



## 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

November 10, 2009

Tony Cellucci  
Clean Harbors Florida LLC  
PO Box 859048  
Braintree, MA 2185-9048

Re: Florida Hazardous Waste Transporter Approval

Dear Tony Cellucci:

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.

Tony Cellucci  
November 10, 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



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

\*\*\*\*\*

## 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: Clean Harbors Florida LLC

FACILITY ID NO: FLD980729610

FACILITY ADDRESS: 170 Bartow Municipal Arprt  
Bartow, FL 33830-9572

INSURANCE CARRIER: ZURICH AMERICAN INSURANCE

INSURANCE POLICY#: BAP6681231-03

EFFECTIVE DATE: November 01, 2009

EXPIRATION DATE: November 01, 2010

APPROVED TRANSFER FACILITY: YES

APPROVAL ISSUED BY: Aprilia Graves DATE: November 10, 2009  
Aprilia Graves  
Engineering Specialist IV  
Hazardous Waste Regulation Section  
850/245-8755

## Noland, Tiffaney

---

**From:** Tripp, Anthony  
**Sent:** Tuesday, November 10, 2009 1:06 PM  
**To:** Noland, Tiffaney  
**Cc:** Graves, Aprilia  
**Subject:** RE: Clean Harbors -Bartow

Clean Harbors – Bartow has submitted all of their hazardous waste transfer information for 2009 and meets the annual notification requirements.

Anthony R. Tripp, Ph.D., P.E.  
Professional Engineer III  
Hazardous Waste Regulation Section  
(850) 245-8766

---

**From:** Noland, Tiffaney  
**Sent:** Tuesday, November 10, 2009 12:47 PM  
**To:** Tripp, Anthony  
**Cc:** Graves, Aprilia  
**Subject:** Clean Harbors -Bartow

Hi Tony,

We just received a registration and I noticed that they are a HWTF. Have you received their Transfer Facility info. yet?

7703	353847	FLD980729610	HWG CLEAN HARBORS RHWT FLORIDA LLC - RUOH 11/1/2009</SPAN< RMH font>	BARTOW	11/3/2009	7	Subsequent Notification	Logged- 11/5/2009	Completeness Review	Noland T	▶
------	--------	--------------	---	--------	-----------	---	----------------------------	----------------------	------------------------	----------	---

Thanks,  
Tiff

*Tiffaney Noland*  
*Florida Dept of Envriionmental Protection*  
*2600 Blair Stone Rd.*  
*Tallahassee, FL 32327*  
*Office: (850)245-8727*  
*Fax: (850)245-8803*  
[Tiffaney.Noland@dep.state.fl.us](mailto:Tiffaney.Noland@dep.state.fl.us)



Clean Harbors Environmental Services, Inc.

PO Box 9149

42 Longwater Drive

Norwell, MA 02061-9149

781-792-5000

www.cleanharbors.com

November 2, 2009

Ms. Sebrena Bolton  
Department of Environmental Protection  
Hazardous Waste Management Section  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

Dear Ms. Bolton,

Please accept the following Hazardous Waste Transporter Renewal from Clean Harbors Environmental Services, Inc. and Transfer facility permit for Bartow, FL. I have enclosed the application, and a copy of our insurance certificate.

Should you have any questions please contact me at (781) 792-5764.

Sincerely,

A handwritten signature in cursive script that reads "Rita Powers".

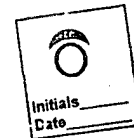
Rita Powers

Transportation Compliance Specialist

RECEIVED

NOV 03 2009

BY: BSHW



**Powers, Rita M**

---

**From:** Powers, Rita M  
**Sent:** Wednesday, October 28, 2009 10:42 AM  
**To:** sebrena.bolton@dep.state.fl.us  
**Subject:** FW: FL renewals  
**Importance:** High  
**Attachments:** 1299\_001.pdf

Hey Sebrena!

Hope all is well with you. ☺

I'm attaching renewal application packages for our transportation permit, and Bartow facility transfer permit renewal.

I understand that the attached certificate of insurance expires 11/1/09, we will be receiving a renewed certificate, hopefully tomorrow. I just wanted to get our renewal packages to you since they also expire 11/1. If you could kindly email our renewed transportation permit and transfer facility permit, it would be greatly appreciated. I am in the process of getting our paperwork completed for our Mirimar facility transfer permit.

Please let me know if you need anything else.  
Thanks,  
Rita ☺

---

Rita Powers  
Transportation Compliance Supervisor  
Clean Harbors Environmental Services  
42 Longwater Drive  
PO Box 9149  
Norwell, MA 02061-9149  
Office: 781.792.5764  
Mobile: 781.589.1806  
Fax: 781.792.5901  
Email: [powersr@cleanharbors.com](mailto:powersr@cleanharbors.com)  
Web: [www.cleanharbors.com](http://www.cleanharbors.com)

---

---

**From:** executiveoffices@cleanharbors.com [mailto:executiveoffices@cleanharbors.com]  
**Sent:** Wednesday, October 28, 2009 11:37 AM  
**To:** Powers, Rita M  
**Subject:** Attached Image

10/28/2009



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

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

Date Received  
(for FDEP Official Use Only)

EPA ID **F L D 9 8 0 7 2 9 6 1 0**

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?

NOV 03 2009

BY: **BSHW**

## 2. Facility or Business Name

Clean Harbors Florida, LLC

FEID No.

**0 4 2 6 9 8 9 9 9**

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

Name of Operator:

Clean Harbors Florida, LLC

☐ New Operator

Date became Operator:      /      /       
mm dd yy

Street or P.O. Box:

170 Bartow Municipal Airport

Phone Number:

863-519-6319

City or Town:

Bartow

State:

FL

Zip Code:

33830

Operator Type:

☐ Private

☐ Federal

☒ Municipal

☐ State

☐ Other

## 4. Facility Physical Location Information

Physical Street Address:

170 Bartow Municipal Airport

City or Town:

Bartow

State:

FL

Zip Code:

33830

County:

Polk

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

Latitude: 2 7 5 7 0 5 North Longitude: 8 1 4 7 0 9 West Method:  
dd mm ss.ssss dd mm ss.ssss Datum:

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

A.

562211

B.

C.

D.

## 6. Facility or Business Mailing Address

Street Address or P.O. Box:

42 Longwater Drive

City or Town:

Norwell

State:

MA

Zip Code:

02061

## 7. Facility or Business Contact Person

First Name:

Anthony

Last Name:

Cellucci

Title:

VP-Trans Compl.

Phone Number:

781-792-5760

Extension:

E-Mail: cellucci.anthony@cleanharbors.com

Street or P.O. Box:

PO Box 9149

City or Town:

Norwell

State:

MA

Zip Code:

02061

## 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:

City of Bartow Municipal Airport Authority

☐ New Owner

Date became Owner:      /      /       
mm dd yy

Street or P.O. Box:

PO Box 650

Phone Number:

863-533-1195

City or Town:

Bartow

State:

FL

Zip Code:

33831-0650

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 Zurich American Ins. CompanyAddress 1400 American Lane  
Schaumburg, IL 60196

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Policy Number BAP 6681231-03 Expiration date 11/1/2010**d. Transportation Mode** ☒ Air ☒ Rail ☒ Highway ☒ Water ☐ Other - specify \_\_\_\_\_**e. ☒ Hazardous Waste Transfer Facility:** Storage Volume Approx 244,000 gls. ☒☐ **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 checked="" type="checkbox"/>	Annual report on file; next due 2010
b. Pesticides	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

**(3) Mercury Recovery and/or Reclamation Facility** ☐ [Chapter 62-737, F.A.C.] Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

**(4) Reverse Distributor of UW** ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

**(5) Destination Facility for UW** ☒ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**C. Used Oil Activities:****(1) Used Oil Transporter - indicate type(s) of activity(ies):**

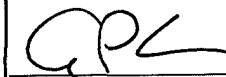
- ☐ a. Transporter
- ☒ b. Transfer Facility

**(2) ☐ Collection Center****(3) ☐ Used Oil Processor** (A permit is required for this activity.)**(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☐ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

**8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the 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

Anthony P. Cellucci

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.

FLD980729610

**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.

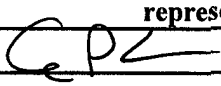
Contact \_\_\_\_\_ Phone \_\_\_\_\_

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)
	Anthony P. Cellucci- VP Trans Compl.	8. 10-28-09

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

Stephen Berman

863-519-6319

berman.stephen@cleanharbors.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/30/2009

Page 1 of 3

<b>PRODUCER</b>  Willis of Massachusetts, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191		<b>877-945-7378</b>		<b>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.</b>	
<b>INSURED</b>  Clean Harbors Environmental Services, Inc. and its affiliates 42 Longwater Drive Norwell, MA 02061		<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC#</b>	
		INSURER A: Zurich American Insurance Company		16535-002	
		INSURER B: American Guarantee and Liability Insurance		26247-003	
		INSURER C: Steadfast Insurance Company		26387-001	
		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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	GLO 9681229-03	11/1/2009	11/1/2010	EACH OCCURRENCE	\$ 2,000,000	
	<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"/> XCU				PERSONAL & ADV INJURY	\$ 2,000,000	
	<input checked="" type="checkbox"/> Contractual				GENERAL AGGREGATE	\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY	BAP 6681231-03	11/1/2009	11/1/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input checked="" type="checkbox"/> MCS-90						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$	
B	EXCESS / UMBRELLA LIABILITY	AUC4275262-05	11/1/2009	11/1/2010	EACH OCCURRENCE	\$ 10,000,000	
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 10,000,000	
	<input type="checkbox"/> DEDUCTIBLE					\$	
	<input type="checkbox"/> RETENTION \$					\$	
						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 9681232-03	11/1/2009	11/1/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				E.L. EACH ACCIDENT	\$ 2,000,000	
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000	
					E.L. DISEASE - POLICY LIMIT	\$ 2,000,000	
C	OTHER Contractors Pollution Liability	PEC 3656681-14 CPL	11/1/2009	11/1/2010	\$10,000,000 Each Claim \$10,000,000 All Claims		

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

Scope of Work: Renewal of Florida hazardous waste transportation permit for 2009.

See Attached:

## CERTIFICATE HOLDER

## CANCELLATION

Florida Dept. of Environmental Protection- Hazardous Waste Management 2600 Blair Stone Road Tallahassee, FL 32399-2400	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 

**Willis****CERTIFICATE OF LIABILITY INSURANCE**

Page 2 of 3

DATE  
10/30/2009

<b>PRODUCER</b>  877-945-7378  Willis of Massachusetts, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191		<b>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.</b>		
<b>INSURED</b>  Clean Harbors Environmental Services, Inc. and its affiliates 42 Longwater Drive Norwell, MA 02061		<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC#</b>
		INSURER A: Zurich American Insurance Company		16535-002
		INSURER B: American Guarantee and Liability Insuranc		26247-003
		INSURER C: Steadfast Insurance Company		26387-001
		INSURER D:		
		INSURER E:		

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

Environmental Impairment Liability  
Policy Number: PLC374393610  
Carrier: Steadfast Insurance Company 26387  
Policy Term: 11/1/09-11/1/10  
Limits: \$10,000,000 Each Claim / \$10,000,000 Aggregate

**ENDORSEMENT FOR  
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY  
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Form Approved  
OMB No. 2125-0074

Issued to Clean Harbors Environmental Services, Inc. \_\_\_\_\_ of Norwell, MA \_\_\_\_\_

Dated at Boston, MA \_\_\_\_\_ this 28th \_\_\_\_\_ day of October \_\_\_\_\_, 2009

Amending Policy No. BAP6681231-03 \_\_\_\_\_ Effective Date 11/1/2009 \_\_\_\_\_

Name of Insurance Company Zurich American Insurance Company \_\_\_\_\_

Telephone Number (617) 570-8800

Countersigned by \_\_\_\_\_

Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "X", for the limits shown:

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$5,000,000 \_\_\_\_\_ for each accident.
- ☐ 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.

Whenever required by the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**ACCIDENT** includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**MOTOR VEHICLE** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**BODILY INJURY** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**ENVIRONMENTAL RESTORATION** means restitution for the

loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**PROPERTY DAMAGE** means damage to or loss of use of tangible property.

**PUBLIC LIABILITY** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other

endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The Motor Carrier Act of 1980 requires limits of financial responsibility according to the type of carriage and commodity transported by the motor carrier. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

THE SCHEDULE OF LIMITS SHOWN ON THE NEXT PAGE DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information purposes only.

**SCHEDULE OF LIMITS**  
**Public Liability**

Type of Carriage	Commodity Transported	Minimum Insurance
(1) For-hire (In interstate or foreign commerce).	Property (nonhazardous).	\$ 750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Divisions 1.1, 1.2, and 1.3 materials; any quantity of Division 2.3 Hazard Zone A or Division 6.1, Packing Group 1, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	5,000,000
(3) For-hire and Private (In interstate or foreign commerce: in any quantity) or (In intrastate commerce: in bulk only).	Oil listed in 49 CFR 172.101, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	1,000,000
(4) For-hire and Private (In interstate or foreign commerce).	Any quantity of Division 1.1, 1.2 or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group 1, Hazard Zone A material; or highway route controlled quantities of Class 7 material as defined in 49 CFR 173.403.	5,000,000

**Note:** The type of carriage listed under (1), (2), and (3) applies to vehicles with a gross vehicle weight rating of 10,000 pounds or more. The type of carriage listed under number (4) applies to all vehicles with a gross vehicle weight rating of less than 10,000 pounds.

**SCHEDULE OF LIMITS**  
**Public Liability**

For-hire motor carriers of passengers operating in interstate or foreign commerce

Vehicle Seating Capacity	Minimum Insurance
(1) Any vehicle with a seating capacity of 16 passengers or more.	\$ 5,000,000
(2) Any vehicle with a seating capacity of 15 passengers or less.	1,500,000