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 24, 2009

Joseph Malone
Altom Transport, Inc
4243 S Knox Avenue
Chicago, IL 60632

BE IT KNOWN THAT

Altom Transport, Inc.
4243 S Knox Ave.
Chicago, IL 60632

IS HEREBY REGISTERED AS A USED OIL

Transporter

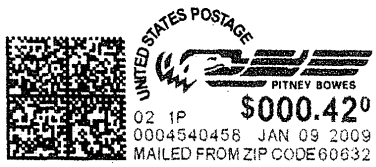
Pursuant to Chapter 62-710, Florida Administrative Code (F.A.C.)
The Department of Environmental Protection hereby issues
Registration Number **ILD984774331** on June 24, 2009

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

ALTOM Transport, Inc
SPECIALIZED PETROLEUM HAULERS
7439 W. ARCHER AVENUE • SUMMIT, ILLINOIS 60501



Department of Environmental Protection
P.O. Box 3070
Tallahassee, Florida 32399-2400

Florida Permit
Waste Oil

Copy of original
check sent 1/9/09

Sebrena Bolton
is aware of this
new application

Poor Original

Initials
Date

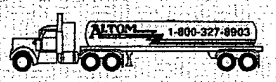
ALTOM TRANSPORT, INC. 7439 ARCHER AVE. • SUMMIT, ILLINOIS 60501

040917

MEMO:

Invoice #	Date	Reference	Amount
189	1/8/2009		100.00

Thursday, January 08, 2009 $100.00



1-800-327-8903

ALTOM Transport, Inc.

•Prompt •Dependable •Service

AMERIMARK BANK 70-2465/719
VILLA PARK, ILLINOIS 60181

SPECIALIZED COMMON CARRIER
7439 ARCHER AVE. • SUMMIT, ILLINOIS 60501
www.altomtransport.com

40917
No. 040917

DATE	AMOUNT
1/8/09	$100.00

PAY Exactly ***one hundred and xx / 100*** *DOLS*

ALTOM TRANSPORT, INC.

TO THE ORDER OF FLORIDA DEPT OF ENVIRONMENTAL PROTECTION

Tom Warren

⑈040917⑈ ⑆071924652⑆ ⑈0410002151⑈

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division–HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received (for FDEP Official Use Only)

EPA ID I L D 9 8 4 7 7 4 3 3 1 | 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?

2. Facility or Business Name: Altom Transport, Inc. — **FEID No.:** 3 6 3 2 1 7 9 0 7

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

- **Name of Operator:** Thomas J. Warren Sr — ☐ New Operator — **Date became Operator:** 10 / 27 / 1982 (mm dd yy)
- **Street or P.O. Box:** 4243 South Knox Avenue — **Phone Number:** 800-327-8903
- **City or Town:** Chicago — **State:** Il — **Zip Code:** 60632
- **Operator Type:** ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____

4. Facility Physical Location Information

- **Physical Street Address:** Same as Above
- **City or Town:** — **State:** FL — **Zip Code:**
- **County:** Choose__ — **If available, please attach a map or sketch of the facility boundaries.**
- **Latitude:** |__|__| |__|__| |__|__.____| (d d m m s s . ssss) **Longitude:** |__|__| |__|__| |__|__.____| (d d m m s s . ssss) **Method:** **Datum:**

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

A.	B.
484121	
C.	D.

6. Facility or Business Mailing Address

- **Street Address or P.O. Box:** 4243 S. Knox Avenue
- **City or Town:** Chicago — **State:** IL — **Zip Code:** 60632

7. Facility or Business Contact Person

- **First Name:** Joseph — **Last Name:** Malone — **Title:** Director of Safety
- **Phone Number:** 800-327-8903 — **Extension:** 245 — **E-Mail:** malone@altomtransport.com
- **Street or P.O. Box:** 4243 S. Knox Avenue
- **City or Town:** Chicago — **State:** IL — **Zip Code:** 60632

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:** — ☐ New Owner — **Date became Owner:** ___/___/___ (mm dd yy)
- **Street or P.O. Box:** — **Phone Number:**
- **City or Town:** — **State:** — **Zip Code:**
- **Owner Type:** ☐ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____

	EPA ID No.	ILD984774331

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

A. Hazardous Waste Activities:

(1) Generator of Hazardous Waste

(Choose only one of the following three categories.)

☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; **or** Greater than 1 kg (2.2 lbs) of *acute* hazardous waste

☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste

☐ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

☐ d. United States Importer of hazardous waste

☐ e. Mixed Waste (hazardous and radioactive) Generator

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

(2) Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.

☐ a. Operating Commercial TSD

☐ b. Operating Non-commercial TSD

☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)
Specify: ☐ Commercial; ☐ Non-Commercial.
A permit is required for storage prior to recycling.

(4) ☐ Exempt Boiler and/or Industrial Furnace

☐ a. Small Quantity On-site Burner Exemption

☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

(6) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.

(7) ☐ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]
Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes

c. **Hazardous Waste Transporter Insurance Information**
Insurance Company _____
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**

EPA ID No. ILD984774331

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	☐	☐	☐	
b. Pesticides	☐	☐	☐	
c. Pharmaceuticals	☐	☐	☐	
d. Mercury Containing Devices	☐	☐	☐	
e. Mercury Containing Lamps	☐	☐	☐	

(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

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.

Signature of Authorized Person

Joseph M. Malone
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. ILD984774331

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) Non-Handler

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)
	Joseph M. Malone	

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

Joseph M. Malone	800-327-8903 x 245	malone@altomtransport.com
(Name of person completing this form)	(Phone Number)	(E-mail Address)

13. Comments:

Halogen screenings are performed at the facilities by the operators. When we pick up or deliver Used Oil products, we, as a transporter do not preform Halogen Screenings. These Halogen screenings are preformed by the facility which we are picking up from or delivering too.

	EPA ID No.	ILD984774331

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) Non-Handler

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)
Joseph M. Malone	Joseph M. Malone	05/07/2009

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

Joseph M. Malone	800-327-8903 x 245	malone@altomtransport.com
(Name of person completing this form)	(Phone Number)	(E-mail Address)

13. Comments:

Halogen screenings are performed at the facilities by the operators.

Department of Environmental Protection

FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(4)
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. Illinois National Insurance Company (Name of the Insurer), 300 S. Riverside Plaza, Chicago, IL 60606 (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Al Warren Oil Company and Altom Transport, Inc. (Name of the Insured), (the Insured),

4242 S. Knox Street, Chicago, IL 60638 (Address of the Insured) whose EPA Identification number is _____ _____ _____ _____.

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 $ $2,000,000 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 CA7204042, issued on August 3, 2008 (Date).

The expiration date of said policy is August 3, 2009 (Date) or the annual renewal date is August 3, 2009 (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.

Mary Radaszewski
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Mary Radaszewski
(Type Name)

Illinois National Insurance Company
(Name of Insurer)

Vice President
(Title)

Marsh USA, 500 West Monroe, Chicago, IL 60661
(Address of Representative)

DEP Form #62-710.901(4)
Form Title Certificate of Liability Insurance, Used Oil Transporters
Effective Date June 9, 2005

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

Bolton Sebrena

From: Joe Malone [malone@altomtransport.com]
Sent: Tuesday, June 23, 2009 1:56 PM
To: Bolton Sebrena
Subject: RE: Updated Application Form

Yes it does Sebrena. Do you need copy of certificate?

From: Bolton Sebrena [mailto:Sebrena.Bolton@dep.state.fl.us]
Sent: Tuesday, June 23, 2009 12:52 PM
To: Joe Malone
Subject: RE: Updated Application Form

Joe,

Quick question, does Illinois National Insurance Co. cover your pollution coverage?

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on this link to the DEP Customer Survey. Thank you in advance for completing the survey.

From: Joe Malone [mailto:malone@altomtransport.com]
Sent: Monday, June 22, 2009 10:42 AM
To: Bolton Sebrena
Subject: FW: Updated Application Form

Hello Sebrena,

Just following up on our Transporter Permit. I was curious to know if this has been sent. Please let me know either way.

Regards,

Joe Malone
Director of Safety
Altom Transport, Inc.
4243 South Knox Avenue
Chicago, Illinois 60632
800-327-8903 x 245 (Office)
773-910-3981 (Cell)
708-496-4645 (E-Fax)
malone@altomtransport.com
www.altomtransport.com

From: Joe Malone
Sent: Tuesday, June 09, 2009 10:09 AM
To: 'Bolton Sebrena'
Subject: Updated Application Form

Sebrena,

Attached is the updated application form. I also included (page 4) Item #13 for Halogen Screening-Comments. Please advise if this is acceptable. Thank you in advance for your assistance.

Regards,

Joe Malone
Director of Safety
Altom Transport, Inc.
4243 South Knox Avenue
Chicago, Illinois 60632
800-327-8903 x 245 (Office)
773-910-3981 (Cell)
708-496-4645 (E-Fax)
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