

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

February 13, 2009

Jay Gainer Shamrock Environmental Corp 1606 Corporate Park Dr Browns Summit, NC 27214

Re: Florida Hazardous Waste Transporter Approval

Dear Jay Gainer:

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.

- 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 occured, 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.

Jay Gainer February 13, 2009 Page Two

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 sitting requirements listed in section 403.7211(2) Florida Statues (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,

Richard Neves

Hazardous Waste Management Section

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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: Shamrock Environmental Corp

FACILITY ID NO: NC0000942144

FACILITY ADDRESS: 6106 CORPORATE PARK DRIVE

BROWNS SUMMIT, NC 27214

INSURANCE CARRIER: GREENWICH INSURANCE

INSURANCE POLICY#: PEC001569805

EFFECTIVE DATE: January 01, 2009

EXPIRATION DATE: January 01, 2010

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: ______ DATE: February 13, 2009

Richard Neves

Hazardous Waste Management Section

850/245-8755

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1.	Transporter Ide	entification:	;						
	Transporter Na	me:	Shamroc	k Environ	nental Co	rporation			
	Transporter EP	A ID: N				44			
	Location Addre	ss: 6106	Corpor	ate Park 1	Orive				_
		Brow	ns Summ	it, NC 27					
	ct: Jay Gair			Tele	phone: 3	<u>36-375-19</u>	89		
Mailing	g Address:s	ame	 						
									
II.	Insurance Infor								
	Insurance Com	pany Gr	eenwich	Insurance	e Company	·			
	Address 3625 North Elm Street							-	
	Greensboro, NC 27429-7161								
	Contact: Senn-Dunn Company Telephone: 336-272-7161 Policy Number: VE6001569605 PFC001569805								-
				PEC001	569805				
	Expiration date	: 01-01-1	.0			_			
III.	Masta Informa	tion							
ш.	Waste Information	<u>uon</u> .							
	EPA Waste Co	des for Wa	aste Rou	tinely or U	sually Tran	nsported:			
	D001	D002	D007	D008	D035	F001	F003	F005	
	Comments:								
IV.	Certification:								
	I certify under p	penalty of I	aw that	the above i	nformatio	n is true, c	orrect, and	complete to	the best
of my	knowledge.								
	Jay Gainer				I abaasa	C O	-11		
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Signat	ture of Florida De	nartment (of Enviro	nmental D	rotection 5	Penrecent	ative Date	Signed	-
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DEP F	orm 62-730.900	(5)(d)				HW/Tra	nsporter St	atus Form	
Effective 1/5/95					Page 1				
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