



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

04/06/2009

John Bosek, General Manager
Clean Harbors Florida LLC
170 Bartow Municipal Airport
Bartow, FL 33830-9572

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Clean Harbors Florida LLC located at **170 Bartow Municipal Airport, Bartow.**

FLD980729610

Your facility has been registered with the following requested status/activities:

Treater/Storer, Large Quantity Generator, Oil Filters, Commercial HW Recycler, Used Oil Transfer Facility, Large Quantity Handler of Universal Batteries, Universal Pesticides, Universal Lamps, Universal Devices, Universal Pharmaceuticals

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,


for Michael Redig

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section
ME ID: 50782, Email Address: Bosek.John@cleanharbors.com
Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD980729610

Date	Comment	Author
3/13/2009 11:54:59 AM	It seems the HWT is up-to-date in the HWT screen (not the notif tabs which I will update). However, I need to check on UO, importer of HW, and UWT was updated in the MP screen, but not the notif tabs. I'll check to make sure the boxes should all be checked.	Peters_Y
3/13/2009 12:51:39 PM	Sent a copy to Beth (SWD) to help verify statuses.	Peters_Y
3/16/2009 10:21:14 AM	Spoke to John and Mike this morning in reference to this. Last submitted 8700-12FL (June 2007) did not check any type of transportation for this FL EPA ID (only the MA ID). Mike will speak to Augusta in reference to "taking form for face value."	Peters_Y
3/26/2009 2:04:38 PM	On 3/17/09 at 7:39 AM Tara (SWD) sent an email, "Clean Harbors transports under their corporate ID only (MA039322250), they do no transporting activities under their FL ID. It was a error on my part to check the box on the UO tab when I did my inspection. I will be inspecting them again soon and will correct the information. Their FL ID is for the transfer facility and their permit as a TSD."	



Clean Harbors Environmental Services, Inc.

PO Box 9149

42 Longwater Drive

Norwell, MA 02061-9149

781-792-5000

www.cleanharbors.com

February 25, 2009

Florida Department of Environmental Protection

2600 Blair Stone Rd.

Hazardous Waste Management Section, MS 4555

Tallahassee, FL 32399-3000

To Whom It May Concern:

Please find attached applications, for renewal of transporter authority for Universal Waste Lamp & Device and Handler Facility Registration in the state of Florida from Clean Harbors Environmental Services, Inc. I have included certificate of insurance, and our annual reports for Universal Waste Lamp & Device transportation and Facility activity, plus our Used Oil annual report.

****Please note that I have submitted two applications. The first is for transporter only authority, which is operated under MAD039322250 in Massachusetts, and the second is for our transfer facility which is located in Bartow, FL, operating under FLD980729610.**

Should you have any questions please contact me at (781) 792-5764.

Sincerely,

A handwritten signature in cursive script that reads "Rita Powers".

Rita Powers

Transportation Compliance Specialist

	Initials _____
	Date _____



8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY
DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
(For FDEP Official Use Only)

FEB 26 2010

EPA ID F L D 9 8 0 7 2 9 6 1 0

MTS

BY: [Signature]

RCRA/HS

1. Reason for
Submittal

Mark 'X' in
correct box:

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide subsequent notification (to update status and facility identification information).
- ☐ Is this the final notification (see instructions) for the facility?

2. Facility or
Business Name

CLEAN HARBORS FLORIDA LLC

FEID No.

0 4 2 6 9 8 9 9 9

3. Facility Operator
(List additional
Operators in the
comments section).

Name of Operator:

CLEAN HARBORS FLORIDA LLC

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

170 BARTOW MUNICIPAL AIRPORT

Phone Number: (863) 533-6111

City or Town:

BARTOW

State:

FL

Zip Code:

33830

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical
Location
Information

Physical Street Address:

170 BARTOW MUNICIPAL AIRPORT

City or Town:

BARTOW

State:

FL

Zip Code:

33830

County:

Polk

If available, please attach a map or sketch of the facility boundaries.

Latitude:

27

57

05

N

Longitude:

81

47

09

W

Method:

GPS

dd

mm

ss

ssss

dd

mm

ss

ssss

Datum:

5. Facility North American Industry
Classification System (NAICS)
Code(s)

A.

562211

B.

C.

D.

6. Facility or
Business Mailing
Address

Street Address or P.O. Box:

170 BARTOW MUNICIPAL AIRPORT

City or Town:

BARTOW

State:

FL

Zip Code:

33830

7. Facility or
Business Contact
Person

First Name:

JOHN

Last Name:

BOSEK

Title:

GEN MGR

Phone Number:

(863) 533-6111

Extension:

6331

E-Mail:

bosek.john@cleanharbors.com

Street or P.O. Box:

170 BARTOW MUNICIPAL AIRPORT

City or Town:

BARTOW

State:

FL

Zip Code:

33830

8. Real Property
(Land) Owner
of the Facility's
Physical Location
(List additional
real property owners
in the comments
section.)

Name of Real Property (Land) Owner:

CITY OF BARTOW MUNICIPAL AIRPORT
AUTHORITY

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box:

P.O. BOX 650

Phone Number: (863) 533-1195

City or Town:

BARTOW

State:

FL

Zip Code:

338310650

Owner Type: ☐ Private

☐ Federal

☒ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☒ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☒ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☒ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) ☒ Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

(4) ☐ Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☒ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**Insurance Company ZURICH AMERICAN INSURANCE COMPANYAddress 60 STATE STREET
BOSTON, MA 02116Contact ROBERT TONERTelephone 617 351 7566Policy Number BAP668123102Expiration date NOVEMBER 1, 2009d. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____**e. ☒ Hazardous Waste Transfer Facility:**Storage Volume 2,099,600☐ Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☒ Annual update notification

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☒ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☒ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☒ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☒ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☒ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	498,000
b. Pesticides	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	252,000
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	252,000
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	252,000
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	252,000

(3) Mercury Recovery and/or Reclamation Facility ☐ [Chapter 62-737, F.A.C.] Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☒ a. Transporter
- ☒ b. Transfer Facility

(2) ☐ Collection Center**(3) ☐ Used Oil Processor (A permit is required for this activity.)****(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☒ A check is enclosed.

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.


Signature of Authorized Person

John Bosek

Print Name of Authorized Person

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☐ Our mailing (business) address
- ☒ The site (facility) address

EPA ID No.

FLD980729610

D. Other State Regulated Waste Activities:☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

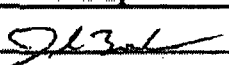
Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	John Bosek, General Manager	02/11/2009

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

STEVE BERMAN

8635196319

berman.stephen@cleanharbors.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

THIS ACTIVITY FORM IS BEING SUBMITTED IN CONJUNCTION WITH OUR CORPORATE TRANSPORTATION SUBMISSION MADE UNDER EPA ID# MAD039322250 IN WHICH ALL TRANSPORTATION ACTIVITY IS DONE NATIONWIDE.



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

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

CLEAN HARBORS FLORIDA LLC, 170 BARTOW MUNICIPAL AIRPORT, BARTOW, FL 33830

Facility Name	Street Address	City and State
863-533-6111	863-519-6363	BERMAN.STEPHEN@CLEANHARBORS.COM

Phone	Fax	E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).
Complete all sections and check all boxes that apply.

- Estimated number of LAMPS handled during the last calendar year. 150,958
Types: Fluorescent ☒ 148,426 HID ☒ 2,532
- Estimated number of DEVICES handled during the last calendar year. 9,934
Types: Thermostats ☐ Electric Switches/Relays ☒
Thermometers ☐ Manometers ☐ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. 9,934 lb.
- Estimated number of lamps or devices each facility received. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

SEE ATTACHED FORM

Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
--------	---	---------------	------------	-------

Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
--------	---	---------------	------------	-------

Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
--------	---	---------------	------------	-------

Print Name of Authorized Agent

Signature of Authorized Agent

Date

"More Protection, Less

www.dep.state.fl.us

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes xxx

No

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously xxx

Submitted in What Year? 2003

Print Name of Authorized Agent

Signature of Authorized Agent

Date

Complete, sign and return this checklist along with your registration form to:

Laurie Tenace, MS 4555
Hazardous Waste Management Section
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.

4. Estimated number of lamps or devices each facility received. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

LAMPS	DEVICES	DESIGNATED FACILITY
720	497	WIR000000356 MERCURY WASTE SOLUTIONS 21211 DURAND AVENUE UNION GROVE WI 53182-9711 262-878-2599
38,256		ARD069748192 CLEAN HARBORS EL DORADO, LLC 309 AMERICAN CIRCLE EL DORADO AR 71730 870-863-7173
2,282		AZ0000337360 ONYX ENVIRONMENTAL SERVICES 5736 WEST JEFFERSON STREET PHOENIX AZ 85043 602-233-2955
31,736		FLD984262782 AERC.COM, INC. 4317-J FORTUNE PLACE WEST MELBOURNE FL 32904 610-797-7608
47,280		ILD000608471 CLEAN HARBORS SERVICES INC 11800 SOUTH STONY ISLAND AVENUE CHICAGO IL 60617-7240 773-646-6202
4,972	8,737	NCD000648451 CLEAN HARBORS REIDSVILLE 208 WATLINGTON INDUSTRIAL DRIVE REIDSVILLE NC 27320 336-342-6106
25,712		PAD987367216 AERC COM 2591 MITCHELL AVENUE ALLENTOWN PA 18103-6609 610-797-7608
	700	OHD000816629 CLEAN HARBORS INC 4879 SPRING GROVE AVENUE CINCINNATI OH 45232 513-681-5738
150,958	9,934	TOTAL

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE
10/29/2008

PRODUCER Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191		877-945-7378		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.	
INSURED Clean Harbors Environmental Services, Inc. and its affiliates 42 Longwater Drive Norwell, MA 02061				INSURERS AFFORDING COVERAGE	NAIC#
				INSURER A: Zurich American Insurance Company	16535-002
				INSURER B: American Guarantee and Liability Insurance	26247-003
				INSURER C: Steadfast Insurance Company	26387-001
				INSURER D:	
				INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GLO 9681229-02	11/1/2008	11/1/2009	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> XCU				PERSONAL & ADV INJURY \$ 2,000,000
	<input checked="" type="checkbox"/> Contractual				GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	A				AUTOMOBILE LIABILITY
<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$			
<input type="checkbox"/> ALL OWNED AUTOS		BODILY INJURY (Per accident) \$			
<input type="checkbox"/> SCHEDULED AUTOS		PROPERTY DAMAGE (Per accident) \$			
<input type="checkbox"/> HIRED AUTOS					
<input type="checkbox"/> NON-OWNED AUTOS					
<input checked="" type="checkbox"/> MCS-90					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS/UMBRELLA LIABILITY	AUC4275262-04	11/1/2008	11/1/2009	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
					\$
					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 9681232-02	11/1/2008	11/1/2009	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 2,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
					E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C	OTHER	PEC 3656681-13 CPL	11/1/2008	11/1/2009	\$10,000,000 Each Claim
	Contractors Pollution Liability				\$10,000,000 All Claims

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

Re: Renewal of hazardous waste transporter permits**Environmental Impairment Liability**

Policy Number: PLC374393609

Carrier: Steadfast Insurance Company 26387

Policy Term: 11/1/08-11/1/09

Limits: \$10,000,000 Each Claim / \$10,000,000 Aggregate

CERTIFICATE HOLDERFlorida Dept. of Environmental Protection
Hazardous Waste Management
2600 Blair Stone Road
Tallahassee, FL 32399-2400**CANCELLATION**

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



Department of Environmental Protection

FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])
for reporting period January 1, 2008 through December 31, 2008

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: CLEAN HARBORS FLORIDA LLC 2. Telephone No. (863) 519 - 6319
Site Address: 170 BARTOW MUNICIPAL AIRPORT, BARTOW, FL 33830
3. EPA ID No. FLD 980 729 610

o Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) STEVE BERMAN
Title ENVIRONMENTAL MANAGER Phone number (if different from #2, above) ()

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer

☐ Burner (of off-specification used oil)

Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected

a. In Florida.....

b. From out of state.....

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total
300	87,204		87,504
330	9,225		9,555
			0
			97,059

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel

D - Disposed of

Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

In State	Out of State
97,504	9,555
0	0

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....	0	
2. Number of used oil filters collected.....	1750	
3. Total number of used oil filters to manage (1 plus 2).....	1750	
4. Disposition of used oil filters collected:	1750	
a. Transferred to another registered facility.....	0	
b. Burned for energy recovery at a Waste-To-Energy facility.....	0	
c. Transferred directly to a metal foundry for recycling.....	1750	
d. TOTAL.....	0	
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....	0	
6. Gallons of used oil collected as a result of filter processing.....	N/A	
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	N/A	
8. Volume of oily waste collected and managed as a result of filter processing.....		
9. Description of oily waste management.....		

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55 gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: sebrina.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us

PRODUCER		877-945-7378	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.	
Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191		INSURERS AFFORDING COVERAGE		NAIC#
INSURED		Clean Harbors Environmental Services, Inc. and its affiliates 42 Longwater Drive Norwell, MA 02061	INSURER A: Zurich American Insurance Company	16535-002
			INSURER B: American Guarantee and Liability Insurance	26247-003
			INSURER C: Steadfast Insurance Company	26387-001
			INSURER D:	
			INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU <input checked="" type="checkbox"/> Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GLO 9681229-02	11/1/2008	11/1/2009	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90	BAP 6681231-02	11/1/2008	11/1/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	AUC4275262-04	11/1/2008	11/1/2009	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC 9681232-02	11/1/2008	11/1/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C		OTHER Contractors Pollution Liability	PEC 3656681-13 CPL	11/1/2008	11/1/2009	\$10,000,000 Each Claim \$10,000,000 All Claims

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

Re: Renewal of hazardous waste transporter permits

Environmental Impairment Liability

Policy Number: PLC374393609

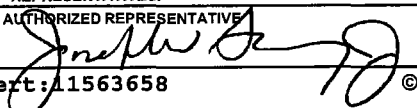
Carrier: Steadfast Insurance Company 26387

Policy Term: 11/1/08-11/1/09

Limits: \$10,000,000 Each Claim / \$10,000,000 Aggregate

CERTIFICATE HOLDER

CANCELLATION

Florida Dept. of Environmental Protection Hazardous Waste Management 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 
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