



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

October 12, 2009

Robert McFeeley
Crowley Liner Services Inc
PO Box 2110
Jacksonville, FL 32203-2110

Re: Florida Hazardous Waste Transporter Approval

Dear Robert McFeeley:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Robert McFeeley
October 12, 2009
Page Two

If you intend to operate a hazardous waste transfer facility, please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C. Also, please review the attached letter of March 11, 2009 addressed to all hazardous waste transporters who have notified of existing transfer facilities, subject: Required Submittal of Supplemental Information.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section

RN

Enclosures: Hazardous Waste Transporter Approval Certificate
Hazardous Waste Transporter Status Form (with insurance verification)
Sections [62-730.170](#) and [62-730.171](#) , FAC



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HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Crowley Liner Services Inc

FACILITY ID NO: FLR000054221

FACILITY ADDRESS: 3001 Talleyrand Ave
Jacksonville, FL 32206-3474

INSURANCE CARRIER: ACE AMERICAN INSURANCE

INSURANCE POLICY#: ISAH08254382

EFFECTIVE DATE: April 01, 2009

EXPIRATION DATE: February 15, 2010

APPROVED TRANSFER FACILITY: YES

APPROVAL ISSUED BY: Aprilia Graves DATE: October 12, 2009
Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section
850/245-8755

Are your services commercially available? Yes

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: Crowley Liner Service

Transporter EPA ID: FLD 085 092 146

Location Address: 1163 Talleyrand Avenue

Jacksonville FL 32206

Contact: Mike Lesser Telephone: 904-727-2449

Mailing Address: 9487 Regency Square Blvd

Jacksonville FL 32225

II. Insurance Information:

Insurance Company

Address

ACE American Insurance Co.

Two Riverway Ste. 1100

Houston, TX 77057

Contact:

Telephone:

Policy Number: ISAH08254382

Expiration date: 2/15/2010

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 P005 P003 F002 D007 D009

Comments: Others possible - depending upon shipper

IV. Certification:

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

Michael Lesser

Print/Type Name

LR Adam ESQA

Title

urben

Signature

Aug 15 2009

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 2/15/2010 Date

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 9/14/2009

Signature of Florida Department of Environmental Protection Representative Date Signed

CROWLEY[®]

Florida Department of Environmental Protection
DEP Waste Management Division – HWRS
MS4560, 2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Att: Hazardous Waste Management Section

Enclosed are three (3) filings for three (3) locations in Florida where Crowley Liner Service performs as a Hazardous Waste Transporter.

1163 Talleyrand Avenue, Jacksonville, Florida 32206-6047
3001 Talleyrand Avenue, Jacksonville, Florida 32206
4300 McIntosh Road, Ft Lauderdale, Florida 33316-4219

Thank you



Michael Lesser

Poor Original

CROWLEY[®]

Michael Lesser
SENIOR ADMINISTRATOR, ESQA
Crowley Maritime Corporation

P.O. BOX 2110
JACKSONVILLE, FLORIDA 32203-2110


Michael.Lesser@crowley.com

Direct
904.727.2449 or
1.800.874.6769

Fax
904.727.2185

Cellular
904.571.1251

www.crowley.com

	Initials <input type="text"/>
	Date <input type="text"/>

CROWLEY®

RECEIVED

AUG 20 2009

Teresa Fuller
Florida Department of Environmental Regulation
Bob Martinez Building
2600 Blairstone Road
Tallahassee, Florida 32399-2400

BY: DSHW

Mail stop 4550

EPA ID FLD 085092146

Dear Teresa:

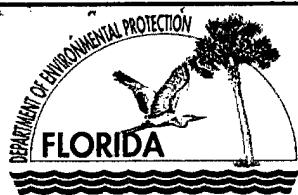
Enclosed is an update Hazardous Waste Transporter Status Form. Also enclosed is a map of our facility which is a marine terminal.

The northbound loads are parked in an area where they will not violate any DOT or USCG rule regarding segregation. The means the specific area may change week to week.

Sincerely,

Michael Lesser





8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

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

REC

APR

Date Received
(for FDEP Official Use Only)

EPA ID F L R 0 0 0 0 5 4 2 2 1

MTS

RCRA Info

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

Crowley Liner Services

FEID No.

5 9 0 8 3 5 4 8 4

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

Name of Operator:

Crowley Liner Services

☐ New Operator

Date became Operator: 05 / 10 / 07
mm dd yy

Street or P.O. Box:

3001 Talleyrand Avenue

Phone Number:

City or Town:

Jacksonville

State:

FL

Zip Code:

32206

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical Location Information

Physical Street Address:

3001 Talleyrand Avenue

City or Town:

Jacksonville

State:

FL

Zip Code:

32206

County:

Duval

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

Latitude: 3 0 2 1 2 6 3
d d m m s s . s s s s

Longitude: 8 1 3 7 3 5 3
d d m m s s . s s s s

Method:

Geocoder

Datum:

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

A.

483113

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

PO Box 2110

City or Town:

Jacksonville

State:

FL

Zip Code:

32203-2110

7. Facility or Business Contact Person

First Name:

Michael

Last Name:

Lesser

Title:

ESQA

Phone Number:

904-727-2449

Extension:

E-Mail:

Michael.Lesser@Crowley.com

Street or P.O. Box:

PO Box 2110

City or Town:

Jacksonville

State:

FL

Zip Code:

32203-2110

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:

Jacksonville Port Authority

☐ New Owner

Date became Owner: / /
mm dd yy

Street or P.O. Box:

3001 Talleyrand Avenue

Phone Number:

City or Town:

Jacksonville

State:

FL

Zip Code:

32206

Owner Type: ☐ Private

☐ Federal

☒ Municipal

☐ State

☐ Other

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 ACE American Insurance CompanyAddress Two Riverway, Suite 100, Houston, Texas 77057Contact Euan SmartTelephone 305-961-6184Policy Number ISAH08254382Expiration date February, 15, 2010d. **Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☒ Water ☐ Other - specify _____e. ☒ **Hazardous Waste Transfer Facility:**Storage Volume none☐ **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 ☐ [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

(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.

(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

(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	D001	2	F005	3	F003	4	F002	5	D007	6	D009	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.

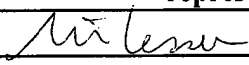
Contact _____ Phone _____

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)
	Michael Lesser SR ADM ESQA	04/01/2009

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) _____

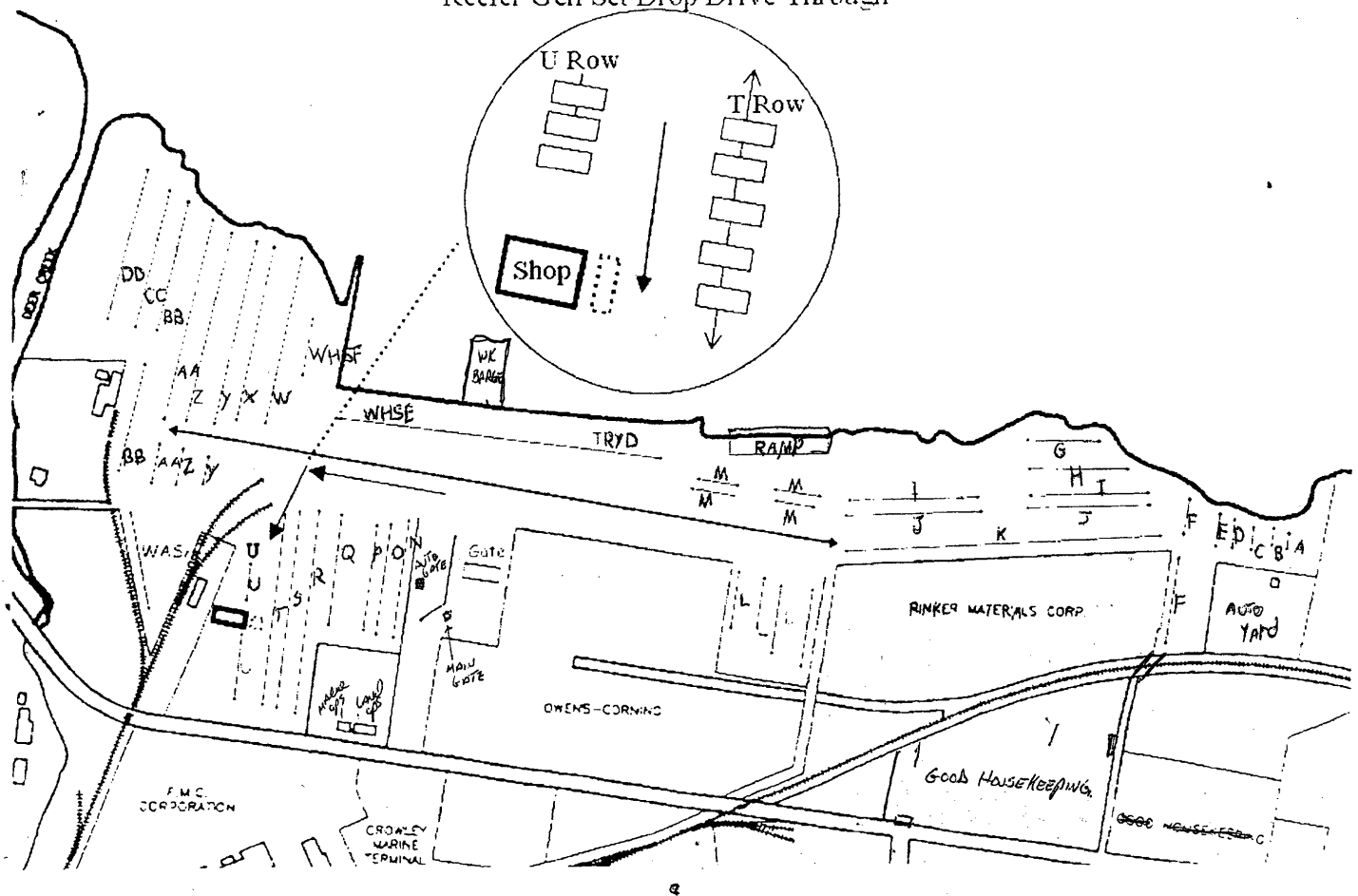
(Phone Number) _____

(E-mail Address) _____

13. Comments:

other wastes may be handled depending upon shipper

Reefer Gen Set Drop Drive Through



STATE OF FLORIDA

Poor Original

HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. ACE American Insurance Company
 (Name of Insurer)
 (the "Insurer"), of Two Riverway, Suite 1100, Houston, TX 77057
 (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

- Crowley Liner Services, Inc.
 (Name of Insured)
 (the "Insured"), of 9487 Regency Square Blvd. - Jacksonville, FL 32225
 (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:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
FLD 085 092 146	Crowley Liner Services	1163 Talleyrand, Jacksonville
FLD 000 054 221	Crowley Liner Services	3001 Talleyrand, Jacksonville
FLO 085 360 560	Crowley Liner Services	4300 McIntosh, Ft. Lauderdale

(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 \$ 5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ISAH08254382, issued on April 1, 2009.

(date)
 The effective date of said policy is April 1, 2009 and the expiration date of said policy is February 15, 2010.
 (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 _____, 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.

- (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)

Euan Smart

(Typed name) (Social Security Number)

Sr. Vice President

(Title)

Authorized Representative of

ACE American Insurance Company

(Name of Insurer)
Aon Risk Services Inc. of Florida

(Address of Representative)

1001 Brickell Bay Dr.
Miami, FL 33131