



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

July 14, 2008

Romano Simone
CSX Transportation
500 Water St J875
Jacksonville, FL 32202-4423

Re: Florida Hazardous Waste Transporter Approval

Dear Romano Simone:

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.

Romano Simone
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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,

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: CSX Transportation

FACILITY ID NO: FLD006921340

FACILITY ADDRESS: 500 Water St #J875
Jacksonville, FL 32202-4445

INSURANCE CARRIER: SELF INSURED

INSURANCE POLICY#:

EFFECTIVE DATE: May 28, 2008

EXPIRATION DATE: May 28, 2009

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: _____ DATE: July 14, 2008

Richard Neves
Hazardous Waste Management Section
850/245-8755

rev.0(Oct 91)

RECEIVED

JUN 09 2008

BY: BSHW

Are your services commercially available? Yes

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: CSX Transportation, Inc.
Transporter EPA ID: FLD 006 921 340
Location Address: 500 Water Street, J875
Jacksonville, FL

Contact: Romano De Simone 904-366-5815 romano_desimone@csx.com
Mailing Address: 500 Water Street, J875
Jacksonville, FL 32202

II. Insurance Information:

Insurance Company: self insured, see attached
Address _____

Contact: _____ Telephone: _____
Policy Number: _____
Expiration date: _____

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:


D001 D002 D003 D004 F0001 F002 F003 F004

Comments: CSX accepts and transports hazardous waste when properly described, manifested
and packaged in accordance with all applicable regulations.

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

Romano De Simone
Print/Type Name

Director Chemical safety
Title



05-28-08

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 5/28/2009 Date

Signature of Florida Department of Environmental Protection Representative Date Signed