



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

June 26, 2009

Thomas Sween
Marine Industrial Services Inc
PO BOX 43175
Jacksonville, FL 32203- 3175

BE IT KNOWN THAT

Marine Industrial Services Inc
709 Talleyrand Ave
Jacksonville, FL 32202- 1042

IS HEREBY REGISTERED AS A USED OIL

Transporter, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLD032383945** on June 26, 2009
Insurance Carrier: **ZURICH AMERICAN INSURANCE**

This registration will expire on 06/30/2010

This certificate documents receipt of your annual registration
and annual report. It shall be displayed in a prominent place
at your facility. This certificate and your cancelled check
are your receipts.

Aprilia Graves
Environmental Specialist IV
Hazardous Waste Regulation Permitting



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

REC-1	Date Received (for EDEP Official Use Only)
MAY 12 2009	

EPA ID	F L D 0 3 2 3 8 3 9 4 5	MTS	RCRA Info
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1. Reason for Submittal Initials _____ Date _____	Mark 'X' in correct box:	<input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
		<input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information).
		<input type="checkbox"/> Is this the final notification (see instructions) for the facility?

2. Facility or Business Name	Marine Industrial Services, Inc.	FEID No.	5 9 2 4 1 5 5 9 7
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3. Facility Operator (List additional Operators in the comments section).	Name of Operator:	Thomas J. Sween	<input type="checkbox"/> New Operator
			Date became Operator: ____/____/____ mm dd yy
	Street or P.O. Box:	P.O. Box 43175	Phone Number: (904) 350-0006
	City or Town:	Jacksonville	State: FL Zip Code: 32203-3175
Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____			

4. Facility Physical Location Information	Physical Street Address:			709 Talleyrand Ave. Suite #3
	City or Town:	Jacksonville	State: FL	Zip Code: 32202
	County:	Duval	If available, please attach a map or sketch of the facility boundaries.	
	Latitude: 3 0 1 9 4 4 5 dd mm ss.ssss		Longitude: 8 1 3 7 5 4 4 dd mm ss.ssss	Method: Geocoder.us Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)	A.	562111	B.	562119
	C.	562212	D.	

6. Facility or Business Mailing Address	Street Address or P.O. Box:			P.O. Box 43175
	City or Town:	Jacksonville	State: FL	Zip Code: 32203-3175

7. Facility or Business Contact Person	First Name:	Thomas	Last Name:	Sween	Title:	President
	Phone Number:	(904) 350-0006	Extension:	-	E-Mail:	mistjs@bellsouth.net
	Street or P.O. Box:					P.O. Box 43175
	City or Town:	Jacksonville	State: FL	Zip Code: 32203-3175		

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:		Hill Street LLC	<input type="checkbox"/> New Owner
				Date became Owner: 03 / 01 / 02 mm dd yy
	Street or P.O. Box:		P.O. Box 41169	Phone Number: (904) 355-1568
	City or Town:	Jacksonville	State: FL	Zip Code: 32203
Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____				

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

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

(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

(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 _____

Address _____

Contact _____

Telephone _____

Policy Number _____

Expiration date _____

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**

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility☐

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

[Chapter 62-737, 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):**

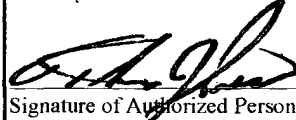
- ☒ a. Transporter
- ☐ b. Transfer Facility

(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

(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

Thomas J. Sween

Print Name of Authorized Person

(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.

(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.

FLD032383945

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)

THOMAS J. SWEED

4/30/09

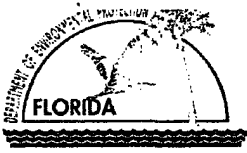
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:



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: Marine Industrial Services, Inc. 2. Telephone No. (904) 350-0006

Site Address: 709 Talleyrand Ave #3,
Jacksonville, FL 32202 3. EPA ID No. FLDO 3238 3945

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) DeeAnn S. Koenig

Title Adm. Mgr Phone number (if different from #2, above) ()

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

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

o Burner (of off-specification used oil)

Used Oil Filter: ☒ Transporter o 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

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
	1006768		1006768
			1006768

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
91470	
915298	
1006768	
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.....	250	
3. Total number of used oil filters to manage (1 plus 2).....	250	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	250	
b. Burned for energy recovery at a Waste-To-Energy facility.....		
c. Transferred directly to a metal foundry for recycling.....		
d. TOTAL.....	250	
5. End of year, on hand 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.....		

Transferred to Registered Facility

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.).

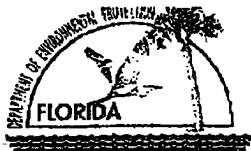
Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: sebrina.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us

Apr 29 09 04:15p

Marine Industrial Service

(904) 350-9656

p.2



Department of Environmental Protection
 FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.600(2)
 Form Title Certificate of Liability Insurance
Used Oil Transporters
 Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Zurich American Insurance Co. (the Insurer), 1400 American Lane, Schaumburg, IL 60196
 (Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Marine Industrial Services (the Insured),
 (Name of the Insured)

P.O. Box 43175, Jacksonville, FL 32203 whose EPA Identification number is FLD0323839415
 (Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or
 retention of \$ -0- 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 BAP967843902, issued on 8/25/08
 (Date)

The expiration date of said policy is 8/25/09 or the annual renewal date is 8/25/09
 (Date) (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 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 (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced 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.

Harrison Bucklew
 (Signature of Insurer or Authorized Representative)

Authorized Representative of

Harrison Bucklew
 (Type Name)

Zurich American Insurance Co.
 (Name of Insurer)

Agent
 (Title)

1021 Douglas Ave., Altamonte Springs, FL 32714
 (Address of Representative)

DEP Form #62-710.901(4) Form Title <u>Certificate of Liability</u> <u>Insurance, Used Oil Transporters</u> Effective Date <u>June 9, 2006</u>
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**Chapter 62-710.600(2)(e), Florida Administrative Code
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance 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 the 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 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

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: schrena.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us



CERTIFICATE OF LIABILITY INSURANCE

OP ID LL
MARIN-3

DATE (MM/DD/YYYY)

04/30/09

PRODUCER SIHLE INSURANCE GROUP, INC. P. O. BOX 160398 ALTAMONTE SPRINGS FL 32716 Phone: 407-869-0962 Fax: 407-774-0936		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 Marine Industrial Services Inc P.O. Box 43175 Jacksonville FL 32203-3175		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Steadfast Insurance Company	
		INSURER B: Zurich American Insurance	
		INSURER C: Water Quality Insurance	
		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	GPL967843802	08/25/08	08/25/09	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> POLLUTION*				PERSONAL & ADV INJURY \$ 1,000,000
C		4125888	08/25/08	08/25/09	GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY	BAP967843902	08/25/08	08/25/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N				WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	Contr Pollution	GLP967843802	08/25/08	08/25/09	Aggrgate Incident 2,000,000 1,000,000

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

**** 10 days notice of cancellation for non-payment of premium ****

CERTIFICATE HOLDER

DEPAENV

Department of Environmental Protection
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

Handwritten Signature

ACORD 25 (2009/01)

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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.





Address **709 Talleyrand Ave**
Jacksonville, FL 32202

Get Google Maps on your phone



Text the word "GMAPS" to 466453



 <div>Longitude County Time Zone Daylight Savings Elevation</div>	Convert Any U.S. Address into Valuable Data with Geocode USA. ✓ Native .NET Component ✓ Easy To Use ✓ Royalty-Free	CLICK HERE TO TRY a Free Evaluation! 
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geocoder.us / geocoder.net

find the latitude & longitude of any US address - for free

Address 709 Talleyrand Ave
Jacksonville FL 32202
(30.329029, -
81.631772)

Latitude 30.329029 °
N 30 ° 19' 44.5"
30 ° 19.7417' (degree
m.mmmm)

Longitude -81.631772 °
W 81 ° 37' 54.4"
-81 ° 37.9063' (degree
m.mmmm)

Search for another address:

709 Talleyrand Ave., Jacksonville, FL 32202

(it can take a bit for the map to load-
wait for the red circle to turn green.
Stay in your happy place.)



And You might try adding a comma
between the street and the city
name, as this often helps to
disambiguate complex addresses. If
you'd like help, drop an e-mail to
missing@geocoder.us, and we'll try
to help you find your location.

If you want a bunch of addresses
geocoded you can send a file (text
or Excel work fine) to the same
address. They will be geocoded and
sent back to you. If you are happy
the cost is \$50 per 20,000 records
with a minimum cost of \$50, which
you can pay via paypal to

MARINE INDUSTRIAL SERVICES, INC.

Florida Dept of Environmental Protection

Date	Type	Reference	Original Amt.	Balance Due	4/30/2009 Discount	Payment
4/30/2009	Bill	09/10 annual reg fee	100.00	100.00		100.00
				Check Amount		100.00

29720

Operating Account July 1, 2009 thru June 30, 2010 - USED OIL re

100.00

Used Oil Training Program - Verification, Record Keeping and Signature Pages

Developed for (Company Name) Marine Industrial Services, Inc.

Submitted To:

Florida Department of Environmental Protection, Used Oil Coordinator
2600 Blair Stone Rd. MS 4555
Twin Towers Office Building
Tallahassee, Fl. 32399-2400

Date 05/06/2009

A. Training Program Description

Please check the appropriate response and complete the information that is applicable

1. ☒ Option A. The Used Oil Transporters Certification and Training Manual shall serve as our corporate Training Program.
2. ☐ Option B. An alternate Training Program has been developed and is described on the attached sheets.

B. Training Program Implementation

Please provide a description of your training methodology (i.e. lecture, employee review of written programs, etc.).

C. Employee Training Program Verification

Please provide a complete description of your employee training test methodology (i.e. oral quiz, written test, etc.).

The serial number of this manual is 89FUEH73
(NOTE: Please submit this page to FDEP with your registration forms)

Page 1 of 3

D. Employee Training Frequency

Description of the frequency of employee training (annually, every two years, etc.)

E. Employee Training Program Record Keeping

Please provide a full description of your company's record keeping methodology for employee training.

F. Used Oil Training Program Additional Information

Please provide any additional information required as part of your corporate Used Oil Training Program on these pages. Identify the Section (i.e. 1. Training Program Description) to which the information applies. Use the next page and additional sheets of blank white paper as necessary.

The serial number of this manual is 89FUFH73 Page 2 of 3
(NOTE: Please submit this page to FDEP with your registration forms)

G. Used Oil Training Program Signature Page

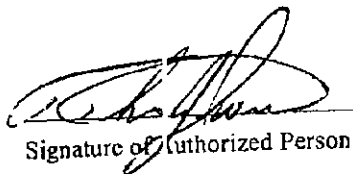
I certify, as a used oil transporter, that the training program required under Rule 62-710.600, Florida Administrative Code, as described on the attached sheets will be implemented and adhered to. To the best of my knowledge, the training program described is in full compliance with the rule 62-710.600.

Thomas J. Sween

Name of Authorized Person (Print or Type)

President

Title of Authorized Person


Signature of Authorized Person

05/06/01

Date

This document shall be submitted to the FDEP to facilitate the review and acceptance of your training program.

If this *Used Oil Certification and Training Manual* is to be used as the training manual, a copy of said manual must be kept on the premises of the location for which a permit has been applied. **The manual does not need** to be submitted with this document.

The serial number of this manual is 89FUFH73
(NOTE: Please submit this page to FDEP with your registration forms)

Page 3 of 3

Halogen Screening Standard Operating Procedures

for MARINE INDUSTRIAL SERVICES INC. (company name)

(Company name) MARINE INDUSTRIAL SERVICES (MAN #89fufh73) conducts field screening (testing) of used oil to prevent costly hazardous waste from being mixed with non-contaminated oil for proper management and disposal. In addition to other criteria, the following were considered when developing this halogen determination and testing methodology:

- Employee safety;
- Simple, quick and relatively low set-up cost by using existing technologies;
- Containment and recovery of the halogens released from the used oil (i.e., eliminate atmospheric release of ozone depleting chemicals);
- Compliance with the requirements of state and federal health and safety codes.

Test Instrument specifications:

This company is currently using a model # _____ chlorine
detection kit manufactured by _____

AND, OR,

This company is currently using a model # tif 5000 CFC
detection device (sniffer) manufactured by tif Instruments; Miami, FL

The instrument(s) are calibrated using the following method(s):

1. INSTRUMENT IS ZEROED IN CLEAN ATMOSPHERE

2. PRE-SET TEST SAMPLE BY LAB @ 1000 ppm

(describe calibration process)

Calibration is performed on a

EVERYTIME INSTRUMENT IS TURNED ON AND USED basis (insert how often.)

Transporter Drivers, managers and employees of

MARINE INDUSTRIAL SERVICES INC. (company name) are given training on the use and application of chlorine field test kits and or CFC detection devices (sniffers) as follows:

ALL PERSONEL ARE INDIVIDUALLY TRAINED BY SUPERVISOR ONCE A YEAR

Field testing and sampling either from the generator's storage tank or from a sample taken in accordance with EPA Regulations and ASTM Methods is accomplished by:

OV SITE FIELD TECHNICIAN

All loads that have been tested and indicate halogen levels in excess of 1,000 PPM are handled as follows:

NOTIFICATION TO GENERATOR IMMEDIATELY

After the testing is completed and the used oil is certified as on-specification fuel, it and the corresponding documentation will be marketed as such. If the halogen test result from that product shows that the used oil contains more than 1,000 ppm total halogens, the load and shall be rejected and FDEP will be provided with the test results within seven (7) days of obtaining them.

In the event MARINE INDUSTRIAL SERVICES INC. (company name) has a need for or is required to use the services of a third party for halogen screening analysis (Certified Test Lab), that party is:

Laboratory name: IWS

Address: 1640 TALLEYRAND AVE.

City, State, Zip: JACKSONVILLE, FL 32206

Phone: 904-354-0372 Fax: 904-353-4033

Attention: _____

In compliance with F.S. 62-710, Used Oil Management Rule, and 40 CFR §§ 279.44(b) and 279.44(d), 279.70(c), and 279.63, respectively, the documentation and records for all loads of used oil products and materials—either picked up or refused at a generator's facility, are maintained for three years at the company's main office located at

MARINE INDUSTRIAL SERVICES INC. 709 TALLEYRAND AVE. JAX, FL 32202

Generator Education: It is the goal of

MARINE INDUSTRIAL SERVICES INC. (company name) to instruct and educate its generator customers not to allow mixing of halogenated solvents or paint thinners with waste oil or used oil filters. The generators are warned that doing so, could result in the mixture being required to be disposed of as a hazardous waste.

Apr 29 09 04: 5p Marine Industrial Service (904) 350-9656 p.2



Department of Environmental Protection
FDEP MS 4550 2800 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form 62-710.800(2)
Form Title: Certificate of Liability Insurance
Used Oil Transporters
Effective Date: June 9, 2008

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Zurich American Insurance Co. (the Insurer), 1400 American Lane, Schaumburg, IL 60196
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Marine Industrial Services (the Insured),
(Name of the Insured)

P.O. Box 43175, Jacksonville, FL 32203 whose EPA identification number is FLD0323839415
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.800(2)(e). (See page 2 on the back side of this Form)

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or
retention of \$ -0- 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 BAP967843902 issued on 8/25/08
(Date)

The expiration date of said policy is 8/25/09 or the annual renewal date is 8/25/09
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the insurer of its obligations under this policy.
- 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.
- 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.
- 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 (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- 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.

Harrison Bucklew
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Harrison Bucklew
(Type Name)

Zurich American Insurance Co.
(Name of Insurer)

Agent
(Title)

1021 Douglas Ave., Altamonte Springs, FL 32714
(Address of Representative)

IMPORTANT

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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.



CERTIFICATE OF LIABILITY INSURANCE

OP ID LL
MARIN-3

DATE (MM/DD/YYYY)

6/22/09

PRODUCER SIHLE INSURANCE GROUP, INC. P. O. BOX 160398 ALTAMONTE SPRINGS FL 32716 Phone: 407-869-0962 Fax: 407-774-0936	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 Marine Industrial Services Inc P.O. Box 43175 Jacksonville FL 32203-3175	INSURERS AFFORDING COVERAGE INSURER A: Steadfast Insurance Company INSURER B: Zurich American Insurance INSURER C: Water Quality Insurance INSURER D: INSURER E:	NAIC #

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 TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A C	GENERAL LIABILITY	GPL967843802	08/25/08	08/25/09	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	4125888	08/25/08	08/25/09	MED EXP (Any one person) \$ 50,000
	<input checked="" type="checkbox"/> POLLUTION*				PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC				PRODUCTS - COMPROP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY	BAP967843902	08/25/08	08/25/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY AGG \$
	EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEQUITABLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY				WORKERS COMPENSATION / EMPLOYER'S LIABILITY \$
	ANY PROPRIETARY PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT \$
	If yes, describe unit for SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$
A	Contr Pollution	GLP967843802	08/25/08	08/25/09	Aggregate 2,000,000
C	Water Pollution	4125888	08/25/08	08/25/09	Incident 1,000,000

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

** 10 days notice of cancellation for non-payment of premium **

CERTIFICATE HOLDER

CANCELLATION

DEPAENV Department of Environmental Protection 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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