



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

06/27/2007

Steve Becker, Oper Manager
Clean Fuels Of Florida Inc
2635 NE 4th Ave
Pompano Beach, FL 33064-5405

DEP/EPA ID: **FLD984171256**
LOCATION: **2635 NE 4th Ave, Pompano Beach.**

Based on information supplied by you, we have processed and accepted your request for the facility identified with the above DEP/EPA identification number. The status of your facility remains:

HW Transporter, Small Quantity Generator, Used Oil Handler, Universal Waste Handler

Please notify us in writing if there is any change in your operations which would affect your status. For further assistance, please call the Hazardous Waste Notification Coordinator at (850)245-8760 or (850)245-8772.

Sincerely,

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 55537



RECEIVED
RCRA

MAY 15 2007

Hazardous Waste Regulation

This Subsequent Notification Form is being sent in to add Pharmaceuticals to our current Universal Waste Permit.

RECEIVED

MAY 15 2007

BY: BSHW



8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560

2600 Blair Stone Rd. Tallahassee, FL 32399-4400

(850) 245-8760

RECEIVED

(for FDEP Official Use Only)

MAY 15 2007

MAY 15 2007

BY: BSNW
RCRA/HSR

EPA ID

FCD984171256

MTS Hazardous Waste Regulation

1. Reason for
Submittal

Check correct
box:

☐ To provide initial notification (to obtain an EPA ID Number for hazardous
waste, universal waste, or used oil activities).

☒ To provide subsequent notification (to update status and facility identification
information).

2. Facility or Business Name

CLEAN FUELS of Florida Inc.

3. Facility Operator
(List additional
Operators in the
comments section).

Name of Operator:

CLEAN FUELS of FL. INC

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

2635 NE 4th Ave.

Phone Number:

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical
Location
Information

Physical Street Address:

2635 NE 4th Ave.

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

County:

Broward

Land Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

Latitude:

dd

mm

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dd

mm

ss

ssss

dd

mm

ss

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dd

mm

ss

ssss

Method:

Datum:

5. Facility North American Industry
Classification System (NAICS)
Code(s)

A.

562112

B.

C.

D.

6. Facility Mailing
Address

Street Address or P.O. Box:

SAME

City or Town:

State:

Zip Code:

7. Facility Contact
Person

First Name:

Steve

Last Name:

Becker

Title:

Operations Mgr.

Phone Number:

954-791-9588

Extension:

E-Mail:

Stbecker@clean-fuels.net

Street or P.O. Box:

2635 NE 4th Ave.

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

8. Real Property
Owner of the
Facility's
Physical Location
(List additional
real property owners
in the comments
section.)

Name of Real Property Owner:

Damon Barry Fernandez

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box:

2635 NE 4th Ave.

Phone Number:

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

Owner Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):**A. Hazardous Waste Activities:**

For Items 2 through 7, check 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) of *acute* hazardous waste
- ☒ 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
- ☐ c. Conditionally Exempt SQG (CESQG):
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).

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

2. ☐ Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.

3. ☐ Recycler of Hazardous Waste (at your facility)
Specify: ☐ Commercial; ☐ Non-Commercial.
Note: A hazardous waste permit may be required for this activity.

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 - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

6. ☐ Underground Injection Control

7. ☐ Transporter of Hazardous Waste Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. ☐ a. For own waste only; ☒ b. For Commercial Purposes

c. Hazardous Waste Transporter Insurance Information:

Insurance Company Hudson Insurance Company
 Address 1401 MADISON PARK DRIVE, SUITE 100-A
GLEN BURNIE MD. 21061
 Contact: Nancy R. Tebasca Telephone: 954-452-4900
 Policy Number: FEC6199986 Expiration date: 11-3-07

- d. Transportation Mode: ☐ Air; ☐ Rail; ☒ Highway; ☐ Water; ☐ Other - specify _____

- c. ☐ Hazardous Waste Transfer Facility: Storage Volume _____

B. Universal Waste (UW) Activities:

1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

	Generate/ Accumulate	Transport
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pesticides	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Mercury Containing Thermostats	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Maximum quantity of UW handled/transported at any time
☒ a. 5,000 kg or more; Large Quantity Handler (LQH)
☒ b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
☐ c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. ☐ Destination Facility for UW

Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. ☒ Transporter of UW

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):**C. Used Oil Activities:****1. Used Oil Transporter - Indicate type(s) of activity(ies)**

- ☒ a. Transporter
☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)

- ☐ a. Processor
☐ b. Re-refiner

3. ☐ Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)**

- ☐ a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner
☐ b. Marketer who first claims the used oil meets the specifications

5. ☐ Used Oil Generator**D. Other State Regulated Waste Activities:**1. ☒ Used Oil Filter Handler2. ☒ PCW Handler

These activities may require additional submissions.

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.

1 D001	2 D002	3 D003	4 D004	5 D005	6 D006	7 D007
8 F001	9 F002	10 F003	11 F004	12 F005	13 F006	14 F007
15 F008	16 F009	17 F010	18 F011	19 F012	20 CONTINUED	21 on Attachment
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in the appropriate boxes):**A. Non-Handler of Regulated Waste at this facility**

- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
☐ 2. Waste generated by business has been delisted.
☐ 3. Other (explain) _____

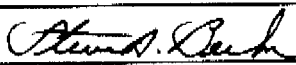
B. Facility Closed

- ☐ 1. Closed at this location and **moved or moving** to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ 2. Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
 Contact _____ Phone _____
 Address _____
 City, State, Zip _____

☐ C. Property Tax Default☐ D. Petition for Bankruptcy Protection**12. Comments:**

EPA ID No.

13. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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 knowing violations.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	STEVEN A. BECKER	6-19-2007
	OPERATIONS MANAGER	

14. Additional Comments

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility:

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13			
K	0	4	7
19			
K	0	6	0
25			
K	0	7	1
31			
K	0	8	6
37			
K	0	9	4
43			
K	1	0	0
49			
K	1	0	6
55			
K	1	1	2
61			
K	1	1	8
67			
K	1	3	2
73			
K	1	4	5
79			
K	1	5	6
85			
P	0	0	1
91			
P	0	0	7
97			
P	0	1	3
103			
P	0	2	1
109			
P	0	3	1
115			
P	0	4	0
14			
K	0	4	8
20			
K	0	6	1
26			
K	0	7	3
32			
K	0	8	7
38			
K	0	9	5
44			
K	1	0	1
50			
K	1	0	7
56			
K	1	1	3
62			
K	1	2	3
68			
K	1	3	6
74			
K	1	4	7
80			
K	1	5	7
86			
P	0	0	2
92			
P	0	0	8
98			
P	0	1	4
104			
P	0	2	2
110			
P	0	3	3
116			
P	0	4	1
15			
K	0	4	9
21			
K	0	6	2
27			
K	0	8	3
33			
K	0	8	8
39			
K	0	9	6
45			
K	1	0	2
51			
K	1	0	8
57			
K	1	1	4
63			
K	1	2	4
69			
K	1	4	1
75			
K	1	4	8
81			
K	1	5	8
87			
P	0	0	3
93			
P	0	0	9
99			
P	0	1	5
105			
P	0	2	4
111			
P	0	3	4
117			
P	0	4	2
16			
K	0	5	0
22			
K	0	6	4
28			
K	0	8	4
34			
K	0	9	0
40			
K	0	9	7
46			
K	1	0	3
52			
K	1	0	9
58			
K	1	1	5
64			
K	1	2	5
70			
K	1	4	2
76			
K	1	4	9
82			
K	1	5	9
88			
P	0	0	4
94			
P	0	1	0
100			
P	0	1	7
106			
P	0	2	3
112			
P	0	3	6
118			
P	0	4	3
17			
K	0	5	1
23			
K	0	6	5
29			
K	0	8	5
35			
K	0	9	1
41			
K	0	9	8
47			
K	1	0	4
53			
K	1	1	0
59			
K	1	1	6
65			
K	1	2	6
71			
K	1	4	3
77			
K	1	5	0
83			
K	1	6	0
89			
P	0	0	5
95			
P	0	1	1
101			
P	0	1	8
107			
P	0	2	6
113			
P	0	3	8
119			
P	0	4	4
18			
K	0	5	2
24			
K	0	6	6
30			
K	0	8	5
36			
K	0	9	3
42			
K	0	9	9
48			
K	1	0	5
54			
K	1	1	1
60			
K	1	1	7
66			
K	1	3	1
72			
K	1	4	4
78			
K	1	5	1
84			
K	1	6	1
90			
P	0	0	6
96			
P	0	1	2
102			
P	0	2	0
108			
P	0	3	0
114			
P	0	3	9
120			
P	0	4	5

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
P 0 4 6	P 0 4 7	P 0 4 8	P 0 4 9	P 0 5 0	P 0 5 1
19	20	21	22	23	24
P 0 5 4	P 0 5 6	P 0 5 7	P 0 5 8	P 0 5 9	P 0 6 0
25	26	27	28	29	30
P 0 6 2	P 0 6 3	P 0 6 4	P 0 6 5	P 0 6 6	P 0 6 7
31	32	33	34	35	36
P 0 6 8	P 0 6 9	P 0 7 0	P 0 7 1	P 0 7 2	P 0 7 3
37	38	39	40	41	42
P 0 7 4	P 0 7 5	P 0 7 6	P 0 7 7	P 0 7 8	P 0 8 1
43	44	45	46	47	48
P 0 8 2	P 0 8 4	P 0 8 5	P 0 8 7	P 0 8 8	P 0 8 9
49	50	51	52	53	54
P 0 9 2	P 0 9 3	P 0 9 4	P 0 9 5	P 0 9 6	P 0 9 7
55	56	57	58	59	60
P 0 9 8	P 0 9 9	P 1 0 1	P 1 0 2	P 1 0 3	P 1 0 4
61	62	63	64	65	66
P 1 0 5	P 1 0 6	P 1 0 8	P 1 0 9	P 1 1 0	P 1 1 1
67	68	69	70	71	72
P 1 1 2	P 1 1 3	P 1 1 4	P 1 1 5	P 1 1 6	P 1 1 8
73	74	75	76	77	78
P 1 1 9	P 1 2 0	P 1 2 1	P 1 2 2	P 1 2 3	P 1 2 7
79	80	81	82	83	84
P 1 2 8	P 1 8 5	P 1 8 8	P 1 8 9	P 1 9 0	P 1 9 1
85	86	87	88	89	90
P 1 9 2	P 1 9 4	P 1 9 5	P 1 9 6	P 1 9 7	P 1 9 8
91	92	93	94	95	96
P 1 9 9	P 2 0 1	P 2 0 2	P 2 0 3	P 2 0 4	P 2 0 5
97	98	99	100	101	102
U 0 0 1	U 0 0 2	U 0 0 3	U 0 0 4	U 0 0 5	U 0 0 6
103	104	105	106	107	108
U 0 0 7	U 0 0 8	U 0 0 9	U 0 1 0	U 0 1 1	U 0 1 2
109	110	111	112	113	114
U 0 1 4	U 0 1 5	U 0 1 6	U 0 1 7	U 0 1 8	U 0 1 9
115	116	117	118	119	120
U 0 2 0	U 0 2 1	U 0 2 2	U 0 2 3	U 0 2 4	U 0 2 5

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13			
U	0	2	6
19			
U	0	3	2
25			
U	0	3	8
31			
U	0	4	5
37			
U	0	5	1
43			
U	0	5	8
49			
U	0	6	4
55			
U	0	7	1
61			
U	0	7	7
67			
U	0	8	3
73			
U	0	8	9
79			
U	0	9	5
85			
U	1	0	2
91			
U	1	0	9
97			
U	1	1	5
103			
U	1	2	1
109			
U	1	2	7
115			
U	1	3	3
14			
U	0	2	7
20			
U	0	3	3
26			
U	0	3	9
32			
U	0	4	6
38			
U	0	5	2
44			
U	0	5	9
50			
U	0	6	6
56			
U	0	7	2
62			
U	0	7	8
68			
U	0	8	4
74			
U	0	9	0
80			
U	0	9	6
86			
U	1	0	3
92			
U	1	1	0
98			
U	1	1	6
104			
U	1	2	2
110			
U	1	2	8
116			
U	1	3	4
15			
U	0	2	8
21			
U	0	3	4
27			
U	0	4	1
33			
U	0	4	7
39			
U	0	5	3
45			
U	0	6	0
51			
U	0	6	7
57			
U	0	7	3
63			
U	0	7	9
69			
U	0	8	5
75			
U	0	9	1
81			
U	0	9	7
87			
U	1	0	5
93			
U	1	1	1
99			
U	1	1	7
105			
U	1	2	3
111			
U	1	2	9
117			
U	1	3	5
16			
U	0	2	9
22			
U	0	3	5
28			
U	0	4	2
34			
U	0	4	8
40			
U	0	5	5
46			
U	0	6	1
52			
U	0	6	8
58			
U	0	7	4
64			
U	0	8	0
70			
U	0	8	6
76			
U	0	9	2
82			
U	0	9	8
88			
U	1	0	6
94			
U	1	1	2
100			
U	1	1	8
106			
U	1	2	4
112			
U	1	3	0
118			
U	1	3	6
17			
U	0	3	0
23			
U	0	3	6
29			
U	0	4	3
35			
U	0	4	9
41			
U	0	5	6
47			
U	0	6	2
53			
U	0	6	9
59			
U	0	7	5
65			
U	0	8	1
71			
U	0	8	7
77			
U	0	9	3
83			
U	0	9	9
89			
U	1	0	7
95			
U	1	1	3
101			
U	1	1	9
107			
U	1	2	5
113			
U	1	3	1
119			
U	1	3	7
18			
U	0	3	1
24			
U	0	3	7
30			
U	0	4	4
36			
U	0	5	0
42			
U	0	5	7
48			
U	0	6	3
54			
U	0	7	0
60			
U	0	7	6
66			
U	0	8	2
72			
U	0	8	8
78			
U	0	9	4
84			
U	1	0	1
90			
U	1	0	8
96			
U	1	1	4
102			
U	1	2	0
108			
U	1	2	6
114			
U	1	3	2
120			
U	1	3	8

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13			
U	1	4	0
19			
U	1	4	6
25			
U	1	5	2
31			
U	1	5	8
37			
U	1	6	4
43			
U	1	7	0
49			
U	1	7	7
55			
U	1	8	2
61			
U	1	8	8
67			
U	1	9	4
73			
U	2	0	3
79			
U	2	0	9
85			
U	2	1	6
91			
U	2	2	2
97			
U	2	3	4
103			
U	2	4	0
109			
U	2	4	9
115			
U	3	2	8
14			
U	1	4	1
20			
U	1	4	7
26			
U	1	5	3
32			
U	1	5	9
38			
U	1	6	5
44			
U	1	7	1
50			
U	1	7	8
56			
U	1	8	3
62			
U	1	8	9
68			
U	1	9	6
74			
U	2	0	4
80			
U	2	1	0
86			
U	2	1	7
92			
U	2	2	3
98			
U	2	3	5
104			
U	2	4	3
110			
U	2	7	1
116			
U	3	5	3
15			
U	1	4	2
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U	1	5	4
33			
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39			
U	1	6	6
45			
U	1	7	2
51			
U	1	7	9
57			
U	1	8	4
63			
U	1	9	0
69			
U	1	9	7
75			
U	2	0	5
81			
U	2	1	1
87			
U	2	1	8
93			
U	2	2	5
99			
U	2	3	6
105			
U	2	4	4
111			
U	2	7	7
117			
U	3	5	9
16			
U	1	4	3
22			
U	1	4	9
28			
U	1	5	5
34			
U	1	6	1
40			
U	1	6	7
46			
U	1	7	3
52			
U	1	8	0
58			
U	1	8	5
64			
U	1	9	1
70			
U	2	0	0
76			
U	2	0	6
82			
U	2	1	3
88			
U	2	1	9
94			
U	2	2	6
100			
U	2	3	7
106			
U	2	4	6
112			
U	2	7	8
118			
U	3	6	4
17			
U	1	4	4
23			
U	1	5	0
29			
U	1	5	6
35			
U	1	6	2
41			
U	1	6	8
47			
U	1	7	4
53			
U	1	8	1
59			
U	1	8	6
65			
U	1	9	2
71			
U	2	0	1
77			
U	2	0	7
83			
U	2	1	4
89			
U	2	2	0
95			
U	2	2	7
101			
U	2	3	8
107			
U	2	4	7
113			
U	2	7	9
119			
U	3	6	5
18			
U	1	4	5
24			
U	1	5	1
30			
U	1	5	7
36			
U	1	6	3
42			
U	1	6	9
48			
U	1	7	6
54			
U	1	8	1
60			
U	1	8	7
66			
U	1	9	3
72			
U	2	0	2
78			
U	2	0	8
84			
U	2	1	5
90			
U	2	2	1
96			
U	2	2	8
102			
U	2	3	9
108			
U	2	4	8
114			
U	2	8	0
120			
U	3	6	6

ID - For Official Use Only

IX. Description of Regulated Wastes (Continued; Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U 3 6 7	U 3 7 2	U 3 7 3	U 3 7 5	U 3 7 6	U 3 7 7
19	20	21	22	23	24
U 3 7 8	U 3 7 9	U 3 8 1	U 3 8 2	U 3 8 3	U 3 8 4
25	26	27	28	29	30
U 3 8 5	U 3 8 6	U 3 8 7	U 3 8 9	U 3 9 0	U 3 9 1
31	32	33	34	35	36
U 3 9 2	U 3 9 3	U 3 9 4	U 3 9 5	U 3 9 6	U 4 0 0
37	38	39	40	41	42
U 4 0 1	U 4 0 2	U 4 0 3	U 4 0 4	U 4 0 7	U 4 0 9
43	44	45	46	47	48
U 4 1 0	U 4 1 1				
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

EPA ID No.

13. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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 knowing violations.

Signature of owner, operator, or an authorized representative

Name and official title (type or print) of owner, operator, or an authorized representative

Date Signed (mm-dd-yyyy)

Steven A. Becker

STEVEN A. BECKER

5-8-2007

OPERATIONS MANAGER

14. Additional Comments

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility:

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. Hudson Insurance Company
(Name of Insurer)
(the "Insurer"), of C/O FEI 1401 MADISON Park Drive
(Address of Insurer) Suite 100-A - Glen Burnie MD 21061

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Clean Fuels of Florida Inc.
(Name of Insured)
(the "Insured"), of 2635 NE 4th Ave. Pompano Beach, Fl. 33064
(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

RPA/DEP I.D. No.	Name	Location
<u>FL0984171256</u>	<u>Clean Fuels of Florida Inc.</u>	<u>2635 NE 4th Ave. Pompano Beach Fl 33064</u>

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of
\$3,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number FEC6109786, issued on 11-3-06

The effective date of said policy is 11-3-06 (date)
and the expiration date of said policy
is 11-3-07 (date)

This insurance is excess and the company shall not be liable for amounts in excess of
\$_____ for each accident in excess of the underlying limit of
\$_____ for each accident, exclusive of legal defense costs. The coverage is provided
under policy number _____, issued on _____ (date). The effective date of
said policy is _____ (date) and the expiration date of said policy is _____ (date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

Nancy R. Tedesco
(Signature of Authorized Representative of Insurer)

Nancy R. Tedesco
(Typed name)

UA
(Title)

Authorized Representative of

Hudson Insurance Company
(Name of Insurer)

555 North Lane #6060 Conshohocken, PA 19428
(Address of Representative)

FACILITY NOTIFICATION DETAILS:

Notif ID: 799

Clean Fuels of Florida Inc

City: Pompano Beach County: Broward

EPAID: FLD984171256

Workflow: [Click Here to enter workflow data.](#)

Process	Start	Stop	Time_stamp	Author
Logged			5/22/2007 1:43:14 PM	Pandley_R
Xed Out HOPE	12:00:00 AM	12:00:00 AM	6/8/2007 8:30:21 AM	Thigpen_S
FDM data entered in Fiesta	12:00:00 AM	12:00:00 AM	6/14/2007 4:33:40 PM	Noland_T
Hanlder data Entered in CHAZ	12:00:00 AM	12:00:00 AM	6/20/2007 11:53:53 AM	Padgett_S
Notification Letter Generated	12:00:00 AM	12:00:00 AM	6/20/2007 11:54:09 AM	Padgett_S
Booked into Oculus	12:00:00 AM	12:00:00 AM	6/20/2007 11:54:28 AM	Padgett_S
Notification Letter Emailed	12:00:00 AM	12:00:00 AM	6/27/2007 10:45:01 AM	Padgett_S
Hanlder data Entered in CHAZ	12:00:00 AM	12:00:00 AM	6/27/2007 12:02:50 PM	Noland_T
Notification Letter Emailed	12:00:00 AM	12:00:00 AM	6/27/2007 12:03:24 PM	Noland_T
Booked into Oculus	12:00:00 AM	12:00:00 AM	6/27/2007 12:12:05 PM	Noland_T

Comments [Click Here to enter new comment.](#)

Date	Comment	Author
6/27/2007 12:05:53 PM	John Erickson spoke with Kathy Winston about this one because of their waste codes. They are SQG and LQH. They sent pages to replace their previous form which was pre-indexed. I have replaced the pages and put the correct doc. in Oculus.	Noland_T