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

06/11/2009

William Parkes, Manager Reg Affairs
Cliff Berry Inc
PO Box 13079
Fort Lauderdale, FL 33316-0100

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 Cliff Berry Inc located at **400 Angle Rd, Fort Pierce.**

FLR000009266

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

HW Transporter, Conditionally Exempt SQG
Used Oil Transporter, Universal Pharmaceutical Transporter
Small Quantity Handler, Universal Battery Transporter, Universal Lamp Transporter, Universal Device Transporter

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: 36809 , Email Address: bparks@cliffberryinc.com
Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000009266

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

MAY 04

Date Received (for FDEP Official Use Only)

EPA ID: FLR000009266 | MTS | RCRAInfo

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?

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Initials ____ Date ____

2. Facility or Business Name: CLIFF BERRY, INC. - FORT PIERCE FACILITY

FEID No.: 650511114

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

Name of Operator: CLIFF BERRY, INC. (CBI) ☐ New Operator

Date became Operator: —/—/1995 (mm dd yy)

Street or P.O. Box: P.O. Box 13079

Phone Number: (954) 763-3390

City or Town: FORT LAUDERDALE State: FLORIDA Zip Code: 33316

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other ____

4. Facility Physical Location Information

Physical Street Address: 400 ANGLE ROAD

City or Town: FORT PIERCE State: FL Zip Code: 34946

County: Choose— ST. LUCIE

If available, please attach a map or sketch of the facility boundaries. SEE ATTACHED SITE PLAN

Latitude: 27 03 14.N (dd mm ss.ssss) Longitude: 80 32 57.W (dd mm ss.ssss) Method: Datum:

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

A. 562219 (SEE NOTE IN COMMENTS) B.

C. D.

6. Facility or Business Mailing Address

Street Address or P.O. Box: P.O. Box 13079

City or Town: FORT LAUDERDALE State: FL Zip Code: 33316

7. Facility or Business Contact Person

First Name: WILLIAM Last Name: PARKES, JR. Title: MANAGER REGULATORY AFFAIRS

Phone Number: (954) 763-3390 Extension: 124 E-Mail: BPARKES@CLIFFBERRYINC.COM

Street or P.O. Box: P.O. Box 13079

City or Town: FORT LAUDERDALE State: FL Zip Code: 33316

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: C-2 HOLDINGS, INC. ☐ New Owner

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Date became Owner: —/—/2005 (mm dd yy)

Street or P.O. Box: P.O. Box 350123

Phone Number: (954) 763-3390

City or Town: FORT LAUDERDALE State: FL Zip Code: 33335

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other ____

EPA ID No. FLR 000 009 266

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

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c. **Hazardous Waste Transporter Insurance Information**
Insurance Company XL Specialty Insurance Company
Address 1990 N. California Blvd, Suite 740
Walnut Creek, California 94596
Contact _____ Telephone _____
Policy Number AEC 000 638 909 Expiration date 12/31/09

d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____

e. ☐ **Hazardous Waste Transfer Facility**: Storage Volume _____

☐ **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**

EPA ID No. FLR 000 009 266

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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	☐	☐	☒	2,000
b. Pesticides	☐	☐	☐	
c. Pharmaceuticals	☐	☐	☒	50
d. Mercury Containing Devices	☐	☐	☒	100
e. Mercury Containing Lamps	☐	☐	☒	1,000

(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

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(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 orginally 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.

x _____
Signature of Authorized Person

Cliff Berry, II
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

Sullivan, Theresa A.

From: Bill Parkes [BParkes@cliffberryinc.com]
Sent: Monday, June 08, 2009 3:19 PM
To: Sullivan, Theresa A.
Subject: CORRECTED 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

Theresa -

Please change / correct the 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY FORMS for all Cliff Berry, Inc. (CBI) facility locations as follows:

Miami, Fort Pierce, Canaveral, Jacksonville and Tampa - (X) Universal Waste Transport for Batteries, Pharmaceuticals, Mercury Containing Devices,

Mercury Containing Lamps

Port Everglades - (X) Universal Waste Transfer for Batteries, Pharmaceuticals, Mercury Containing Devices, Mercury Containing Lamps

Any questions please contact me at (954) 763-3390.

Thanks,

Bill

EPA ID No. FLR 000 009 266

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

SEE ATTACHED SHEET

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 _____

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☐ **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.

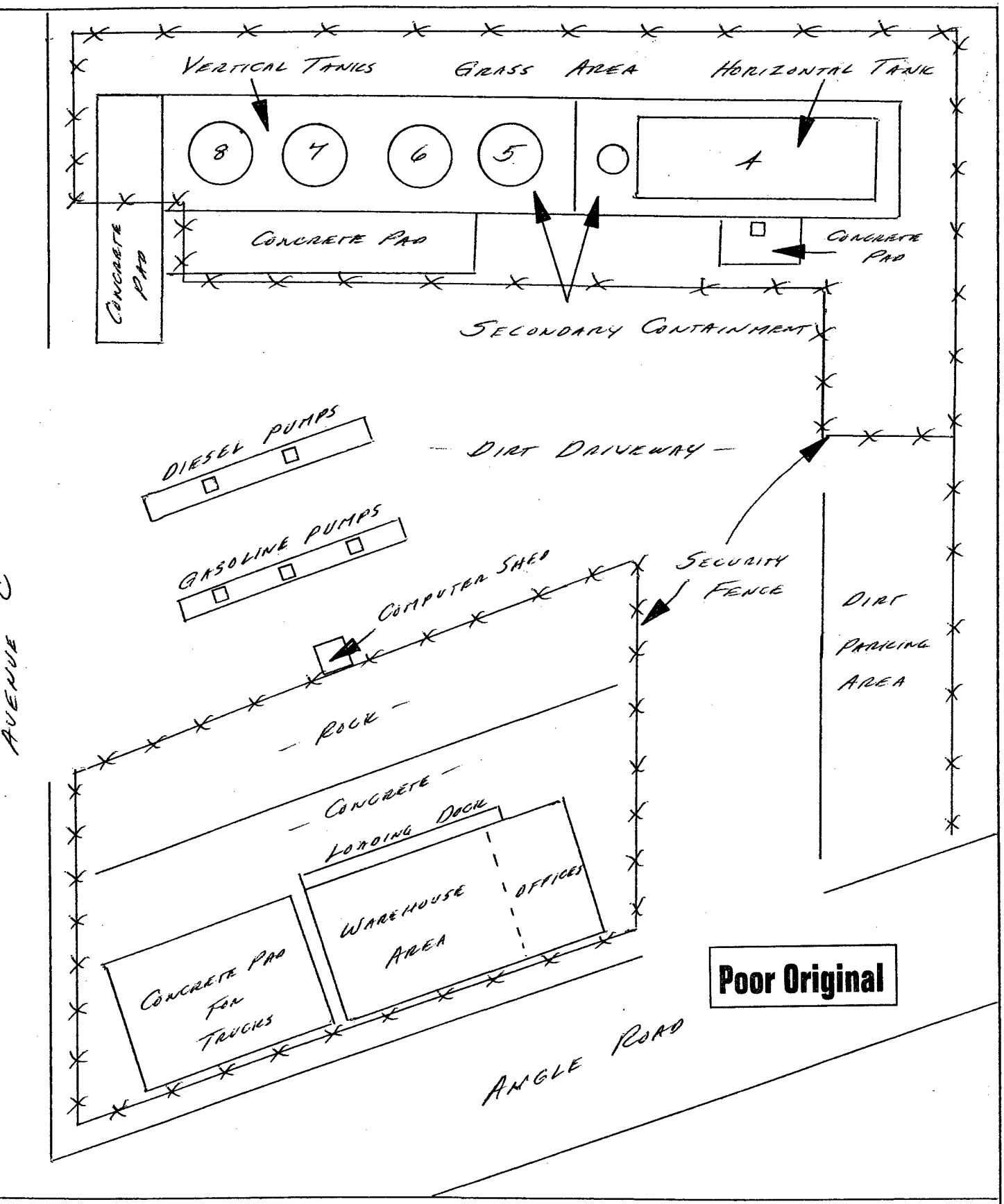
Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
X	CLIFF BERRY, II, PRESIDENT	04/15/2009

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

(Name of person completing this form)	(Phone Number)	(E-mail Address)
WILLIAM E. PARKES, JR.	(954) 763-3390	BPARKES@CLIFFBERRYINC.COM

13. Comments:

NOTE: CBE USES SIC CODE 1799 FOR OSHA 300 LOGS



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FORT PIERCE FACILITY
CLIFF BERRY INC.
SITE PLAN

← NORTH

(NOT TO SCALE)

FIGURE NO. 1

D001	F032	P068	U001	U066	U126	U190	U365
D002	F034	P070	U002	U067	U127	U191	U366
D003	F035	P071	U003	U068	U128	U192	U367
D004	F037	P072	U004	U069	U129	U193	U372
D005	F038	P074	U005	U070	U130	U194	U373
D006	F039	P075	U007	U071	U131	U196	U375
D007	K001	P077	U008	U072	U132	U197	U376
D008	P001	P082	U009	U073	U134	U200	U377
D009	P002	P084	U010	U074	U136	U201	U378
D010	P003	P085	U011	U076	U137	U202	U379
D011	P004	P087	U012	U077	U138	U203	U381
D012	P005	P088	U014	U078	U140	U204	U383
D013	P007	P089	U015	U079	U141	U206	U384
D014	P008	P092	U016	U080	U142	U207	U385
D015	P010	P093	U017	U081	U143	U208	U386
D016	P011	P094	U018	U082	U144	U209	U387
D017	P012	P097	U019	U083	U145	U210	U389
D018	P013	P098	U021	U084	U146	U211	U390
D019	P014	P099	U022	U085	U147	U212	U391
D020	P015	P101	U024	U086	U148	U213	U392
D021	P016	P102	U025	U087	U149	U214	U393
D022	P018	P103	U026	U088	U150	U215	U394
D023	P020	P104	U027	U089	U151	U126	U395
D024	P021	P105	U028	U090	U152	U218	U396
D025	P023	P106	U029	U091	U154	U219	U400
D026	P024	P108	U030	U092	U155	U220	U401
D027	P026	P109	U031	U093	U156	U221	U402
D028	P027	P110	U032	U094	U157	U222	U403
D029	P028	P111	U034	U095	U158	U226	U404
D030	P029	P113	U035	U097	U159	U227	U407
D031	P030	P114	U036	U098	U161	U228	U409
D032	P034	P115	U037	U099	U162	U230	U410
D033	P036	P116	U038	U101	U164	U231	U411
D034	P037	P118	U039	U102	U165	U232	
D035	P038	P119	U041	U103	U166	U233	
D036	P039	P120	U042	U105	U167	U235	
D037	P040	P121	U044	U106	U168	U236	
D038	P041	P123	U045	U107	U169	U237	
D039	P043	P127	U046	U108	U170	U238	
D040	P044	P128	U047	U109	U171	U239	
D041	P045	P185	U048	U110	U172	U240	
D042	P046	P188	U049	U111	U173	U242	
D043	P047	P189	U050	U112	U174	U243	
F001	P048	P190	U051	U113	U176	U244	
F002	P049	P191	U052	U114	U177	U246	
F003	P050	P192	U053	U115	U178	U247	
F004	P051	P194	U055	U116	U179	U248	
F005	P054	P196	U056	U117	U180	U271	
F006	P057	P197	U057	U118	U181	U277	
F007	P058	P198	U058	U119	U182	U278	
F008	P059	P199	U059	U120	U183	U279	
F009	P060	P201	U060	U121	U184	U280	
F010	P062	P202	U061	U122	U185	U328	
F011	P064	P203	U062	U123	U186	U353	
F012	P066	P204	U063	U124	U187	U359	
F019	P067	P205	U064	U125	U188	U364	

Florida Department of Environmental Protection
Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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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.

CLIFF BERRY, INC. - FORT PIERCE FACILITY — FLL000009226
(Facility Name) (EPA id)

400 ANGLE ROAD — FORT PIERCE, FLORIDA — 34946
(Street Address) (City) (State) (Zip)

(954) 763-3390 — (954) 763-8375 — BPARKES@CLIFFBERRYINC.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.

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1. Estimated number of LAMPS handled during the last calendar year. 4,000
   Types: Fluorescent ☒ HID ☒
2. Estimated number of DEVICES handled during the last calendar year. 20
   Types: Thermostats ☒ Electric Switches/Relays ☒
   Thermometers ☒ Manometers ☒ Other ☒ _____
3. Estimated weight of DEVICES handled during the last calendar year. 50 lb.
4. Estimated number of lamps or devices you shipped to each lamp recycling facility. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

Number	L	D	Facility Name	City	State	Phone
ALL	☒	☒	AERC RECYCLING	W. MELBOURNE,	FL	(321) 952-1516
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				
	☐	☐				

CLIFF BERRY, II — x [signature] — 4/15/09
Print Name of Authorized Agent — Signature of Authorized Agent — Date

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

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 ☐ 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 ☐ Submitted in What Year? _____

Cliff Berry, II	x [signature]	4/15/09
Print Name of Authorized Agent	Signature of Authorized Agent	Date

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

EPA ID Notification Coordinator
Hazardous Waste Regulation Section MS 4560
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.

TransChkl.doc

Department of Environmental Protection

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

DEP Form	#62-710.900(15)
Form Title	Certificate of Liability Insurance Used Oil Transporters
Effective Date	June 2, 2005

Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. Greenwich Insurance Company (Name of the Insurer), (the Insurer), 1990 N. California Blvd., Suite 740 Walnut Creek, CA 94596 (Address of the Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage for sudden accidental occurrences to Cliff Berry, Inc. (Name of the Insured), (the Insured), 3400 SE 9th Avenue, Dania Beach, FL 33316 (Address of the Insured)

whose EPA Identification number is FLR000083071 in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2)(d). The insurance is primary and the company shall be liable for amounts up to $ 1,000,000 less the deductible or retention of $ 10,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the Insured. This coverage is provided under policy number AEC000638908, issued on 12/31/08 (Date). The expiration date of said policy is 12/31/09 (Date) or the annual renewal date is 12/31/09.

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 this policy.
   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 or by any other termination of the insurance (e.g., expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty-five days (35) days after a copy of such written notice is received by the Secretary of the FDEP as evidence 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 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 or more States, including Florida.

(Signature of Insurer or Authorized Representative)

Authorized Representative of

Mike Bernath
(Type Name)

Greenwich Insurance Company
(Name of Insurer)

Senior Underwriter
(Title)

520 Eagleview Blvd., Exton, PA 19341
(Address of Representative)

DEP Form	#62-710.900(15)
Form Title	Certificate of Liability Insurance Used Oil Transporters
Effective Date	June 2, 2005

Chapter 62-710.600, Florida Administrative Code
Certification of Used Oil Transporters

(d) Demonstrate, and annually verify, proof of liability insurance, or other means of financial responsibility, for any liability which may be incurred in the transport of used oil. Such financial responsibility shall cover sudden and accidental occurrences involving bodily injury and property damage in the amount of at least $100,000 Combined Single Limit.

1. The $100,000 Combined Single Limit is the minimum amount of financial responsibility that each used oil transporter must demonstrate. Depending on vehicle size and weight, other restrictions and financial responsibility requirements may be imposed by the Federal or State Departments of Transportation or other agencies.

2. The financial responsibility required in this paragraph may be established by:

(a) Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 701.900(15). An ACORD form will only be accepted for renewal of a policy with the same carrier; or

(b) Evidence of self-insurance provided by the chief financial officer of the company. see attached insurance papers.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4555, Florida Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 488-0300, e-mail: richard.neves@dep.state.fl.us

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. XL Specialty Insurance Company
(Name of Insurer)

(the "Insurer"), of 1990 N. California Blvd., Ste 740, Walnut Creek, CA 94596
(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

Cliff Berry, Inc.
(Name of Insured)

(the "Insured"), of 3400 SE 9th Avenue, Dania Beach, FL 33316
(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:

EPA/DEP I.D. No.	Name	Location
FLR000083071	Cliff Berry, Inc.	3033 NW North River Drive Miami, FL 33142

(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 $ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number AEC000638909, issued on 12/31/08 (date).

The effective date of said policy is 12/31/08 (date) and the expiration date of said policy is 12/31/09 (date).

This insurance is excess and the company shall not be liable for amounts in excess of $ 5,000,000 for each accident in excess of the underlying limit of $ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number UEC00063909, issued on 12/31/08 (date). The effective date of said policy is 12/31/08 (date) and the expiration date of said policy is 12/31/09 (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.

(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 y 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 or more States including Florida.

M Bernath

(Signature of Authorized Representative of Insurer)

Michael Bernath

(Typed name) (Social Security Number)

Senior Underwriter

(Title)

Authorized Representative of

XL Specialty Insurance Company, c/o XL Environmental, Inc.

(Name of Insurer)

P.O. Box 636, 520 Eagleview Blvd., Exton, PA 19341

(Address of 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: CLIFF BERRY, INC (FT PIERCE) 2. Telephone No. (954) 763-3390

Site Address: 400 ANGLE ROAD

FT PIERCE, FL 34946 3. EPA ID No. FLR 000 009266

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) GARY GIBSON

Title 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 o Collection Center/Aggregation Point o Processor o Marketer
o Burner (of off-specification used oil)
Used Oil Filter: ☒ Transporter ☒ Transfer Facility o Processor o 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

	Automotive	Industrial	Mixed	Total
a. In Florida.....	650588	454184	122752	1227524
b. From out of state.....				0
c. Beginning Inventory.....				8064
d. Total (sum of totals from Lines a + b + c).....				1235588

2. Amount (in gallons) of Used Oil and Oily Wastes Managed	In State	Out of State
N - Not an end use, transferred to another facility for storage or processing.....	1225588	
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.....	1225588	
4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....	10000	

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

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	259225	
3. Total number of used oil filters to manage (1 plus 2)	259225	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility	259225	
b. Burned for energy recovery at a Waste-To-Energy facility		
c. Transferred directly to a metal foundry for recycling		
d. TOTAL	259225	
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		
7. Gallons of used oil transferred to a used oil handler (transporter or processor)		
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: sebrena.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us

DOR NO: FLODEP1 NAME: FLORIDA DEPARTMENT OF CHECK DATE: 4/22/2009 057933

EFERENCE NUMBER	INVOICE DATE	GROSS AMOUNT	DISCOUNT TAKEN	NET AMOUNT PAID
USED OIL REG 2009	4/21/2009	100.00	0.00	100.00
	TOTAL ▶	100.00	0.00	100.00