a	PCW activities).
(must choose one	X To pro	vide upd	ated in	formation	for a	n EP.	A ID	num	nber (to u	pdate status and fac	ility iden	ification information).
if a notification)	🔲 To pro	vide the	final i	nformatio	n for	an EF	AID	nur	nber (clo	sing). (see instruction	ons—mus	st complete pages 1, 2, 3, 7)
	🔲 To obt	ain new	or upd	lating an E	EPA I	D nur	nber	for c	conductir	ng Electronic Mar	nifest Br	oker activities.
	Submi	tting nev	v or re	vised noti	ficatio	on for	Part	A fo	or permit	ted facilities.		
FL Registration(s)	<b>U</b> UV	W Mercu	ıry (se	e page 4)			XH	IW '	Franspor	ter (see page 5)		Used Oil (see page 6)
2. Facility or Business	Name:*											
			Alph	na Ome	ga T	rain	ing	an	d Com	pliance Inc		
3. Facility Physical Loc	cation Infor	mation:	(No P.	O. Boxes)								
Physical Street Address	*.				1540	) Arr	nstr	onę	g Drive			Vessel
City or Town:		Titu	sville	•						State: FL	Zip Co	ode: 32780
County*:	County*: Brevard Country (if not USA)*:											
4. Facility or Business	Mailing Ad	dress:										
Same address as #_	_ above or*	:			P	ОВ	ox 2	236	727			
City or Town*:					1	ate*:				tal Code*:	Co	ountry (if not USA):
	Coco	ba				F	=L			32923		
5. Facility North Amer	rican Indust	try Clas	sificati	ion Syster	n (NA	ICS)	Cod	e(s)	*: (at le	east 5 digits)		
A. <u>562</u>	A.         5         6         2         9         1         0         (required)         B.         5         4         6         1         2         0											
<u>c.  _ _ </u>	c. <u>             </u> D. <u>             </u>											
6. Facility or Business	RCRA Cor	ntact Pe		Same a		ss as ‡	‡a	ıbov	e or:			
First Name*: Last Name*: Title*: Director of Operations				Operations								
	21-445-9	9845	Ext	tension*:			1			Fax*:	32 <sup>-</sup>	-989-03222
E-Mail <sup>*</sup> :						kk	raus	@	a-otc.c	om		
Street or P.O. Box (or s	same address	s box is	checke	:d) <b>*</b> :					15	540 Armstron	g Driv	e
City or Town*:		Titusv	ille			Sta	te*:	FI		Zip Code*: 32780		Country (if not USA):

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 1 of 10

RCRA Hazardous Waste Status Notification or Out of B	n EPA ID No.*	FLR000255745		
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)				
Name of Owner*: Todd McDowell		Date became Owner*: <u>6 / 1 / 22</u>		
		New Owner mm dd yy		
Street or P.O. Box (or same address box is checked)*: PO	Box 236727	Phone Number*:	321-445-9845	
City or Town*: Cocoa	State*: FL	Zip Code*: 32923	Country (if not USA):	
E-Mail*: t	mcdowell@a-otc	.com		
Owner Type*: 🔀 Private Federal Municipal S	tate County 0	ther		
Comments:				
8. Facility Operator (List additional Operators in the comments section	on). Same address as #_	above or:		
Name of Operator*:		Date became Operator*	. 6 / 1 / 22	
Alpha Omega Training and Compliar	nce Inc	New Operator		
Street or P.O. Box (or same address box is checked)*: 1540 A	rmstrong Drive	Phone Number*:	321-445-9845	
City or Town*: Titusville	State*: FL	Zip Code*: 32780	Country (if not USA):	
E-Mail*:	kkraus@a-otc.c	om	<i>f</i>	
Operator Type*: 🛛 Private 🗍 Federal 🗌 Municipal 🗌	State County	Other	_	
Comments: 9. RCRA Hazardous Waste Activities at this Facil	lity: (Mark 'X' in	all that apply):		
(1) Generator of Hazardous Waste				
Yes No (This does not include Universal Waste or Used	đ Oil)			
If YES, Choose only one of the following three categories.				
a. Large Quantity Generator (LQG):				
<ul> <li>Generates in any calendar month (includes quant (2,200 lbs/mo.) of non-acute hazardous waste; or</li> <li>Generates in any calendar month, or accumulates</li> <li>Generates in any calendar month, or accumulates material.</li> </ul>	at any time, more that	n 1 kg/mo (2.2 lbs/mo) of	acute hazardous waste; or	
b. Small Quantity Generator (SQG):				
- Generates in any calendar month greater than 100 waste and/or 1 kg (2.2 lbs) or less of acute hazar cleanup material.	-			
C. Very Small Quantity Generator (VSQG):				
- Generates in any calendar month 100 kg/mo or le hazardous waste.	ess (220 lbs.) of non-ac	cute hazardous waste and/	or 1 kg (2.2 lbs) or less of acute	
In addition, indicate other generator activities that apply.				
<b>d</b> . Short-Term Generator (one-time, not on-going)				
<b>e</b> . Mixed Waste (hazardous and radioactive) Generator				
<b>f</b> . United States Importer of hazardous waste				
g. LQG notifying of VSQG Hazardous Waste Under Con		-	2.17(f). (Addendum A Required)	
<b>h</b> . Episodic: Not lasting more than 60 days: SQG				
i. Electronic Manifest Broker, as defined in 40 CFR 260 transmit an electronic manifest under a contractual re	-		tem to obtain, complete, and	

RCRA Hazardous	Waste Status Noti	fication or Out of E	Business Notificati	on	EPA ID No.*	00255745
9. RCRA Haza	rdous Waste Act	ivities at this Fac	ility continued:	(Mark 'X' in all th		
-	gh 9, mark 'X' in all					
., ,	· ·	Hazardous Waste (at	your facility—Choos	e Only One) Note: A	hazardous waste per	rmit may be
	this activity.					
a. Ope	erating Commercial T	SD				
b. Ope	erating Non-Commer	cial TSD				
	1 0	ure or Corrective Acti	on Permit or Order (H	ISWA, etc.)		
-	r of Hazardous Was					
Specify: Specify:		Non-Commercial recycling Does	not store prior to recy	cling		
Speeny.	Note: A permit	maybe required for stora	age prior to recycling.	ening.		
	t Boiler and/or Indu					
	Small Quantity On-si	1				
		d Refining Furnace E	-	d at Othar Facilitias		
Choos	e this management ac	tivity ONLY if you at	ttach	d at Other Facilities		
	ER a copy of your app es Hazardous Waste		orization OR the auth	orization you received	from FDEP.	
	ground Injection Co					
(8) Recogn	nized Trader— Marl	all that apply				
	Importer					
	Exporter					
	t <b>er/ Exporter of Spe</b> Importer	1t Lead-Acid Batteri	es (SLABs) under 40	) CFR subpart G— N	fark all that apply	
	Exporter					
10. Waste Code	es for Federally I	Regulated Hazar	dous Wastes*: L	ist the waste codes of	the Federal hazardo	us wastes handled at
				D001, D003, F007, K		
Hazardous waste	2	codes routinely or usu	ally transported. Use	e comments or an addi	tional page if more s	spaces are needed.
D001	D002					
8	9	10	11	12	13	14
15	16	17	18	19	20	21
11. Other Statu	Is Changes (If no	longer handling wast	e or closed, items 9 a	and 10 should be left b	lank and items 12-1	6 skipped)
(A) Central Acc	umulation Area (CA	A) or Facility Close	1:			
Central A	Accumulation Area (C	CAA)				
Facility C	Closed (Complete thi	s section only if <u>all</u> bu	siness activities at thi	is facility have ceased.	.)	
(B) Closure Dat						
	(1) Expected closure date (date in mm/dd/yyyy)					
		date			)	
	-	the closure performan				
	_	with the closure perfo			-	
(C) Property T	Tax Default		(D) Petitio	on for Bankruptcy P	rotection	_

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 3 of 10

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.* FLR	000255745			
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :				
A. Federal Notification				
Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of a of UW accumulated (at any one time)	ny combination			
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 (UPW one time)	) accumulated (at any			
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Busin Regulation [DBPR])	ness and Professional			
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 <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.				
<ul> <li>(1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Handler <u>for-hire</u> Activities</li> <li>Ist Annual Registration Annual Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached</li> </ul>				
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual			
For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices	Registration			
Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	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	Annual Registration + one- time \$1,000 fee+			
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)			
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)           1 st Annual Registration         Annual Renewal	Annual Registration Required			
Briefly Describe your Universal Waste Activities: We use Drum 7	fop Bulb Crusher(s).			
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transporter State Regulated Waste Activity. An annual report is required for a recovery facility pursuant to Rule [6]				

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 4 of 10

Hazardous Waste Transporter and Academic Laboratories	EPA ID No.*	FLR000255745		
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need	to register your HV	W Transporter activities)		
Transporters of and Transfer Facilities for Hazardous Waste in the State of F renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.1 Transporters and wansfer facilities may only begin operations after receiving approval from	70(2)(a) is required a			
Generators who transport waste only within the boundaries of their facility s	hould NOT registe	er in box 14.A below.		
A. HW Transporter Registration Information (must be completed annuall	y and when this inf	formation changes)		
This form is: 📋 Initial Registration 🕅 Renewal 🔲 Notification of	changes 🚺 Cano	el Registration		
1. For own waste only				
2. For commercial purposes				
3. Both commercial and own waste				
4. Transportation Mode Air Rail X Highway Water Ot	her - specify			
B. HW Transfer Facility Registration Information (must be completed a	nnually and when	this information changes)		
This facility is a Hazardous Waste Transfer Facility: (as listed in I	tem 3) Storage Volu	ume		
This form is: 🔲 Initial Registration 🔲 Renewal 🔲 Notification of	changes 🔲 Cano	cel Registration		
Note: Hazardous Waste transfer facilities must comply with the requirements of Ru	ule 62-730.171, F.A.	C., and Rule 62-730.182, F.A.C.		
The Transfer Facility records required under the provisions of Rule 62-730.17	'1(6) , F.A.C., are ke	pt 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 Florida Administrative Code (F.A.C.)]:	Waste Transfer Fa	<b>cility</b> [Rule 62-730.171(3),		
C. The following items are required to be submitted with the initial notification for a tra submitted with any subsequent submission [Rule 62-730.171(3), Florida Administration of the submission [Rule 62-730.171(3)] and the submission [Rule 62-73	nsfer facility and an we Code (F.A.C.)] :	y changed items must be		
Certification by a responsible corporate officer of the transporter facility that the pro	posed location satisfi	es 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 ma	nagement of hazard	lous wastes in laboratories		
See the item-by-item instructions for definitions of types of eligible acade				
a. College or University				
b. Teaching Hospital that is owned by or has a formal written affiliation a	greement with a co	llege or university		
c. Non-profit Institute that is owned by or has a formal written affiliation a	•	• •		
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardo	us wastes in laborat	ories		
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. Eff	Tective Date: 12/2019 Page 5 of 10		

Used Oil and Hazardous Secondary Material EPA ID No.* FLR000255745					
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 <u>must</u> 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 c	hanges 🔲 Cano	el Registration			
If applicable, a check or money order, in the amount of \$100, payable to Florida De UO Collection Centers must check 16.(2) of this form (not as a registration).	partment of Environn	uental Protection is enclosed.			
(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, <u>no more than</u> 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)					
<ul> <li>(8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check</li> <li>Our mailing (business) address (as listed in Item 4)</li> </ul>	one):				
The site (facility) address (as listed in Item 3)					
(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))					
<ul> <li>ALL registered UO transporters must submit an annual report except generator within their own company.</li> </ul>	s transporting UO fro	m noncontiguous operations			
• UO transporters transporting off-site over public highways only within their ov		-			
• UO transporters transporting more than 500 gallons/year must submit proof of submission as a certified used oil transporter in section 19 (except those exemption)					
The used oil annual report is attached Evidence of Liability Insurance pursu	uant 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 w under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Require		zardous secondary material			
(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling proce comparable to or unable to be compared to a legitimate product or intermediate by (Addendum C Required)					

Required signature page		EPA ID No.*	FLR000255745	
18. Comments (attach a page if more space is needed):				
<b>19. Certification:</b> I certify under penalty of law that this document and accordance with a system designed to assure that qualified personnel p submitted is, to the best of my knowledge and belief, true, accurate, an false information, including the possibility of fine and imprisonment for	roperly gather and d complete. I am av	evaluate the informat ware that there are sig	ion submitted. The information	
I certify as a Used Oil Transporter that I am familiar with the ap tation and have an annual and new employee training program in place bility is demonstrated by the Used Oil Transporter Certificate of Liabil	covering the appli- lity Insurance, DEP	cable used oil rules. E form 62-730.900(5)(	Evidence of financial responsi-	
Signature of owner, operator, or an authorized representative:	Date Signed (mr			
Print Name (First, Widdle Initial, Last):	05-23-2024 Title:			
Kirk Kraus	The.	Director of Op	perations	
Organization:	Used Oil			
Alpha Omega Training and Compliance Inc				
Email:				
kkraus@a- Signature of owner, operator, or an authorized representative:	-OtC.COM Date Signed (mi	n-dd-vvvv):		
Print Name (First, Middle Initial, Last):	Title:			
Organization:	Used Oil			
Email:	I			
If the person that filled in this form is not the Facility Contact or Ope	rator, please comp	olete the information	1 below:	
(Name of person completing this form) (Phone Number)		(E-mail Address)		

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 7 of 7



## **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, <u>2023</u> through December 31, <u>2023</u>

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					
Alpha Omega Training and Compliance Inc     Site Address:	1540 Arm	strong Driv	e tus vile,	FL 32 780	
3. Telephone No: 321-445-9845 Check b	ox if any of the abov	e items (1-3) have c	hanged since you	r last registration.	
. EPA ID No. FLR000255745 5. Name of person preparing report (please print) Kirk Kraus					
6. Title: Director of Operations 7. Phone number			321 -536	-9 59	
B. Type of operation (check all that apply): 9. Email Address: kkraus@a-otc.com					
Used Oil: Transporter Transfer Facility Collection Center/Aggregation P	oint Processor				
Marketer: On Spec Off Spec					
Burner (off-specification used oil): Industrial Furnace Industri	al Boiler Utility	Boiler Heater			
Used Oil Filter: Transporter Transfer Facility Processor End User					
SECTION B USED OIL (TO BE COMLETED BY ALL REGISTERED USED OIL I	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	0	14,175	0	14,175	
b. From out of State	0	0	0		
c. Beginning Inventory	·······			0	
<b>d. Total</b> (sum of totals from Lines a + b + c)				14,175	
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)			14,175	0	
O - Marketed as an on-specification used oil fuel			0	0	
F - Marketed as an off-specification used oil fuel			0	0	
I - Marketed for an industrial process			0	0	
B - Burned as an off-specification used oil fuel			0	0	
D - Disposed of: Landfilled			0	0	
Treated at a wastewater treatment u	nit		0	0	
Incinerated			0	0	
3. Total amount (in gallons) of Used Oil managed					
4. End of year, on hand estimate (difference between Line 1d and Line 3)			0	0	

#### **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 1	TABLE BELOW FOR CONVERSIONS)	In State	Out of State
1. Number of filters on hand from previous ye	ear	0	0
2. Number of used oil filters collected		2,500	0
3. Total number of used oil filters to manage	(Line 1 plus Line 2)	2,500	
4. Disposition of used oil filters collected:	a. Transferred to another registered facility	2,500	0
	<b>b.</b> Burned for energy recovery at a Waste-To-Energy facility	0	0
	c. Transferred directly to a metal foundry for recycling	0	0
	d. TOTAL	2,500	
5. End of year, on hand estimate (Line 3 min	us Line 4d)	0	
6. Gallons of used oil collected as a result of	filter processing	0	0
7. Gallons of used oil transferred to a used oi	l handler (transporter or processor)	0	0
8. Volume of oily waste collected and manag	ed as a result of filter processing gallons Cubic yards	0	0
9. Description of oily waste management		•	P

DIRECTIONS FOR SECTION C

#### **Conversion Table**

One 55-gallon drum of <u>crushed</u> used oil filters = approximately $\underline{400}$ 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 Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or studges, 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.