

Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

November 27, 2007

Steve Becker Clean Fuels of Florida Inc 2635 NE 4th Ave Pompano Beach, FL 33064

Re: Florida Hazardous Waste Transporter Approval

Dear Mr. Becker:

Your Florida Hazardous Waste Transporter Approval Certificate for 2006-07 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 (DEP).
- 2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
- 3. Your insurer cannot 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 the Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Mr. Steve Becker November 27, 2007 Page Two

6. 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 this legislation.

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

Sincerely,

Richard C. Neves

Environmental Specialist

Hazardous Waste Management Section

Sebrena L. Balton for

RCN/sp

Enclosures:

Hazardous Waste Transporter Approval Certificate

Hazardous Waste Transporter Status Form (with insurance verification)

Sections 62-730.170 and 62-730.171, FAC



Florida Department of **Environmental Protection**

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

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:

CLEAN FUELS OF FL INC

FACILITY ID NO:

FLD984171256

FACILITY ADDRESS:

2635 NE 4TH AVE

POMPANO BEACH, FL 33064

INSURANCE CARRIER:

HUDSON INS CO

INSURANCE POLICY #

7597

EFFECTIVE DATE:

November 03, 2007

EXPIRATION DATE:

November 03, 2008

APPROVED TRANSFER FACILITY:

NO

APPROVAL ISSUED BY: Ledrena L. Bolton purDATE: November 27, 2007

Richard C. Neves

Hazardous Waste Management Section

850/245-8755

rev. 0 (Oct 91)

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1.	Transporter Identification: Transporter Name: Clean Full of Flunda Inc. Transporter EPA ID: FLO 8ft/ 17/ 256 Location Address: 2635 NE 4th Ruc
Contac Mailing	Pampan. Beach, H. 33014
II.	Insurance Information: Insurance Company Hudson Thurshies Company Address 11870 Stat. Rd. 84 C-14 Fant Loudindal. Ht. 37725 Contact: Linds. Gandy Telephone: 954.452.4900 Ext 306 Policy Number: FEC610 9786 75973 SLB Expiration date: 11-3-078
Ш.	Waste Information:
	EPA Waste Codes for Waste Routinely or Usually Transported:
	Comments: WATE Code LIFT BASED ON The TROUGHTETING of LAB PACK MOTERIAL
IV.	Certification:
	I certify under penalty of law that the above information is true, correct, and complete to the best knowledge.
	Tever A. Becker Openations Manger Title
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*****	*************************************
forms s	The transporter identified above is in compliance with the financial responsibility requirements ardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The submitted by the transporter show compliance with the financial responsibility n./11/03/08. Date
Signate	ure of Florida Department of Environmental Protection Representative Date Signed
	orm 62-730.900(5)(d) 001 2 9 2007 HW Transporter Status Form Page 1 of 1

BY: BSHW

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

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

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Form Approved, OMB No. 2050-0028 Expires 10/31/99 ID - For Official Use Only

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

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ACORD CERTIFIC	ATE OF LIAB	ILITY INSU	JRANCE	CSR LG CLEAN-1	DATE (MW/DD/YYY) 11/08/07
BB Insurance Marketing, In P.O. Box 551267	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				
Fort Lauderdale FL 33355-1 Phone: 954-452-4900 Fax: 95	INSURERS AFFORDING COVERAGE			NAIC #	
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COVERAGES					
THE POLICIES OF INSURANCE LISTED BELO ANY REQUIREMENT, TERM OR CONDITION O MAY PERTAIN, THE INSURANCE AFFORDED I POLICIES, AGGREGATE LIMITS SHOWN MAY	F ANY CONTRACT OR OTHER BY THE POLICIES DESCRIBED	DOCUMENT WITH RESP HEREIN IS SUBJECT TO	ECT TO WHICH THIS	S CERTIFICATE MAY BE IS:	SUED OR
INSR ADD'L LTR INSRD TYPE OF INSURANCE POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	'S
GENERAL LIABILITY				EACH OCCURRENCE	1,000,000
A X X COMMERCIAL GENERAL LIABILITY	7597 11/03/07		PREMISES (Ea occurence)	:50,000	

	INSR		POLICY NUMBER	DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DO/YY)	LIMIT	S
		GENERAL LIABILITY				EACH OCCURRENCE	;1,000,000
A	x	X COMMERCIAL GENERAL LIABILITY	7597	11/03/07	11/03/08	PREMISES (Ea occurence)	:50,000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	15,000
						PERSONAL & ADV. NURY	11,000,000
		X Pollution-Claims				CENERAL AGGREGATE	12,000,000
		CENT ACCREGATE LIMIT APPLIES FER				PRODUCTS - COMP/OP AGG	12,000,000
-	-	X POUCY PRO-					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	
		ANY AUTO				(Ea accident)	\$
		ALLOWNED AUTOS				SCOLY NURY	
		SO EDULED AUTOS				(Fer person)	1
		HIRED AUTOS				BODLY MURY	
		NON OWNED AUTOS				(Fer accident)	1
						PROPERTY DAMAGE	•
	-	1				(Per accident)	
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	1
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						AUTO CNLY AGG	1
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	i
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		DEDUCTIONS					
		RETENTION 1				Westato I Total	ſ
		RKERS COMPENSATION AND PLOYERS' LIABILITY				TORY LIMITS FR	
ANY		PROPRIETOR/PARTNER/EXECUTIVE				EIL EACH ACCIDENT	1
	CF/ICERMENGER EXCLUDED? If yes, describe under					EL DISEASE - EA EMPLOYEE	ſ
	SPE	CIAL PROVISIONS below			1	EL DISEASE POLICYLIMIT	1
	OTH	EER					
В	Au	to Liability	CA00193693	12/17/06	12/17/07	CSL Bd Injury	750,000 10,000

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

Environmental service provider located at 2635 NE 4th Ave. Pompano Beach,

FL 33064.

*Except 10 days notice for non-payment of premium. Certificate holder is listed a additional insured with respect to General Liability only if required by written contract.

CERTIFICATE HO	LDER
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CANCELLATION

DEPTARE

Florida Dept of Environmental Protection, Hazardous Waste Mgt SecMS4555 Twin Towers Ofc Bldg 2600 Blair Stone Road Tallahassee FL 32399-2400 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

Jason Brown

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.

62-730.170 Standards Applicable to Transporters of Hazardous

(1) The Department adopts by reference 40 CFR Part

revised as of July 1, 1993.

(2) In addition to the requirement of paragraph (1) of this section, no person shall transport a hazardous wante within the state for which either a manifest is regulred under 40 CFR Part 262 or a reclamation agreement is entered between a generator and recycler pursuant to Part 263.20 unless compilance with the

recycler pursuant to 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 heing 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 couts, and be entitained 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 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.

(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 62-730.90(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-transferrable 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.

(9) 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 annual or 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.

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

Iniulory: New II-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

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

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 exampt 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 wante storage facility.
(2) A transfer facility used for storage of hazardous wante 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, p. 1

comply with the requirements of the transfer facility shall comply with the requirements of 40 CFR 265 Julypartum (gumeral facility standards), C (preparedness and prevention), D (contingoncy and omergoncy plan), and I (manuyumont of containers), with the exception of 265.11. The aisle space requirements for incompatible wastes described in 40 CFR 265.11. The aisle space requirements for incompatible wastes described in 40 CFR 265.11. The owner or operator of the transfer facility and I (manuyumont of social incompatible wastes described in 40 CFR 265.11. The owner or operator of the transfer facility whall unbmit their first fransfer facility while have a written closure plan to the Department with their first fransfer facility shall have a written closure plan to show that the facility will be closure performance, notification, and decontamination standards of 40 CFR 265.11. The owner or operator of the transfer facility shall submit the closure plan to the Department with their first fransfer facility has the transfer facility will be closure performance, notification, and decontamination standards of 40 CFR 265.11. 265.11. 265.11. 406.11. 265.11. 265.11. And 265.11. The owner or operator of the transfer facility shall submit the closure plan to the Department with their first fransfer facility will be considered in accordance with the specification form (DEP Form 62-730.900(6)). Within 60 days of completion of submit to the owner or operator of the transfer facility will 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 stored in containers or vehicles the compation of the transfer facility shall be seen to see the facility shall be stored in containers or vehicles the compation of the transfer facility shall be seen closed the generator with the specification number. For conditionally exempt small quantity generators with the generator with the second

quantity generators.

manifested shipments of hazardous waste for more than 24 hours but ton (10) days or loss 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 Notification Form (DEF) 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 shall obtain 10cation. 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. Inaw implemented: 403.704, 403.721, F.S.

History: New 3-2-86; Amended 6-28-88; Formerly 17-30.171; Amended 1-5-95.