



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

June 03, 2009

Steve Obst
Raider Environmental Services
4103 NW 132nd St
Opa Locka, FL 33054- 4510

BE IT KNOWN THAT

Raider Environmental Services
4103 NW 132nd St
Opa Locka, FL 33054- 4510

IS HEREBY REGISTERED AS A USED OIL

Transporter, Processor, Marketer, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLR000143891** on June 03, 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



**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)

MAY 0

BY: RS

EPA ID		FLR000143891		MTS		RCRAInfo	
1. Reason for Submittal		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? MAY 26 2001					
2. Facility or Business Name				RAIDER ENVIRONMENTAL SERVICES		FEID No. 651125306	
3. Facility Operator (List additional Operators in the comments section).		Name of Operator: STEVE OBST				<input type="checkbox"/> New Operator Date became Operator: 05 / 11 / 2001 mm dd yy	
		Street or P.O. Box: 4103 NW 132ND STREET				Phone Number: 305 994-9949	
		City or Town: OPA LOCKA		State: FL		Zip Code: 33054	
		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: 4103 NW 132ND STREET					
		City or Town: OPA LOCKA		State: FL		Zip Code: 33054	
		County: Dade		If available, please attach a map or sketch of the facility boundaries.			
		Latitude: 25 53 41 N Longitude: 80 15 51 W Method: dd mm ss.ssss dd mm ss.ssss Datum:					
5. Facility North American Industry Classification System (NAICS) Code(s)		A. 562910		B. 924110		C. D. Initial	
6. Facility or Business Mailing Address		Street Address or P.O. Box: 4103 NW 132ND STREET City or Town: OPA LOCKA State: FL Zip Code: 33054					
7. Facility or Business Contact Person		First Name: STEVE		Last Name: OBST		Title: PRESIDENT	
		Phone Number: 305 994-9949		Extension:		E-Mail:	
		Street or P.O. Box: 4103 NW 132ND STREET					
		City or Town: OPA LOCKA		State: FL		Zip Code: 33054	
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: STEVE OBST				<input type="checkbox"/> New Owner Date became Owner: 06 / 22 / 2005 mm dd yy	
		Street or P.O. Box: 4103 NW 132ND STREET				Phone Number: 305 994-9949	
		City or Town: OPA LOCKA		State: FL		Zip Code: 33054	
		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 LIBERTY SURPLUS INSURANCE COMPANYAddress 175 BERKELEY STREET, BOSTON, MA 02116Contact KAREN COMPANION

Telephone _____

Policy Number TIEB0100427015Expiration date 10-13-2009d. 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

Steve Obst

 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

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.

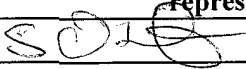
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

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)
	Steve Obst	5/28/09

If the person that 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:

Are your services commercially available? Yes

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:

Transporter Name: Raider Environmental Services, Inc.
Transporter EPA ID: FLR 000 143 891
Location Address: 4103 NW 132nd Street
Opa Locka, FL 33054
Contact: Steve Obst Telephone: (305) 994-9949
Mailing Address: 4103 NW 132nd Street
Opa Locka, FL 33054

II. Insurance Information:

Insurance Company: Liberty Surplus Insurance Company
Address: 175 Berkeley Street
Boston, MA 02116
Contact: Karen companion Telephone: _____
Policy Number: TIEB0100427015
Expiration date: 10-13-2009

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

F037

Comments: Tank bottom waste from diesel
Storage tanks.

IV. Certification:

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

Philip Pierre-Louis Facility manager
Print/Type Name Title
Philip Pierre-Louis 4/28/09
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 _____ Date

Signature of Florida Department of Environmental Protection Representative Date Signed

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. Liberty Surplus Insurance Company
(Name of Insurer)

(the "Insurer"), of 175 Berkeley Street, Boston, MA 02116
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Raider Environmental Services, Inc
(Name of Insured)

(the "Insured"), of 4103 NW 132nd Street Opa-Locka, FL 33054
(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

EPA/DEP I.D. No.	Name	Location
FL R000143891	Raider Environmental Services	4103 NW 132 nd Street Opa-Locka, FL 33054

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided
under policy number TIE B010042705 issued on 10/13/2008.
(date)

The effective date of said policy is 10/13/2008 and the expiration date of said policy
is 10/13/2009.
(date)

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

Page 1 of 2

DEP FORM 62-730.900(5)(a) effective 1-29-06

See attached Record, insuror
is on Record with the Department
having Signed an Original
Certificate of Liability Insuror
(see attached)

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced 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 judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

(Signature of Authorized Representative of Insurer)

(Typed name)

(Title)

Authorized Representative of

(Name of Insurer)

(Address of Representative)

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/03/2009

PRODUCER (954)925-2590 FAX
Smith Watson Parker Insurance
2590 Hollywood Blvd
Hollywood, FL 33020

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 Raider Environmental Services LLC
Raider Environmental Services Inc
4401 Peters Road
Plantation, FL 33317

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Scottsdale Ins Co
INSURER B: National Indemnity Co
INSURER C: Bridgefield Employers Ins Co
INSURER D: Liberty Surplus Ins Co
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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	CPS0977116	03/03/2009	03/03/2010	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 checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/>	\$1,000 Ded BI/PD				PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2,000,000
B		AUTOMOBILE LIABILITY	74APS015777	07/11/2008	07/11/2009	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				
A		GARAGE LIABILITY	XLS0048253	03/03/2009	03/03/2010	AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/>	ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 4,000,000
	<input type="checkbox"/>	DEDUCTIBLE				Excess General Liability Only \$
C		RETENTION \$	830-30218	07/10/2008	07/10/2009	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000
D		OTHER Pollution	TIEB0100427015	10/13/2008	10/13/2009	\$1,000,000 Each Incident \$2,000,000 Aggregate

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

CERTIFICATE HOLDER

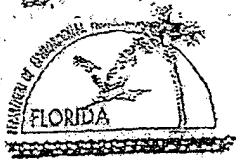
This Certificate is for
Insurance Information
Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Larry Vaught Sr./BIE

Larry Vaught Sr.



Department of Environmental Protection
FDEP MS #555 2800 Blair Stone Road Tallahassee, Florida 32399-2400

FDEP Form #32-701.920(15)
Form Title: Certificate of Liability Insurance
Used Oil Transporters
Effective Date: March 23, 1997

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

Poor Original

1. Liberty Surplus Insurance Corporation (the Insurer), 175 Berkeley Street, Boston, MA 02116
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage for sudden accidental occurrences to Raider Environmental Services LLC & Raider Environmental Services, Inc. (the Insured), 4103 NW 132 Street, Opa-Locka, FL 33054
(Name of the Insured) (Address of the Insured)

whose EPA Identification number is FLR 0000 P3642 in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2)(d). The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or retention of \$ 10,000

for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the insured. This coverage is provided under policy number TIEB0100427018 issued on 10/13/2008
(Date) The expiration date of said policy is 10/13/2009 or the annual renewal date is
(Date)

is 10/13/2008
(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-five (35) days after a copy of such written notice is received by the Secretary of the FDEP as evidence 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.

Karen Companion
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Karen Companion
(Type Name)

Liberty Surplus Insurance Corporation
(Name of Insurer)

Assistant Vice President
(Title)

175 Berkeley Street, Boston, MA 02116
(Address of Representative)



Environmental Resources Management
 Permitting Section
 701 NW 1st Court 7th Floor
 Miami, Florida 33136
 T 305-372-6600 F 305-372-6545

miamidade.gov

PERMIT NO: IWP-000432-2009/2009 (P)-GEN_SHELL1
 RAIDER ENVIRONMENTAL SERVICES, INC.
 4103 NW 132 ST
 MIAMI, FL 33054-

PERMITTEE:
 Mr Steve Obst
 RAIDER ENVIRONMENTAL SERVICES, INC
 4103 NW 132 ST
 OPA-LOCKA, FL 33054-

INDUSTRIAL WASTE PRETREATMENT ANNUAL OPERATING PERMIT

DESCRIPTION OF FACILITY/EQUIPMENT

This document, issued under the provisions of Chapter 24, Miami-Dade County Environmental Protection Ordinance, shall be valid from 01-JAN-2009 through 31-MAY-2009. The above named permittee, is hereby authorized to operate the pollution control facility at the above location which consists of the following:

A 20,000 GPD Centralized Waste Treatment facility [40 CFR 437 Subpart D] for Metals, Oils and Organic wastewaters with A) TANKER-TRUCK OFFLOADS STORAGE consisting of: 1) Four (4) outdoor 35,000 gal. equalization tanks (T-1, T-2, T-3 & T-4 all within secondary containment) with transfer pumps and one (1) control panel with pH metering. B) VAC-TRUCK OFFLOADS STORAGE consisting of: 1) One (1) SWECO shaker screen (indoors); 2) Oil/water separator and used oil collection tanks (10'-5" x 10'-0" x 6'-0") with submersible pumps (indoors); 3) One (1) outdoors 24,000 gallon (total combined volume) double-compartment tank (T-8 & T-9 within secondary containment) with heat induction system for the separation of hydrocarbons. C) One (1) outdoor 20,000 gal. equalization tank (T-5 within secondary containment) for the storage of effluent from tanks T-1, T-2, T-3, T-4, T-8, T-9 and o/w separator (as described in B-2) prior to treatment through a dissolved air flotation system (DAF).

D) PRETREATMENT SYSTEM consisting of: 1) One (1) 200 gpm DAF unit with Coagulant, Flocculant and Slurry injection to influent line via transfer pumps as per plans; 2) One (1) indoor 1,000 gal. holding tank connected to one (1) outdoor 20,000 gal. "process water" holding tank (T-6) via one (1) transfer pump for effluent storage as per plans; 3) One (1) Air Stripping and Carbon Polishing system (used as necessary) with effluent to an outdoor 20,000 gal. "final effluent" holding tank (T-7 within secondary containment). E) Effluent line from (T-7) tank with: 1) One (1) sampling point at spigot; 2) One (1) class-2 master meter model 15-IBM-AAA2 prior to discharges to sanitary sewers as per approved plans. F) SLUDGE MANAGEMENT consisting of: 1) One (1) indoor 2,800 gal. sludge holding tank (T-10) connected to two (2) diaphragm pumps; 2) One (1) filter press; 3) Sludge cake sent off-site for disposal and effluent transferred back to treatment system as per plans. G) SLUG DISCHARGE CONTROL PLAN as approved by the Department.

This facility is subject to conditions listed below and in the following pages (if any) of this permit.

SPECIFIC CONDITIONS

1. Operations to be conducted in accordance with the Spill Prevention Control Countermeasure (SPCC) Plan as submitted and approved by this Department.
2. Permittee shall be responsible for immediate notification of oil or hazardous materials discharges. Agencies to be contacted include the U.S. Environmental Protection Agency (EPA), Region IV, phone (404) 881-4062 or National Response Center, (800) 424-8802 and this Department, (305) 372-6789.
3. Secondary containment facilities must be inspected daily. Stormwater drainage valves must only be opened to discharge rain water and remain closed at all other times to avoid a by-pass of the

Miami-Dade County
 Department of Environmental Resources Management

Delivering Excellence Every Day
 Carlos Espinosa, P.E., Director

Raider

ENVIRONMENTAL SERVICES

May 22, 2009

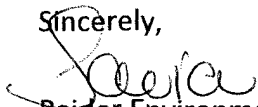
Ms. Theresa A. Sullivan
Florida Dept. of Environmental Protection
2600 Blair Stone Road, Mail Station 4550
Tallahassee, FL 32399-2400

RE: Raider Environmental Services
8700-12FL Florida Notification of Regulated Waste Activity Form
EPA I.D.#FLR000143891

Dear Ms. Sullivan,

Please see the attached enclosures. They have now been signed and/or dated in the highlighted areas. We apologize for any inconvenience.

Sincerely,



Raider Environmental Services

Raider Environmental Services

4355 Peters Road, Plantation, FL 33317

Dade: 305-994-9949 • Broward: 954-316-0633 • Fax: 954-791-0050 • Sarasota: 941-377-8100



Florida Department of Environmental Protection

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

2600 Blair Stone Road, Mail Station 4550
Tallahassee, FL 32399-2400

May 12, 2009

Steve Obst
Raider Environmental Services
4103 NW 132nd Street
Opa Locka, FL 33054

Thank you for submitting the 8700-12FL Florida Notification of Regulated Waste Activity form for your company to obtain an EPA ID number or to update status and facility information. Your form is being returned because the following item(s) must be addressed before your form may be processed:

_____ Section 2 (Facility or Business Name) is missing or incomplete.

_____ Section 3 (Facility Operator Date) is missing or incomplete.

_____ Section 4 (Facility Physical Location Information) is missing or incomplete.

_____ Section 5 (North American industry classification (NAICS) Code(s) is missing or incomplete.

_____ Section 7 (Facility Contact Person) is missing or incomplete.

_____ Section 8 (Real Property Owner Date of the Facility's Physical Location) is missing or incomplete.

_____ Section 10 (Waste Codes for Federally Regulated hazardous Wastes) is missing or incomplete.

XXXX_ The application is not signed, dated or the signature on the application is not an original signature.

Your form package is being returned so that the above can be addressed. Please resubmit your completed package to my attention to the above address, Mail Station 4550.

Sincerely,

Theresa A. Sullivan
Bureau Chief's Office
Enclosure(s)