



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

January 26, 2009

Ward Cathi
Cousins Waste Control Corporation
1701 E Matzinger Rd
Toledo, OH 43612-3841

Re: Florida Hazardous Waste Transporter Approval

Dear Ward Cathi:

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.

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January 26, 2009
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If you intend to operate a hazardous waste transfer facility, you must submit a Transfer Facility Form [Form 62-730.900(6)]. Notification also must include a contingency and emergency plan and a facility closure plan in accordance with Rule 62-730.171(3)(a), F.A.C. The owner or operator must also demonstrate to the satisfaction of the Department that the location complies with the relevant siting requirements listed in section 403.7211(2) Florida Statutes (F.S) before the location is used as a transfer facility.

If you are currently operating an authorized 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 the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171(6), F.A.C.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Neves". The signature is fluid and cursive, with a large initial "R" and "N".

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: Cousins Waste Control Corporation

FACILITY ID NO: OHD981000557

FACILITY ADDRESS: 1701 E MATZINGER RD
TOLEDO, OH 43612

INSURANCE CARRIER: ACE AMERICAN INSURANCE

INSURANCE POLICY#: ISAH08250637

EFFECTIVE DATE: December 01, 2008

EXPIRATION DATE: December 01, 2009

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Richard Neves DATE: January 26, 2009

Richard Neves
Hazardous Waste Management Section
850/245-8755

RECEIVED

Are your services commercially available? YES

JAN 05 2009

STATE OF FLORIDA

BY: BSHWHAZARDOUS WASTE TRANSPORTER STATUS FORM1. Transporter Identification:Transporter Name: COUSINS WASTE CONTROL LLCTransporter EPA ID: OH D 981 000 557Location Address: 1701 E. MATZINGER RDContact: CATHI WARD Telephone: 419-726-1500 X224Mailing Address: SAMEII. Insurance Information:Insurance Company: ACE AMERICAN INSURANCE COAddress: 1601 E. CHESTNUT STPHILADELPHIA, PA 19101Contact: ANNE FEDERMAN Telephone: _____Policy Number: ISAH 08250637Expiration date: 12-1-09III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D003 F001 F002

Comments: _____

IV. Certification:

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

<u>CATHI WARD</u>	<u>LICENSES + PERMITS</u>
Print/Type Name	Title
<u>Cathi Ward</u>	<u>12-23-08</u>
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 12-1-2009.

Date

	Initials _____
	Date _____

APPROVED by Tiffany A. Noland, changes approved by the Certifier by phone 1/26/2009

Signature of Florida Department of Environmental Protection Representative Date Signed