

## Peck, Sebrena

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**From:** Peck, Sebrena  
**Sent:** Wednesday, August 15, 2007 12:49 PM  
**To:** 'brian.lindman@eqonline.com'  
**Subject:** Hazardous Waste Transporter Certificate

**Attachments:** EQ Florida.pdf

Mr. Lindman,

In an effort to provide a more efficient service, the Florida Department of Environmental Protection's Hazardous Waste Management Section is forwarding the attached document(s) to you by electronic correspondence in lieu of a hard copy through the normal postal service.

We ask that you verify receipt of this document by simply hitting "reply" to this message, with no message text required. If your email address has changed or you anticipate that it will change in the future, or if for some reason you need a hard copy of this documents, please advise accordingly in your reply. You may also update this information by contacting me at the number below.

The attached document(s) are in "pdf" format and will require Adobe Reader 6 or higher to open. You may download a free copy of this at [www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html).

Please note, our documents are sent virus free. However, if you use Norton anti-virus software, a warning may appear when attempting to open the document. Please disregard this warning if it happens.

We look forward to your reply and should you have any questions regarding the attached document(s), as stated previously, you may contact me at the number below.

Sincerely

Sebrena Peck,  
Administrative Assistant I  
Hazardous Waste Management Section



EQ Florida.pdf (2  
MB)

*Sebrena L. Peck*  
*Administrative Assistant I*  
*DEP*  
*2600 Blair Stone Road MS4555*  
*Tallahassee, FL 32399-2400*  
*P: 850-245-8754*  
*F: 850-412-0520*  
*F: 850-245-8811*  
[sebrena.peck@dep.state.fl.us](mailto:sebrena.peck@dep.state.fl.us)



# 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

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## HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

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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: EQ Florida Inc

FACILITY ID NO: FLD981932494

FACILITY ADDRESS: 2002 Orient Rd  
Tampa, FL 33619-3356

INSURANCE CARRIER: AMERICAN INTL SPECIALTY

INSURANCE POLICY#: PLS2673560

EFFECTIVE DATE: August 01, 2005

EXPIRATION DATE: August 01, 2008

APPROVED TRANSFER FACILITY: YES

APPROVAL ISSUED BY: Richard Neves DATE: August 13, 2007

Richard Neves  
Hazardous Waste Management Section  
850/245-8755

rev.0(Oct 91)

Are your services commercially available? Yes

## STATE OF FLORIDA

### HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:

Transporter Name: EQ Florida Inc.

Transporter EPA ID: FLD 981 932 494

Location Address: 2002 North Orient Road

Tampa, Florida 33619

Contact: Steve Resendez BRIAN LINDMAN Telephone: 813-623-5302 ext 235

Mailing Address: 7202 East 8th Avenue

Tampa, Florida 33619

II. Insurance Information:

Insurance Company: American International Specialty Lines Insurance Co.

Address: 1375 E 9th St

Cleveland OH 44114

Contact: Joshua Bowen Telephone: \_\_\_\_\_

Policy Number: PLS 2673560

Expiration date: 8/1/09

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D008 D035 F001 F002 F003 F005

Comments: Occasionally transport nearly all types of characteristic

and listed waste to include D,F,P,U and K codes

IV. Certification:

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

BRIAN LINDMAN

Print/Type Name

Regulatory Manager

Title

[Signature]

Signature

8/13/07

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 8/1/08.

Date

[Signature]

Signature of Florida Department of Environmental Protection Representative

8/13/07

Date Signed

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

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HW Transporter Status Form  
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AUG 08 2007

BY: BSHW





# Florida Department of Environmental Protection

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

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MAR 05 2008

Charlie Crist  
Governor

Jeff Kotlikamp  
Lt. Governor

Michael W. Sole  
Secretary

BY: BSHW

## TRANSFER FACILITY NOTIFICATION FORM

This form must be completed as required in Florida Administrative Code Rule 62-730.171(3) by transfer facilities storing hazardous waste in accordance with Florida Administrative Code Rule 62-730.171. All information must be typed or printed clearly.

### I. Transporters identification:

Company Name EQ Industrial Services, Inc.  
E.P.A.ID No. MIO 000 263 871  
Company Mailing Address 2701 N. I-94 Service Dr.  
Ypsilanti, MI 48198  
Principal Contact BRIAN LINDMAN  
Phone Number (734) 547.2500

### II. Transfer Facility Identification:

Name of Facility EQ Florida  
Street Address ~~7202 East 8th Avenue~~ 2002 Orient Road  
Tampa, FL 33619  
Latitude 27.57.49 Longitude 82.22.23  
County Hillsborough Storage Volume 50,000 gallons

### III. Certification:

I certify under penalty of law that the above information is accurate and complete. As the owner or operator of the above-referenced hazardous waste transfer facility, I am aware that this facility must comply with the requirements of Florida Administrative Code Rule 62-730.171.

DAVID M. Lusk President  
Print/Type Name Title  
[Signature] 2/14/08  
Signature of Authorized Representative Date Signed

DEP Form 62-730.900(6)

## STATE OF FLORIDA

## HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. American International Specialty Lines Insurance Company  
(Name of Insurer)

(the "Insurer"), of 1375 E. 9th Street, Cleveland, OH 44114  
(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

EQ Holding Company

(Name of Insured)

(the "Insured"), of 36255 Michigan Ave., Wayne, MI 48184-1652  
(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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
FLD981932494	EQ Florida, Inc.	7202 E. 8th Ave., Tampa, FL 33619

(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 \$ 24,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number FLS2673560, issued on 8/01/05

(date)

The effective date of said policy is 8/1/05 and the expiration date of said policy

(date)

is 8/1/08

(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 costs. The coverage is provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_

(date)

The effective date of 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.

sent 8/2/05

- (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.

Joshua C. Bowen  
(Signature of Authorized Representative of Insurer)

Joshua C. Bowen  
(Typed name) (Social Security Number)

Regional Manager  
(Title)

Authorized Representative of

American International Specialty Lines Insurance CO.  
(Name of Insurer)

1375 E. 9th Street, Cleveland, OH 44114  
(Address of Representative)

sent 8/2/05