



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

August 26, 2009

Steve Becker
Clean Fuels Of Florida Inc
2635 NE 4th Ave
Pompano Beach, FL 33064

BE IT KNOWN THAT

Clean Fuels Of Florida Inc
2635 NE 4th Ave
Pompano Beach, FL 33064- 5405

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 **FLD984171256** on August 26, 2009
Insurance Carrier: **ENDURANCE AMERICAN SPECIALTY**

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, MS45601 2 6 2009
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received
(for FDEP Official Use Only)

EPA ID **F L D 9 8 4 1 7 1 2 5 6**

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**

Clean Fuels Of Florida Inc.

FEID No.

65-0759146

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

Name of Operator:

Clean Fuels Of Florida Inc.

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

2635 NE 4th Ave.

Phone Number:

954-791-9588

City or Town:

Pompano beach

State:

FL

Zip Code:

33064

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other _____

**4. Facility Physical
Location
Information**

Physical Street Address:

2635 NE 4th Ave

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

County:

Broward

If available, please attach a map or sketch of the facility boundaries.

Latitude: ____

dd mm ss .ssss

Longitude: ____

Method: _____ Datum: _____

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

A.

562112

B.

C.

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

2635 NE 4th Ave

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

**7. Facility or
Business Contact
Person**

First Name:

Steve

Last Name:

Becker

Title:

Operations
MANAGER

Phone Number:

954-791-9588

Extension:

E-Mail:

Street or P.O. Box:

2635 NE 4th Ave

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

**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:

Damon Barry Fernandez

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box:

2635 NE 4th Ave

Phone Number:

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

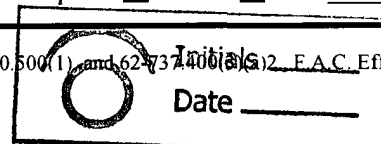
Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other _____



A. Hazardous Waste Activities:

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 EDEP.

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

(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

Insurance Company Endurance American Specialty

Address 350 Mountain Rd. Ste. E19
Pasadena, MD 21122-1294

Contact	Telephone	954-452-4900
Policy Number ECC101003860-00	Expiration date	11-03-2009

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	300
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8,000
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3000

(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


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.

FLD984171256

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	D001	2	D002	3	D003	4	D004	5	D005	6	D006	7	D007
8	F001	9	F002	10	F003	11	F004	12	F005	13	F006	14	F007
15	F008	16	F009	17	F010	18	F011	19	F012	20		21	
22		23		24		25		26	CONTINUED	27	on	28	ATTACHMENT

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 _____

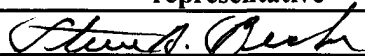
☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

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)



Steven A. Becker / Operations Manager

01-23-2009

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

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

* Block 10 Attachment

ID - For Official Use Only

IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	K 0 4 7
19	K 0 6 0
25	K 0 7 1
31	K 0 8 6
37	K 0 9 4
43	K 1 0 0
49	K 1 0 6
55	K 1 1 2
61	K 1 1 8
67	K 1 3 2
73	K 1 4 5
79	K 1 5 6
85	P 0 0 1
91	P 0 0 7
97	P 0 1 3
103	P 0 2 1
109	P 0 3 1
115	P 0 4 0
14	K 0 4 8
20	K 0 6 1
26	K 0 7 3
32	K 0 8 7
38	K 0 9 5
44	K 1 0 1
50	K 1 0 7
56	K 1 1 3
62	K 1 2 3
68	K 1 3 6
74	K 1 4 7
80	K 1 5 7
86	P 0 0 2
92	P 0 0 8
98	P 0 1 4
104	P 0 2 2
110	P 0 3 3
116	P 0 4 1
15	K 0 4 9
21	K 0 6 2
27	K 0 8 3
33	K 0 8 8
39	K 0 9 6
45	K 1 0 2
51	K 1 0 8
57	K 1 1 4
63	K 1 2 4
69	K 1 4 1
75	K 1 4 8
81	K 1 5 8
87	P 0 0 3
93	P 0 0 9
99	P 0 1 5
105	P 0 2 4
111	P 0 3 4
117	P 0 4 2
16	K 0 5 0
22	K 0 6 4
28	K 0 8 4
34	K 0 9 0
40	K 0 9 7
46	K 1 0 3
52	K 1 0 9
58	K 1 1 5
64	K 1 2 5
70	K 1 4 2
76	K 1 4 9
82	K 1 5 9
88	P 0 0 4
94	P 0 1 0
100	P 0 1 7
106	P 0 2 3
112	P 0 3 6
118	P 0 4 3
17	K 0 5 1
23	K 0 6 5
29	K 0 8 5
35	K 0 9 1
41	K 0 9 8
47	K 1 0 4
53	K 1 1 0
59	K 1 1 6
65	K 1 2 6
71	K 1 4 3
77	K 1 5 0
83	K 1 6 0
89	P 0 0 5
95	P 0 1 1
101	P 0 1 8
107	P 0 2 6
113	P 0 3 8
119	P 0 4 4
18	K 0 5 2
24	K 0 6 6
30	K 0 8 5
36	K 0 9 3
42	K 0 9 9
48	K 1 0 5
54	K 1 1 1
60	K 1 1 7
66	K 1 3 1
72	K 1 4 4
78	K 1 5 1
84	K 1 6 1
90	P 0 0 6
96	P 0 1 2
102	P 0 2 0
108	P 0 3 0
114	P 0 3 9
120	P 0 4 5

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
P 0 4 6	P 0 4 7	P 0 4 8	P 0 4 9	P 0 5 0	P 0 5 1
19	20	21	22	23	24
P 0 5 4	P 0 5 6	P 0 5 7	P 0 5 8	P 0 5 9	P 0 6 0
25	26	27	28	29	30
P 0 6 2	P 0 6 3	P 0 6 4	P 0 6 5	P 0 6 6	P 0 6 7
31	32	33	34	35	36
P 0 6 8	P 0 6 9	P 0 7 0	P 0 7 1	P 0 7 2	P 0 7 3
37	38	39	40	41	42
P 0 7 4	P 0 7 5	P 0 7 6	P 0 7 7	P 0 7 8	P 0 8 1
43	44	45	46	47	48
P 0 8 2	P 0 8 4	P 0 8 5	P 0 8 7	P 0 8 8	P 0 8 9
49	50	51	52	53	54
P 0 9 2	P 0 9 3	P 0 9 4	P 0 9 5	P 0 9 6	P 0 9 7
55	56	57	58	59	60
P 0 9 8	P 0 9 9	P 1 0 1	P 1 0 2	P 1 0 3	P 1 0 4
61	62	63	64	65	66
P 1 0 5	P 1 0 6	P 1 0 8	P 1 0 9	P 1 1 0	P 1 1 1
67	68	69	70	71	72
P 1 1 2	P 1 1 3	P 1 1 4	P 1 1 5	P 1 1 6	P 1 1 8
73	74	75	76	77	78
P 1 1 9	P 1 2 0	P 1 2 1	P 1 2 2	P 1 2 3	P 1 2 7
79	80	81	82	83	84
P 1 2 8	P 1 8 5	P 1 8 8	P 1 8 9	P 1 9 0	P 1 9 1
85	86	87	88	89	90
P 1 9 2	P 1 9 4	P 1 9 5	P 1 9 6	P 1 9 7	P 1 9 8
91	92	93	94	95	96
P 1 9 9	P 2 0 1	P 2 0 2	P 2 0 3	P 2 0 4	P 2 0 5
97	98	99	100	101	102
U 0 0 1	U 0 0 2	U 0 0 3	U 0 0 4	U 0 0 5	U 0 0 6
103	104	105	106	107	108
U 0 0 7	U 0 0 8	U 0 0 9	U 0 1 0	U 0 1 1	U 0 1 2
109	110	111	112	113	114
U 0 1 4	U 0 1 5	U 0 1 6	U 0 1 7	U 0 1 8	U 0 1 9
115	116	117	118	119	120
U 0 2 0	U 0 2 1	U 0 2 2	U 0 2 3	U 0 2 4	U 0 2 5

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IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13			
U	0	2	6
19			
U	0	3	2
25			
U	0	3	8
31			
U	0	4	5
37			
U	0	5	1
43			
U	0	5	8
49			
U	0	6	4
55			
U	0	7	1
61			
U	0	7	7
67			
U	0	8	3
73			
U	0	8	9
79			
U	0	9	5
85			
U	1	0	2
91			
U	1	0	9
97			
U	1	1	5
103			
U	1	2	1
109			
U	1	2	7
115			
U	1	3	3
14			
U	0	2	7
20			
U	0	3	3
26			
U	0	3	9
32			
U	0	4	6
38			
U	0	5	2
44			
U	0	5	9
50			
U	0	6	6
56			
U	0	7	2
62			
U	0	7	8
68			
U	0	8	4
74			
U	0	9	0
80			
U	0	9	6
86			
U	1	0	3
92			
U	1	1	0
98			
U	1	1	6
104			
U	1	2	2
110			
U	1	2	8
116			
U	1	3	4
15			
U	0	2	8
21			
U	0	3	4
27			
U	0	4	1
33			
U	0	4	7
39			
U	0	5	3
45			
U	0	6	0
51			
U	0	6	7
57			
U	0	7	3
63			
U	0	7	9
69			
U	0	8	5
75			
U	0	9	1
81			
U	0	9	7
87			
U	1	0	5
93			
U	1	1	1
99			
U	1	1	7
105			
U	1	2	3
111			
U	1	2	9
117			
U	1	3	5
16			
U	0	2	9
22			
U	0	3	5
28			
U	0	4	2
34			
U	0	4	8
40			
U	0	5	5
46			
U	0	6	1
52			
U	0	6	8
58			
U	0	7	4
64			
U	0	8	0
70			
U	0	8	6
76			
U	0	9	2
82			
U	0	9	8
88			
U	1	0	6
94			
U	1	1	2
100			
U	1	1	8
106			
U	1	2	4
112			
U	1	3	0
118			
U	1	3	6
17			
U	0	3	0
23			
U	0	3	6
29			
U	0	4	3
35			
U	0	4	9
41			
U	0	5	6
47			
U	0	6	2
53			
U	0	6	9
59			
U	0	7	5
65			
U	0	8	1
71			
U	0	8	7
77			
U	0	9	3
83			
U	0	9	9
89			
U	1	0	7
95			
U	1	1	3
101			
U	1	1	9
107			
U	1	2	5
113			
U	1	3	1
119			
U	1	3	7
18			
U	0	3	1
24			
U	0	3	7
30			
U	0	4	4
36			
U	0	5	0
42			
U	0	5	7
48			
U	0	6	3
54			
U	0	7	0
60			
U	0	7	6
66			
U	0	8	2
72			
U	0	8	8
78			
U	0	9	4
84			
U	1	0	1
90			
U	1	0	8
96			
U	1	1	4
102			
U	1	2	0
108			
U	1	2	6
114			
U	1	3	2
120			
U	1	3	8

ID - For Official Use Only

IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13			
U	1	4	0
19			
U	1	4	6
25			
U	1	5	2
31			
U	1	5	8
37			
U	1	6	4
43			
U	1	7	0
49			
U	1	7	7
55			
U	1	8	2
61			
U	1	8	8
67			
U	1	9	4
73			
U	2	0	3
79			
U	2	0	9
85			
U	2	1	6
91			
U	2	2	2
97			
U	2	3	4
103			
U	2	4	0
109			
U	2	4	9
115			
U	3	2	8
14			
U	1	4	1
20			
U	1	4	7
26			
U	1	5	3
32			
U	1	5	9
38			
U	1	6	5
44			
U	1	7	1
50			
U	1	7	8
56			
U	1	8	3
62			
U	1	8	9
68			
U	1	9	6
74			
U	2	0	4
80			
U	2	1	0
86			
U	2	1	7
92			
U	2	2	3
98			
U	2	3	5
104			
U	2	4	3
110			
U	2	7	1
116			
U	3	5	3
15			
U	1	4	2
21			
U	1	4	8
27			
U	1	5	4
33			
U	1	6	0
39			
U	1	6	6
45			
U	1	7	2
51			
U	1	7	9
57			
U	1	8	4
63			
U	1	9	0
69			
U	1	9	7
75			
U	2	0	5
81			
U	2	1	1
87			
U	2	1	8
93			
U	2	2	5
99			
U	2	3	6
105			
U	2	4	4
111			
U	2	7	7
117			
U	3	5	9
16			
U	1	4	3
22			
U	1	4	9
28			
U	1	5	5
34			
U	1	6	1
40			
U	1	6	7
46			
U	1	7	3
52			
U	1	8	0
58			
U	1	8	5
64			
U	1	9	1
70			
U	2	0	0
76			
U	2	0	6
82			
U	2	1	3
88			
U	2	1	9
94			
U	2	2	6
100			
U	2	3	7
106			
U	2	4	6
112			
U	2	7	8
118			
U	3	6	4
17			
U	1	4	4
23			
U	1	5	0
29			
U	1	5	6
35			
U	1	6	2
41			
U	1	6	8
47			
U	1	7	4
53			
U	1	8	1
59			
U	1	8	6
65			
U	1	9	2
71			
U	2	0	1
77			
U	2	0	7
83			
U	2	1	4
89			
U	2	2	0
95			
U	2	2	7
101			
U	2	3	8
107			
U	2	4	7
113			
U	2	7	9
119			
U	3	6	5
18			
U	1	4	5
24			
U	1	5	1
30			
U	1	5	7
36			
U	1	6	3
42			
U	1	6	9
48			
U	1	7	6
54			
U	1	8	1
60			
U	1	8	7
66			
U	1	9	3
72			
U	2	0	2
78			
U	2	0	8
84			
U	2	1	5
90			
U	2	2	1
96			
U	2	2	8
102			
U	2	3	9
108			
U	2	4	8
114			
U	2	8	0
120			
U	3	6	6

ID - For Official Use Only

IX. Description of Regulated Wastes (Continued; Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U 3 6 7	U 3 7 2	U 3 7 3	U 3 7 5	U 3 7 6	U 3 7 7
19	20	21	22	23	24
U 3 7 8	U 3 7 9	U 3 8 1	U 3 8 2	U 3 8 3	U 3 8 4
25	26	27	28	29	30
U 3 8 5	U 3 8 6	U 3 8 7	U 3 8 9	U 3 9 0	U 3 9 1
31	32	33	34	35	36
U 3 9 2	U 3 9 3	U 3 9 4	U 3 9 5	U 3 9 6	U 4 0 0
37	38	39	40	41	42
U 4 0 1	U 4 0 2	U 4 0 3	U 4 0 4	U 4 0 7	U 4 0 9
43	44	45	46	47	48
U 4 1 0	U 4 1 1				
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. ENDURANCE AMERICAN SPECIALTY INC. CO.
(Name of Insurer)

(the "Insurer"), of 350 MOUNTAIN RD, SUITE E19, PASADENA, MD 21122-1894
(Address of Insurer)

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

Clean Fuels of Florida Inc.
(Name of Insured)

(the "Insured"), of 2635 N.E. 4th Ave Pompano Bch Fl 33064
(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 ID No.	Name	Location
FLD984171251	Clean Fuels of Florida Inc.	2635 NE 4th Ave. Pompano Bch, FL 33064

(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 EC101003260, issued on 11/3/08.

The effective date of said policy is 11/3/08 (date)
is 11/3/09 (date) and the expiration date of said policy
(date)

This insurance is excess and the company shall not be liable for amounts in excess of
\$ _____ 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 _____ (date). The effective date of
said policy is _____ (date) and the expiration date of said policy is _____ (date).

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

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

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

P Woodard
(Signature of Authorized Representative of Insurer)

PATRICIA M WOODARD
(Typed name)

MANAGER
(Title)

Authorized Representative of

ENDURANCE AMERICAN SPECIALTY INS CO.
(Name of Insurer)

1835 BANKS ROAD, MARLBATE, FL 33063
(Address of Representative)

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID MR CLEAN-1	DATE (MM/DD/YYYY) 01/23/09
PRODUCER BB Insurance Marketing, Inc. P.O. Box 551267 Fort Lauderdale FL 33355-1267 Phone: 954-452-4900 Fax: 954-452-0450		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 Clean Fuels of Florida, Inc. 2635 NE 4th Avenue Pompano Beach FL 33064		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Endurance American Specialty	41718
		INSURER B: National Casualty Company	11991
		INSURER C:	
		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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	ECC101003860-00	11/03/08	11/03/09	EACH OCCURRENCE
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)
		<input checked="" type="checkbox"/> Pollution-Claims				\$ 50,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				\$ 5,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY
						\$ 1,000,000
						GENERAL AGGREGATE
						\$ 2,000,000
						PRODUCTS - COMP/OP AGG
						\$ 2,000,000
B		AUTOMOBILE LIABILITY	CAO0204473	12/17/08	12/17/09	COMBINED SINGLE LIMIT (Ea accident)
		<input type="checkbox"/> ANY AUTO				\$ 750,000
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				\$
		<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)
<input type="checkbox"/> NON-OWNED AUTOS	\$					
						PROPERTY DAMAGE (Per accident)
						\$
		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				WC STATUTORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTH-ER
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT
		OTHER				E.L. DISEASE - EA EMPLOYEE
						E.L. DISEASE - POLICY LIMIT
						\$

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

Environmental service provider located at 2635 NE 4th Ave. Pompano Beach, FL 33064. Certificate holder is listed a additional insured with respect to General Liability only if required by written contract.*Except 10 days notice for non-payment of premium.

CERTIFICATE HOLDER

DEPTARE Florida Dept of Environmental Protection, Hazardous Waste Mgt SecMS4555 Twin Towers Ofc Bldg 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 Jason Brown
---	---

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

The Certificate of Insurance on the reverse side of this form 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.

CHECKLIST: This sheet must be signed and returned with your renewal registration.

Email Contact Name and address (if you would like to be included in our listserver):

☒

Registration Form. Please be sure that it is signed.

☒

Registration Fee. \$100.00. Please make checks payable to the Florida Department of Environmental Protection. (*Permitted Processors are not required to remit fee*)

This company is a Used Oil Processor, Used Oil Permit Number: _____, and is exempt from the registration fee.

This company is a Used Oil Burner (off-spec), Air Permit Number: _____

This company transports *only used oil filters and is exempt* from the certification, insurance, record keeping and reporting requirements of Rule 62-710, F.A.C.

Used Oil Transporter Training Certification: Rule 62-710, Florida Administrative Code (F.A.C.), Used Oil Management, was amended, effective June 9, 2005. To maintain Certification through this Department, ALL Used Oil Transporters who have previously submitted a Used Oil training program to this Department MUST provide evidence that their training program currently addresses the amendments. In particular, the updates should include:

1. The procedure used to ensure that a copy of the shipping papers for a load of used oil is left with the generator as required in Rule 62-710.510(2), F.A.C.
2. Evidence of compliance with Rule 62-710.600(2)(b)(3), F.A.C., which requires a Used Oil Transporter Training Program to include "A detailed description of the company's standard operating procedure for halogen screening at each pick up location. This description shall include instrument specifications and capabilities, calibration methods and frequency, procedures addressing the handling of loads which indicate halogen levels in excess of 1,000 ppm, and record keeping procedures for all loads accepted or refused."
3. Evidence of liability insurance for the minimum amount of \$1 million, which covers pollution liability, in accordance with the requirements of Rule 62-710.600(2)(e), F.A.C.
4. Evidence that company employees are made aware of the circumstances under which a Department Certification can be revoked, which are described in Rule 62-710.600(4), F.A.C.

Proof of Insurance: (Indicate which response applies.)

☒

Certificate of Liability Insurance Form 62-710.901(4) signed by insurance company.

☒

Certificate of Insurance (ACORD) signed by insurance company for the **renewal of an existing policy** previously filed on a Certificate of Liability Insurance Form.

Steven A. Becker

Name (Printed)

Steven A. Becker

Signature

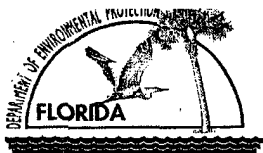
7-28-09

Date



HALOGEN SCREENING PLAN

1. Continue to profile for approval based on generator knowledge for shipment to Giant Resource Recovery for processing.
2. Prior to pickup from customer, a halogen-screening test will be performed using the model 55200 Mastercool Inc. Electronic halogen detector.
3. If oil passes halogen detection screening (less than 1000 ppm) it will be noted on the manifest, customer and driver will initial showing said test results and oil will be transported off site as (NON REGULATED OIL)
4. If oil does not pass halogen detection screening (greater than 1000 ppm), a new profile will be submitted for a (COMBUSTIBLE LIQUID) The drum will be left at customers location until said profile has been processed and Approved for shipment to receiving facility for processing as a Hazardous Material
5. Record keeping will be done using the South Carolina Manifest, which contains all information needed to meet 62-710.510 F.A.C. Sample attached.
6. The Model 55200 Halogen detector will be maintained per the owner's manual. The sensor tip performs at full potential for approximately 20 hours, at which time it will be replaced along with batteries to ensure unit is operating properly. Hours will be tracked based on the amount of drums Clean Fuels picks up from customers. Using a calculation of 15 minutes per drum, 4 drums will equal 1 hour of use



Department of Environmental Protection

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

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

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])
for reporting period January 1, 2007 through December 31, 2007

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: Clean Fuel of Florida Inc 2. Telephone No. (954) 791-9588
Site Address: 2635 NE 4th Ave.
Pompano Beach FL 33064 3. EPA ID No. FLD 984 171 256

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) Steven A. Becker
Title Operations Manager Phone number (if different from #2, above) () Sam.

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

Used Oil: o 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

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

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
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	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.....
2. Number of used oil filters collected.....
3. Total number of used oil filters on hand at beginning of year.....
4. Disposition of used oil filters collected:
 - a. Transferred to another registered facility.....
 - b. Burned for energy recovery at a Waste-To-Energy facility.....
 - c. Transferred directly to a metal foundry for recycling.....
 - d. TOTAL.....
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....
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.....

0	
0	
0	
0	
0	
0	
0	
0	
0	
0	
0	

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 4555, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: sebrene.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: richard.neves@dep.state.fl.us