



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

December 19, 2007

Tim Lee
Industrial Waste Services, Inc
960 Egypt Rd
Camden, SC 29020-7885

Re: Florida Hazardous Waste Transporter Approval

Dear Tim Lee:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Tim Lee

December 19, 2007

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If you intend to operate a hazardous waste transfer facility, you must submit a Transfer Facility Notification Form 30 days before you use the facility as a storage location. If you are currently operating a transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and unless otherwise approved by DEP, must be maintained at the transfer facility. You need to be aware that the 1998 Florida Legislature adopted a new bill for transfer facilities. At the present time the Department is drafting new language for 62-730.171 to meet the criteria set forth in the legislation.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in cursive script, appearing to read "Richard Neves".

Richard Neves

Hazardous Waste Management Section

RN

Enclosures: Hazardous Waste Transporter Approval Certificate
Hazardous Waste Transporter Status Form (with insurance verification)
Sections 62-730.170 and 62-730.171, FAC



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HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Industrial Waste Services, Inc

FACILITY ID NO: SCR000762245

FACILITY ADDRESS: 960 EGYPT ROAD
CAMDEN, SC 29020

INSURANCE CARRIER: ARCH INSURANCE

INSURANCE POLICY#: FBCAT0090300

EFFECTIVE DATE: August 01, 2007

EXPIRATION DATE: August 01, 2008

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Richard Neves DATE: December 19, 2007

Richard Neves
Hazardous Waste Management Section
850/245-8755

Are your services commercially available? Yes

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: Industrial Waste Service INC
Transporter EPA ID: SCR 000 762 245
Location Address: 960 Egypt Rd.
Camden SC 29020

Contact: Tim Lee Telephone: 803 428 5052

Mailing Address: 960 Egypt Rd.
Camden SC 29020
Email IWS29020@yahoo.com

II. Insurance Information:

Insurance Company ARCH Insurance Co.
Address 1451 Larimer St. Suite 200
Denver CO 80202

Contact: Sandra Inales Telephone: 303 534 1171

Policy Number: EBLATT00903000
Expiration date: 8-01-2008

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

UN 3077

Comments: ALSO FLAMMABLE 3

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

Tim Lee Operations mgr.
Print/Type Name Title

Tim Lee 11-13-07
Signature Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 08/01/08.

Date

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APPROVED by Sebrina L. Bolton, changes approved by the Certifier by phone 12/19/2007

Signature of Florida Department of Environmental Protection Representative Date Signed

BY: BSW DEP Form 62-730.900(5)(d)
Effective 1/5/95

HW Transporter Status Form
Page 1 of 1

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. ARCH Insurance Company

(Name of Insurer)

(the "Insurer"), of 300 First Stamford Place, 5th Floor, Stamford, CT 06902

(Address of Insurer)

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

Industrial Waste Services, Inc

(Name of Insured)

(the "Insured"), of 537 Egypt Road, Camden, SC 29020

(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:

EPA/DEP I.D. No.

SCR000762245

Name

Industrial Waste Services,
Inc.

Location

Camden, SC

(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
\$ 1,000,000 for each accident, exclusive of legal defense cost. The coverage is provided
under policy number FBCAT0090300, issued on 11/14/07.
(date)

The effective date of said policy is 08/01/07 and the expiration date of said policy
(date)
is 08/01/08.
(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 cost. The coverage is provided
under policy number _____, issued on _____. The effective date of
(date)
said policy is _____ and the expiration date of said policy is _____.
(date) (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.

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BY: DSLW

- (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 payments 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 of 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 evidences 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.

Michael Hill

(Signature of Authorized Representative of Insurer)

Michael Hill

(Typed name)

(Social Security Number)

President

(Title)

Authorized Representative of

ARCH Insurance Company

(Name of Insurer)

1451 Larimer St., Suite 200, Denver, CO 80202

(Address of Representative)

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DEP FORM 62-730.900(5)(a)

Transporter Certificate of Liability Insurance

BY: BSHW Effective January 5, 1995

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/03/07

PRODUCER Euclid Insurance Services, Inc 234 Spring Lake Drive Itasca, IL 60143 630 694-3700	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A: ARCH Insurance Company	FEI
Industrial Waste Service Inc.	INSURER B: Scottsdale Insurance Company	Colemont
960 Egypt Rd.	INSURER C:	
Camden, SC 29020	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	FBCAT0090300	08/01/07	08/01/08	EACH OCCURRENCE	\$1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$10,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A		AUTOMOBILE LIABILITY	FBCAT0090300	08/01/07	08/01/08	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		<input type="checkbox"/> ANY AUTO					
		<input type="checkbox"/> ALL OWNED AUTOS					
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> Broad Pollution					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
		<input type="checkbox"/>				AGG	\$
B		EXCESS/UMBRELLA LIABILITY	XLS0043519	08/01/07	08/01/08	EACH OCCURRENCE	\$4,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$4,000,000
		<input type="checkbox"/>					\$
		<input type="checkbox"/>					\$
		DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.I. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.I. DISEASE - EA EMPLOYEE	\$
						E.I. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

NOV 26 2007

CERTIFICATE HOLDER

**The Florida Department of
Environmental Protection
P.O. Box 3070
Tallahassee, FL 32399**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IN a

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

62-730.171 Transfer Facilities.

(1) 40 CFR 263.12 as adopted by reference in Rule 62-730.170, F.A.C. provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for ten (10) days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than ten (10) days, the facility is subject to the permitting requirements for a hazardous waste storage facility.

(2) A transfer facility used for storage of hazardous waste for more than 24 hours but ten (10) days or less shall comply with the following requirements as adopted by reference in 62-730.180, F.A.C.:

(a) The owner or operator of the transfer facility shall comply with the requirements of 40 CFR 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13. The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10. The 40 CFR 265 requirements referenced above shall apply to transfer facilities notwithstanding 40 CFR Part 265.1(c)(12). The owner or operator of the transfer facility shall submit the contingency and emergency plan to the Department with their first Transfer Facility Notification Form (DEP Form 62-730.900(6)).

(b) The owner or operator of the transfer facility shall have a written closure plan to show that the facility will be closed in a manner which satisfies the requirements of the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115. The owner or operator of the transfer facility shall submit the closure plan to the Department with their first Transfer Facility Notification Form (DEP Form 62-730.900(6)). Within 60 days of completion of closure, the owner or operator of the transfer facility shall submit to the Department a certification that the facility has been closed in accordance with the specifications in the closure plan. The certification shall be signed by both the owner or operator of the transfer facility and an independent registered, professional engineer.

(c) Records required in this section shall be maintained in permanent form and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.

(d) Hazardous waste stored in containers or vehicles at transfer facility shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.

(e) The owner or operator of a transfer facility shall maintain a written record of when all hazardous waste enters and leaves the facility. This record shall include the generator's name, the generator's EPA/DEP identification number, and the manifest number. For conditionally exempt small quantity generators without an EPA/DEP identification number, the record shall include the name and address of the generator. This recordkeeping requirement applies to all hazardous wastes including hazardous waste generated by conditionally exempt small

quantity generators.

(3) The owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but ten (10) days or less shall notify the Department on Form 62-730.900(6). The owner or operator of a new facility shall submit a notification form at least 30 days before the storage of hazardous waste is to begin. The transfer facility shall annually update the information on the Transfer Facility Notification Form (DEP Form 62-730.900(6)) and send it to the Department with the transporter's evidence of financial responsibility as required under Rule 62-730.170(3), F.A.C.

(4) The owner or operator of a transfer facility shall obtain an EPA/DEP identification number for each transfer facility location. Any owner or operator who has not obtained an EPA/DEP identification number for each transfer facility location may obtain one by applying to the Department using EPA Form 8700-12. Specific Authority: 403.704, 403.721, F.S.
Law Implemented: 403.704, 403.721, F.S.
History: New 3-2-86; Amended 6-28-88; Formerly 17-30.171; Amended 8-13-90; Amended 9-10-91, 10-14-92; Formerly 17-730.171; Amended 1-5-95.

62-730.170 Standards Applicable to Transporters of Hazardous Waste.

(1) The Department adopts by reference 40 CFR Part 263 revised as of July 1, 1993.

(2) In addition to the requirement of paragraph (1) of this Section, no person shall transport a hazardous waste within the state for which either a manifest is required under 40 CFR Part 262 or a reclamation agreement is entered between a generator and recycler pursuant to Part 263.20 unless compliance with the following special requirements has been demonstrated.

(a) The transporter shall have and maintain financial responsibility for sudden accidental occurrences in a minimum amount of \$1,000,000 per occurrence for combined coverage of injury to persons and for damage to property and the environment from the spillage of hazardous waste while such wastes are being transported including the costs of cleaning up the spill. Such financial responsibility shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. Such financial responsibility shall be maintained at all times, be exclusive of legal defense costs, and be established by any one or a combination of the following:

1. Evidence of casualty/liability insurance on an occurrence basis with or without a deductible. With the deductible 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 insured. Each insurance policy must be evidenced by a certificate of liability insurance or amended by attachment of an endorsement.

2. Surety bonds.

(b) Evidence of coverage shall include submittal of an originally signed copy of one or more of the following forms adopted in Rule 62-730.900(5), F.A.C.:

1. Hazardous Waste Transporter Certificate of Liability Insurance,

2. Hazardous Waste Transporter Liability Endorsement,

3. Hazardous Waste Transporter Liability Surety Bond.

(c) The insurance policy, including all endorsements, or the liability surety bond must be maintained at the carrier's principal place of business.

(d) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection, the insurer agrees to furnish to the department a signed duplicate original of the policy and all endorsements.

(e) The transporter shall annually submit to the Department two originally signed Transporter Status Forms (DEP Form 62-730.900(5)(d)). The Department shall complete the approval part of the form and return one of the originally signed forms to the transporter after verifying that the transporter is complying with the financial responsibility requirements of this section. A copy of this form complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transporter. This approval is non-transferable and non-assignable.

(f) This subsection does not apply to any person who transports hazardous waste only on the site of a hazardous waste generator or a permitted hazardous waste treatment, storage, or disposal facility.

(g) States and the federal government are exempt from the requirements of this subsection.

(3) Evidence of financial responsibility, updated for the current year, shall be verified annually by the submission of the appropriate DEP Form 62-730.900(5)(a) through (c) or by the submission of a certificate of insurance. A certificate of insurance shall include a certification by the insurer that the original insurance policy and all endorsements are still in full force and effect as evidenced on the original forms submitted to the Department.

Specific Authority: 403.704, 403.721, 403.724, 403.8055, F.S.

Law Implemented: 403.704, 403.721, 403.724, F.S.

History: New 11-8-81; Amended 5-31-84, 9-13-84; Formerly 17-30.17;

Amended 9-19-86, 3-31-87, 5-26-87; 6-28-88; Formerly 17-30.170;

Amended 1-25-89, 8-13-90, 9-10-91, 10-14-92, 10-7-93; Formerly

17-730.170; Amended 1-5-95.