



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

July 01, 2009

Donna Miller
Allstate Power Vac, Inc
928 E Hazelwood Ave
Rahway, NJ 7065-5634

Re: Florida Hazardous Waste Transporter Approval

Dear Donna Miller:

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.

Donna Miller
July 01, 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 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 that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves
Hazardous Waste Regulation 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: Allstate Power Vac, Inc

FACILITY ID NO: NJD003812047

FACILITY ADDRESS: 928 EAST HAZELWOOD AVE
RAHWAY, NJ 07065

INSURANCE CARRIER: GREENWICH INSURANCE

INSURANCE POLICY#: PEC001401006

EFFECTIVE DATE: April 20, 2009

EXPIRATION DATE: April 20, 2010

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Aprilia Graves DATE: July 01, 2009
Aprilia Graves
Hazardous Waste Regulation Section
850/245-8755

rev.0(Oct 91)

FACILITY DOCUMENT LOG DETAILS:

Back to main page

Document Log ID: 6055

City: Rahway ,County: All FL Cntys ,Login Name:

HWT : dmiller@aspvac.com

Process	Date	Author
Logged	5/1/2009 10:57:21 AM	Sullivan_TA
Completeness Review	7/1/2009 1:43:20 PM	Sullivan_TA
Data processing	7/1/2009 1:57:18 PM	Sullivan_TA
Final reviewed	7/2/2009 4:27:39 PM	Noland_T
Notification Letter Emailed	7/2/2009 4:27:43 PM	Noland_T
Booked into Oculus	7/2/2009 4:27:50 PM	Noland_T
	7/2/2009 4:27:56 PM or	
		Add new process

Date	Comment	Author
7/1/2009 1:43:20 PM	Per Donna Miller this facility is Commercially available.	Sullivan_TA
7/1/2009 1:57:47 PM	Out of State no 8700-12Fl needed for this year only.	Sullivan_TA
Add new comment		Add comment

RECEIVED

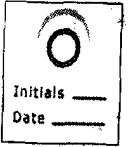
Are your services commercially available? X

APR 24 2009

STATE OF FLORIDA

BY: BSH

HAZARDOUS WASTE TRANSPORTER STATUS FORM



I. Transporter Identification:

Transporter Name: Allstate Power Vac
Transporter EPA ID: NJD 003 812 047
Location Address: 928 E. HAZELWOOD AVENUE
RAHWAY, NJ 07065

Contact: Donna Miller Telephone: 732-815-0220
Mailing Address: - SAME -

II. Insurance Information:

Insurance Company: Greenwich Insurance Co.
Address: 1201 North Market St., Suite 501
Wilmington, DE 19801
Contact: _____
Policy Number: PEC001401006
Expiration date: 04/20/2010

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D004-D045 All P, U, & F Codes

Comments: _____

IV. Certification:

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

Donna Miller for Allstate Power Vac Compliance Mgr
Print/Type Name Title

Donna Miller 4-20-09
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 4/20/2010
Date

APPROVED by Theresa A. Sullivan, changes approved by the Certifier by phone 7/01/2009

Signature of Florida Department of Environmental Protection Representative Date Signed



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/17/2009

Page 1 of 3

PRODUCER Willis of New Jersey, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	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 Allstate Power Vac, Inc. 928 E. Hazelwood Ave. Rahway, NJ 07065		
		INSURERS AFFORDING COVERAGE
		INSURER A: Greenwich Insurance Company
		INSURER B: Greenwich Insurance Company
		INSURER C: New Jersey Manufacturers Insurance Company
		INSURER D:
		INSURER E:

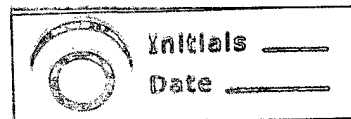
COVERAGES

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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	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 Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GEC001400906	4/20/2009	4/20/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	AOS AEC001400706 MA AEC001400606	4/20/2009 4/20/2009	4/20/2010 4/20/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	UEC001400806	4/20/2009	4/20/2010	EACH OCCURRENCE \$ 11,000,000 AGGREGATE \$ 11,000,000 Products/Comp. \$ Operations Aggr \$ Included
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	NJ WC20388509	1/31/2009	1/31/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	OTHER Env Contractors Pollution	PEC001401006	4/20/2009	4/20/2010	\$ 5,000,000 per occurrence \$10,000,000 policy aggregate \$ 50,000 S.I.R.

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

See Attached:



CERTIFICATE HOLDER

CANCELLATION Except 10 days for Non-Payment

Department of Environmental Protection
Hazardous Waste Mgmt. Section
2600 Blair Stone Road, MS4555
Tallahassee, FL 32399

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 60 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

PRODUCER Willis of New Jersey, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	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 Allstate Power Vac, Inc. 928 E. Hazelwood Ave. Rahway, NJ 07065	<table border="1"> <thead> <tr> <th>INSURERS AFFORDING COVERAGE</th><th>NAIC#</th></tr> </thead> <tbody> <tr> <td>INSURER A: Greenwich Insurance Company</td><td>22322-001</td></tr> <tr> <td>INSURER B: Greenwich Insurance Company</td><td>22322-700</td></tr> <tr> <td>INSURER C: New Jersey Manufacturers Insurance Compan</td><td>12122-001</td></tr> <tr> <td>INSURER D:</td><td></td></tr> <tr> <td>INSURER E:</td><td></td></tr> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC#	INSURER A: Greenwich Insurance Company	22322-001	INSURER B: Greenwich Insurance Company	22322-700	INSURER C: New Jersey Manufacturers Insurance Compan	12122-001	INSURER D:		INSURER E:	
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INSURER E:													

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

Workers Compensation:

State: ME
 Policy #: 1810065430
 Carrier: Maine Employers' Mutual Ins. Co./A9243-001
 Policy Term: 8/13/2008 - 8/13/2009
 Limits:
 \$1,000,000 - EL Each Accident
 \$1,000,000 - EL Disease - Each Employee
 \$1,000,000 - EL Disease - Policy Limit

State: MA
 Policy #: WC131S351001039
 Carrier: Liberty Mutual Insurance Company/23043-001
 Policy Term: 3/6/2009 - 3/6/2010
 Limits:
 \$1,000,000 - EL Each Accident
 \$1,000,000 - EL Disease - Each Employee
 \$1,000,000 - EL Disease - Policy Limit

State: PA
 Policy #: 04849580
 Carrier: State Workmens' Insurance Fund/27677-001
 Policy Term: 3/6/2009 - 3/6/2010
 Limits:
 \$1,000,000 - EL Each Accident
 \$1,000,000 - EL Disease - Each Employee
 \$1,000,000 - EL Disease - Policy Limit

State: NY
 Policy #: MEC-3220
 Carrier: The State Insurance Fund/A7676-001
 Policy Term: 3/6/2009 - 3/6/2010
 E.L. Limits: Unlimited In State of NY Only.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

62-730.170 Standards Applicable to Transporters of Hazardous Waste.

(1) The Department adopts by reference 40 CFR Part 263 revised as of July 1, 2007.

(2) In addition to the requirements of subsection (1) of this rule, no person shall transport a hazardous waste within the state for which either a manifest is required under 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] or a reclamation agreement is entered between a generator and recycler pursuant to 40 CFR 263.20 [as adopted in subsection 62-730.170(1), F.A.C.] unless compliance with the following special requirements have been demonstrated.

(a) The transporter shall have and maintain financial responsibility for sudden accidental occurrences in a minimum amount of \$1,000,000 per occurrence for combined coverage of injury to persons and for damage to property and the environment from the spillage of hazardous waste while such wastes are being transported including the costs of cleaning up the spill. Such financial responsibility shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. Such financial responsibility shall be maintained at all times, be exclusive of legal defense costs, and be established by any one or a combination of the following:

1. Evidence of casualty/liability insurance on an occurrence basis with or without a deductible. With the deductible 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. Each insurance policy must be evidenced by a certificate of liability insurance or amended by attachment of an endorsement.

2. Surety bonds.

(b) Evidence of coverage shall include submittal of an originally signed copy of one or more of the following forms, which are hereby adopted and incorporated by reference:

1. Hazardous Waste Transporter Certificate of Liability Insurance, Form 62-730.900(5)(a), effective date January 29, 2006.

2. Hazardous Waste Transporter Liability Endorsement, Form 62-730.900(5)(b), effective date January 29, 2006

3. Hazardous Waste Transporter Liability Surety Bond, Form 62-730.900(5)(c), effective date January 29, 2006.

Rule 62-730.900, F.A.C., contains information on obtaining a copy of these forms.

(c) The insurance policy, including all endorsements, or the liability surety bond must be maintained at the carrier's principal place of business.

(d) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection, the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.

(e) The transporter shall annually submit to the Department two originally signed Transporter Status Forms, Form 62-730.900(5)(d), effective date January 5, 1995, which is hereby adopted and incorporated by reference. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form. The Department shall complete the approval part of the form and return one of the originally signed forms to the transporter after verifying that the transporter is complying with the financial responsibility requirements of this section. A copy of this form complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transporter. This approval is non-transferable and non-assignable.

(f) This subsection does not apply to any person who transports hazardous waste only on the site of a hazardous waste generator or a permitted hazardous waste treatment, storage, or disposal facility.

(g) States and the federal government are exempt from the requirements of this subsection.

(3) Evidence of financial responsibility, updated for the current year, shall be verified annually by the submission of the appropriate form described in paragraph (2)(b) of this section or by the submission of a certificate of insurance. A certificate of insurance shall include a certification by the insurer that the original insurance policy and all endorsements are still in full force and effect as evidenced on the original forms submitted to the Department.

Specific Authority 403.704, 403.721, 403.724, 403.8055 FS. Law Implemented 403.704, 403.721, 403.724 FS. History—New 11-8-81, Amended 5-31-84, 9-13-84, Formerly 17-30.17, Amended 9-19-86, 3-31-87, 5-26-87, 6-28-88, Formerly 17-30.170, Amended 1-25-89, 8-13-90, 9-10-91, 10-14-92, 10-7-93, Formerly 17-730.170, Amended 1-5-95, 4-30-97, 8-19-98, 2-4-00, 12-20-00, 8-1-02, 10-1-04, 1-29-06, 4-6-06, 5-1-07, 4-25-08.

62-730.171 Transfer Facilities.

(1) 40 CFR 263.12 [as adopted by reference in subsection 62-730.170(1), F.A.C.] provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for 10 days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than 10 days, the facility is subject to the permitting requirements for a hazardous waste storage facility.

(2)(a) The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but 10 days or less (hereinafter referred to as "the transfer facility") shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009 [adopted by reference in paragraph 62-730.150(2)(a), F.A.C.].

(b) Notification pursuant to this subsection shall be submitted at least 30 days before the storage of hazardous waste is to begin at a transfer facility.

(c) The notification shall include the information and documentation required by subsection 62-730.171(3), F.A.C.

(d) The transfer facility shall annually submit updated information on Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

(3)(a) The following items constitute initial transfer facility notification:

1. Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), F.S. The Certification shall state a factual basis for the conclusion that the location criteria are met, and how those facts were determined.

2. Completed Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

3. Evidence of the transporter's financial responsibility as required under subsection 62-730.170(3), F.A.C.

4. A brief general description of the transfer facility operations, including customer base, anticipated waste codes, operating procedures, structures and equipment (with the maximum design capacity for storage), including engineering drawings or sketches if any.

5. A copy of a closure plan demonstrating that the transfer facility will be closed in a manner which satisfies the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115 [as adopted by reference in subsection 62-730.180(2), F.A.C.].

6. A copy of the contingency and emergency plan required by paragraph 62-730.171(4)(a), F.A.C.

7. A map or maps of the transfer facility, depicting property boundaries, access control, buildings or other structures and pertinent features (such as recreation areas, runoff and stormwater control systems, access or internal roads, sanitary and process sewer systems, loading and unloading areas, and fire control equipment.)

(b) A transporter who is operating a transfer facility must notify the Department prior to making changes in any of the items listed in paragraph 62-730.171(3)(a), F.A.C.

(c) No person shall operate a transfer facility before receiving confirmation from the Department that the initial notification package is complete and technically adequate and receiving an EPA identification number for the transfer facility.

(4) A transfer facility shall comply with the following requirements:

(a) 40 CFR Part 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13, as adopted by reference in subsection 62-730.180(2), F.A.C.

(b) The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10 [as adopted by reference in subsection 62-730.170(1), F.A.C.].

(5) Hazardous waste stored at transfer facilities in containers or vehicles shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.

(6) The transfer facility shall maintain a written record of the items listed below. This recordkeeping requirement applies to all hazardous waste that enters and leaves the transfer facility, including hazardous waste generated by CESQGs. Records required in this subsection shall be maintained in permanent form for at least three years and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.

(a) Manifest number for each shipment that enters and leaves the facility, or, for a shipment from a CESQG without a manifest, an identifying number from the shipping document.

(b) The date when all hazardous waste enters and leaves the facility.

(c) The generator's name and the EPA/DEP identification number. For CESQGs without an EPA/DEP identification number, the record shall include the name and address of the generator.

(d) Amounts of hazardous waste and hazardous waste codes associated with each shipment into and out of the facility.

(7) Within 60 days of closure of the transfer facility, the transporter who is owner or operator of the transfer facility shall submit to the Department a certification that the facility has been closed in accordance with the specifications in the closure plan. The certification shall be signed by the owner or operator of the transfer facility, by the owner of the real property where the transfer facility is located, and by a Florida-registered, professional engineer.

(8) Construction, initial operation or substantial modification of a transfer facility which stores shipments of hazardous waste that are required to be manifested, and which does not comply with the location standards in Section 403.7211, F.S., is prohibited. A transporter operating a transfer facility is subject to the demonstration requirements of subsections 62-730.182(3)-(8), F.A.C., regarding substantial modification.

Specific Authority 403.0877, 403.704, 403.721 FS. Law Implemented 403.0877, 403.704, 403.721 FS. History—New 3-2-86, Amended 6-28-88, Formerly 17-30.171, Amended 8-13-90, 9-10-91, 10-14-92, Formerly 17-730.171, Amended 1-5-95, 1-29-06, 10-28-08, 1-4-09.