



# 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 18, 2009

Earle Kubat  
Lacy's Express, Inc  
PO Box 130  
Pedricktown, NJ 8067-130

Re: Florida Hazardous Waste Transporter Approval

Dear Earle Kubat:

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.

Earle Kubat  
November 18, 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 cursive script that reads "Aprilia Graves". The signature is written in black ink and is positioned below the word "Sincerely,".

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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2600 Blairstone Road  
Tallahassee, Florida 32399-2400

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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: Lacy's Express, Inc

FACILITY ID NO: NJD046555033

FACILITY ADDRESS: 26 EAST MILL STREET  
PEDRICKTOWN, NJ 08067-0130

INSURANCE CARRIER: ZURICH AMERICAN INSURANCE

INSURANCE POLICY#: BAP3571594-10

EFFECTIVE DATE: November 06, 2009

EXPIRATION DATE: November 06, 2010

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Aprilia Graves DATE: November 18, 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: LACY'S EXPRESS, INCORPORATED  
Transporter EPA ID: NJD 046 555 033  
Location Address: 26 EAST MILL STREET  
PEDRICKTOWN, NEW JERSEY 08067

Contact: EARLE O. KUBAT Telephone: (856) 299 2569  
Mailing Address: P.O. BOX 130 PEDRICKTOWN, NEW JERSEY 08067

II. Insurance Information:

Insurance Company: Zurich American Insurance Company  
~~AMERICAN GUARANTEE & LIABILITY INS CO.~~  
Address: 1400 AMERICAN LANE  
SCHAUMBURG, IL 60196-1056  
Contact: EDWARD SNOW Telephone: (610) 328 7555  
Policy Number: BAP3571594-09 10  
Expiration date: 11/06/2009 10

III. Waste Information:

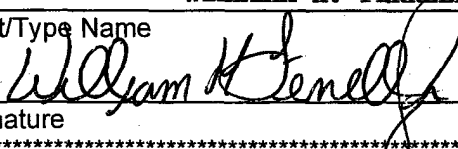
EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D007 D008 D011 F002 F003 F005

Comments: \_\_\_\_\_  
\_\_\_\_\_

IV. Certification:

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

<u>WILLIAM H. FERRELL, JR.</u>	<u>PRESIDENT</u>
Print/Type Name	Title
	<u>10/12/2009</u>
Signature	Date Signed

\*\*\*\*\*

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 11/06/10  
Date

APPROVED by Sebrina L. Bolton, changes approved by the Certifier by phone 11/17/2009

Signature of Florida Department of Environmental Protection Representative Date Signed

# LACY'S EXPRESS INC.

P.O. BOX 130  
PEDRICKTOWN, NJ 08067

PHONE: 856-299-2569

"Safe Transportation is Our Business"

FAX: 856-299-8532

RECEIVED

OCT 20 2009

OCTOBER 12, 2009

BY: BSHW

EPA ID NOTIFICATION COORDINATOR  
HAZARDOUS WASTE REGULATION SECTION MS 4560  
DEPT OF ENVIRONMENTAL PROTECTION  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

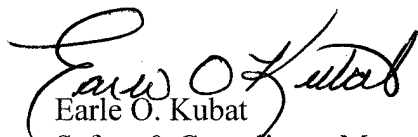
Re: Hazardous Waste Transporter Certificate of Approval  
Renewal Application

Dear Sir / Madame:

Enclosed, please find a completed 8700-12FL form and Transporter Status Form for your review and consideration in regard to our annual renewal.

As required, I have also included our current Acord Certificate of Liability Insurance Certificate. Consistent with each year at the time of our renewal, it is recognized that our liability insurance policy expires shortly after the submittal of our renewal application. , Consistent with this fact each year, our Insurance Carrier will immediately forward a renewed copy of our certificate to The Florida Dept of Environmental Protection upon it going in to effect.

If you should have any comments or questions relative to our renewal application, do not hesitate in contacting me at Lacy's Express, Inc. for a prompt response.



Earle O. Kubat

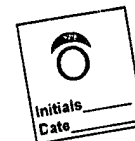
Safety & Compliance Mgr

Lacy's Express, Inc.

PH: 856 299 2569

FAX: 856 299 8532

Email: [bkubat@lacysexpress.com](mailto:bkubat@lacysexpress.com)





# 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 NJD046555033

MTS

RCRA Info

1. Reason for Submittal

OCT 26 2009

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 Name

Business Name

LACY'S EXPRESS, INCORPORATED

FEID No.

221804734

3. Facility Operator

(List additional Operators in the comments section).

Name of Operator:

LACY'S EXPRESS, INC

☐ New Operator

Date became Operator: 06/05/1965  
mm dd yy

Street or P.O. Box:

P.O. Box 130

Phone Number:

856-299-2569

City or Town:

PEDRICKTOWN,

State:

N.J.

Zip Code:

08067

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical Location Information

Physical Street Address:

26 EAST MILL ST.

City or Town:

PEDRICKTOWN

State:

N.J.

Zip Code:

08067

County:

SALEM

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

Latitude:

dd

mm

ss

ssss

Longitude:

dd

mm

ss

ssss

Method:

Datum:

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

A.

484230

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

26 EAST MILL ST. / P.O. Box 130

City or Town:

PEDRICKTOWN

State:

N.J.

Zip Code:

08067

7. Facility or Business Contact Person

First Name:

EARLE

Last Name:

KUBAT

Title:

HSSE MGR

Phone Number:

856 299 2569

Extension:

16

E-Mail:

bkubat@lacysexpress.com

Street or P.O. Box:

26 E. MILL ST / P.O. Box 130

City or Town:

PEDRICKTOWN,

State:

N.J.

Zip Code:

08067

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:

☐ New Owner

Date became Owner: \_\_\_/\_\_\_/\_\_\_  
mm dd yy

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

Owner Type: ☐ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**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 AMERICAN GUARANTEE & LIABILITY INSURANCE CO.Address 1400 AMERICAN LANESCHAUMBURG, IL 60196-1056Contact EDWARD SNOWTelephone (610) 328 7555Policy Number BAP3571594-09Expiration date 11/06/2009d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_e. ☐ **Hazardous Waste Transfer Facility:** Storage Volume \_\_\_\_\_☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ Notification of changes in above items
- ☐ Annual update notification

**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):**

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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

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

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

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

- ☐ a. Transporter
- ☐ b. Transfer Facility

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

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

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

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
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.

NJD046555033

**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	D007	4	D008	5	D011	6	F002	7	F003
8	F005	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)
	WILLIAM H. FERRELL, JR.	10/12/2009
	PRESIDENT	
	<i>William H. Ferrell</i>	

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

EARLE "BUD" KUBAT

(856) 299 2569

bkubat@lacysexpress.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

EPA ID No.

NJD046555033

**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	D007	4	D008	5	D011	6	F002	7	F003
8	F005	9		10		11		12		13		14	
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	

**11. Other Status Changes (Mark 'X' in all that apply):****A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☒ (3) Other (explain) NON - HANDLER

**B. Facility Closed**

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

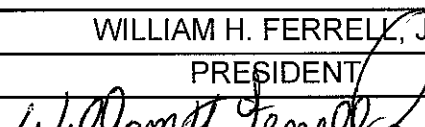
Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

**12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	WILLIAM H. FERRELL, JR.	10/12/2009
	PRESIDENT	
		

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

EARLE "BUD" KUBAT

(856) 299 2569

bkubat@lacyssexpress.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

# The Carman Corporation

900 W. Sproul Road, Suite #104 \* Springfield, PA 19064  
610-328-7555 \* 800-801-1161 \* Fax 610-328-7557

November 4, 2009

**RECEIVED**

Attn: Sebrena Bolton  
State of Florida EPA  
2600 Blair Stone Road  
MS4550  
Tallahassee, FL 32399-2400

**BY: BSHW**

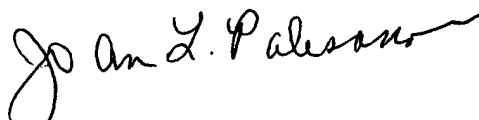
RE: **LACY'S EXPRESS, INC.  
CERTIFICATE OF LIABILITY**

Dear Sebrena:

With respect to the above captioned subject, enclosed please find a Certificate of Liability Insurance issued on the State of Florida's form.

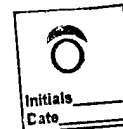
I trust that this information is satisfactory for your purposes. However, should you have any questions whatsoever, please do not hesitate to contact me directly. Thank you.

Sincerely,



JoAnn L. Palesano  
Administrative Assistant

jlp  
Enclosure



cc: Bud Kubat  
Lacy's Express, Inc.  
w/Enclosure  
Sent Via E-Mail

RECEIVED

NOV 9 9 2009

DEP Form # 17-730.900(5)(a)  
Form Title: HWF Transporter Certificate of  
Liability Insurance  
Effective Date: 1-29-06  
DEP Application #

BY: BSHW

**STATE OF FLORIDA  
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY  
INSURANCE**

1. ZURICH AMERICAN INSURANCE COMPANY  
(Name of Insurer)

(the "Insurer"), of 1400 AMERICAN LANE, SCHAUMBURG, IL 60196-1056  
(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

LACY'S EXPRESS, INC.  
(Name of Insured)

(the "Insured"), of 26-40 MILL STREET, PEDRICKTOWN, NJ 08067  
(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>
EPA#NJD046555033	LACY'S EXPRESS, INC.	26-40 MILL STREET PEDRICKTOWN, NJ 08067

(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 BAP3571594-10 issued on 11/06/2009.  
(date)

The effective date of said policy is 11/06/2009 and the expiration date of said policy  
(date)  
is 11/06/2010.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ 4,000,000 for each accident in excess of the underlying limit of  
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number SUO587192107, issued on 11/06/2009. The effective date of  
(date)  
said policy is 11/06/2009 and the expiration date of said policy is 11/06/2010.  
(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)

EDWARD E. SNOW

(Typed name)

CIC, AAI, MS

(Title)

Authorized Representative of

ZURICH AMERICAN INSURANCE COMPANY

(Name of Insurer)

1400 AMERICAN LANE  
SCHAUMBURG, IL 60196-1056

(Address of Representative)

**ACORD**™ **CERTIFICATE OF LIABILITY INSURANCE**DATE  
10/30/2009PRODUCER  
THE CARMAN CORPORATION  
900 WEST SPROUL ROAD  
SUITE # 104  
SPRINGFIELD PA 19064-

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.

## INSURERS AFFORDING COVERAGE

INSURED  
LACY'S EXPRESS INC.; W.H. FERRELL'S OIL & GAS  
SERV. INC; BBJ ENTERPRISES LLC  
P. O. BOX 130  
PEDRICKTOWN NJ 08067-INSURER A: ZURICH AMERICAN INSURANCE COMPANY  
INSURER B: STEADFAST INSURANCE COMPANY  
INSURER C: FIREMAN'S FUND INSURANCE COMPANY  
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GLO 3571593-10	11/06/2009	11/06/2010	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> CONTRACT. LIAB.		/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		/ /	/ /	PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY	BAP 3571594-10	11/06/2009	11/06/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<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 checked="" type="checkbox"/> HIRED AUTOS		/ /	/ /	AUTO ONLY - EA ACCIDENT \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	OTHER THAN EA ACC AGG \$
	<input checked="" type="checkbox"/> TRAILER INTERCHANGE	\$80,000 W/ \$1,000 DED	/ /	/ /	
	<input checked="" type="checkbox"/> MCS-90 & CA9948				
	GARAGE LIABILITY		/ /	/ /	
	<input type="checkbox"/> ANY AUTO		/ /	/ /	
B	EXCESS LIABILITY	SUO5871921-07	11/06/2009	11/06/2010	EACH OCCURRENCE \$ 4,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 4,000,000
	<input type="checkbox"/> DEDUCTIBLE	INCLUDES MCS90	/ /	/ /	\$
	<input checked="" type="checkbox"/> RETENTION \$10,000		/ /	/ /	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATUTORY LIMITS OTH-ER
			/ /	/ /	E.L. EACH ACCIDENT \$
			/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$
			/ /	/ /	E.L. DISEASE - POLICY LIMIT \$
C	OTHER				
	MOTOR TRUCK CARGO	MXI97370007	07/01/2009	07/01/2010	ANY ONE VEHICLE 250,000
					DEDUCTIBLE 5,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
ALL COVERAGES SUBJECT TO COMPANY POLICY FORMS, CONDITIONS AND EXCLUSIONS.

## CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: \_\_\_\_\_

## CANCELLATION

FL DEPT OF ENVIRONMENTAL PROTECTION  
HAZ. WASTE MGMT SECTION MS4555  
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 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



## **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.

**62-730.170 Standards Applicable to Transporters of Hazardous Waste.**

(1) The Department adopts by reference 40 CFR Part 263 revised as of July 1, 2007.

(2) In addition to the requirements of subsection (1) of this rule, no person shall transport a hazardous waste within the state for which either a manifest is required under 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] or a reclamation agreement is entered between a generator and recycler pursuant to 40 CFR 263.20 [as adopted in subsection 62-730.170(1), F.A.C.] unless compliance with the following special requirements have been demonstrated.

(a) The transporter shall have and maintain financial responsibility for sudden accidental occurrences in a minimum amount of \$1,000,000 per occurrence for combined coverage of injury to persons and for damage to property and the environment from the spillage of hazardous waste while such wastes are being transported including the costs of cleaning up the spill. Such financial responsibility shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. Such financial responsibility shall be maintained at all times, be exclusive of legal defense costs, and be established by any one or a combination of the following:

1. Evidence of casualty/liability insurance on an occurrence basis with or without a deductible. With the deductible 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. Each insurance policy must be evidenced by a certificate of liability insurance or amended by attachment of an endorsement.

2. Surety bonds.

(b) Evidence of coverage shall include submittal of an originally signed copy of one or more of the following forms, which are hereby adopted and incorporated by reference:

1. Hazardous Waste Transporter Certificate of Liability Insurance, Form 62-730.900(5)(a), effective date January 29, 2006.

2. Hazardous Waste Transporter Liability Endorsement, Form 62-730.900(5)(b), effective date January 29, 2006

3. Hazardous Waste Transporter Liability Surety Bond, Form 62-730.900(5)(c), effective date January 29, 2006.

Rule 62-730.900, F.A.C., contains information on obtaining a copy of these forms.

(c) The insurance policy, including all endorsements, or the liability surety bond must be maintained at the carrier's principal place of business.

(d) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection, the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.

(e) The transporter shall annually submit to the Department two originally signed Transporter Status Forms, Form 62-730.900(5)(d), effective date January 5, 1995, which is hereby adopted and incorporated by reference. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form. The Department shall complete the approval part of the form and return one of the originally signed forms to the transporter after verifying that the transporter is complying with the financial responsibility requirements of this section. A copy of this form complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transporter. This approval is non-transferable and non-assignable.

(f) This subsection does not apply to any person who transports hazardous waste only on the site of a hazardous waste generator or a permitted hazardous waste treatment, storage, or disposal facility.

(g) States and the federal government are exempt from the requirements of this subsection.

(3) Evidence of financial responsibility, updated for the current year, shall be verified annually by the submission of the appropriate form described in paragraph (2)(b) of this section or by the submission of a certificate of insurance. A certificate of insurance shall include a certification by the insurer that the original insurance policy and all endorsements are still in full force and effect as evidenced on the original forms submitted to the Department.

*Specific Authority 403.704, 403.721, 403.724, 403.8055 FS. Law Implemented 403.704, 403.721, 403.724 FS. History—New 11-8-81, Amended 5-31-84, 9-13-84, Formerly 17-30.17, Amended 9-19-86, 3-31-87, 5-26-87, 6-28-88, Formerly 17-30.170, Amended 1-25-89, 8-13-90, 9-10-91, 10-14-92, 10-7-93, Formerly 17-730.170, Amended 1-5-95, 4-30-97, 8-19-98, 2-4-00, 12-20-00, 8-1-02, 10-1-04, 1-29-06, 4-6-06, 5-1-07, 4-25-08.*



#### **62-730.171 Transfer Facilities.**

(1) 40 CFR 263.12 [as adopted by reference in subsection 62-730.170(1), F.A.C.] provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for 10 days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than 10 days, the facility is subject to the permitting requirements for a hazardous waste storage facility.

(2)(a) The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but 10 days or less (hereinafter referred to as "the transfer facility") shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009 [adopted by reference in paragraph 62-730.150(2)(a), F.A.C.].

(b) Notification pursuant to this subsection shall be submitted at least 30 days before the storage of hazardous waste is to begin at a transfer facility.

(c) The notification shall include the information and documentation required by subsection 62-730.171(3), F.A.C.

(d) The transfer facility shall annually submit updated information on Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

(3)(a) The following items constitute initial transfer facility notification:

1. Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), F.S. The Certification shall state a factual basis for the conclusion that the location criteria are met, and how those facts were determined.

2. Completed Form 62-730.900(1)(b), "8700-12FL – Florida Notification of Regulated Waste Activity," effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

3. Evidence of the transporter's financial responsibility as required under subsection 62-730.170(3), F.A.C.

4. A brief general description of the transfer facility operations, including customer base, anticipated waste codes, operating procedures, structures and equipment (with the maximum design capacity for storage), including engineering drawings or sketches if any.

5. A copy of a closure plan demonstrating that the transfer facility will be closed in a manner which satisfies the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115 [as adopted by reference in subsection 62-730.180(2), F.A.C.].

6. A copy of the contingency and emergency plan required by paragraph 62-730.171(4)(a), F.A.C.

7. A map or maps of the transfer facility, depicting property boundaries, access control, buildings or other structures and pertinent features (such as recreation areas, runoff and stormwater control systems, access or internal roads, sanitary and process sewer systems, loading and unloading areas, and fire control equipment.)

(b) A transporter who is operating a transfer facility must notify the Department prior to making changes in any of the items listed in paragraph 62-730.171(3)(a), F.A.C.

(c) No person shall operate a transfer facility before receiving confirmation from the Department that the initial notification package is complete and technically adequate and receiving an EPA identification number for the transfer facility.

(4) A transfer facility shall comply with the following requirements:

(a) 40 CFR Part 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13, as adopted by reference in subsection 62-730.180(2), F.A.C.

(b) The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10 [as adopted by reference in subsection 62-730.170(1), F.A.C.].

(5) Hazardous waste stored at transfer facilities in containers or vehicles shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.

(6) The transfer facility shall maintain a written record of the items listed below. This recordkeeping requirement applies to all hazardous waste that enters and leaves the transfer facility, including hazardous waste generated by CESQGs. Records required in this subsection shall be maintained in permanent form for at least three years and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.

(a) Manifest number for each shipment that enters and leaves the facility, or, for a shipment from a CESQG without a manifest, an identifying number from the shipping document.

(b) The date when all hazardous waste enters and leaves the facility.

(c) The generator's name and the EPA/DEP identification number. For CESQGs without an EPA/DEP identification number, the record shall include the name and address of the generator.

(d) Amounts of hazardous waste and hazardous waste codes associated with each shipment into and out of the facility.

(7) Within 60 days of closure of the transfer facility, the transporter who is owner or operator of the transfer facility shall submit to the Department a certification that the facility has been closed in accordance with the specifications in the closure plan. The certification shall be signed by the owner or operator of the transfer facility, by the owner of the real property where the transfer facility is located, and by a Florida-registered, professional engineer.

(8) Construction, initial operation or substantial modification of a transfer facility which stores shipments of hazardous waste that are required to be manifested, and which does not comply with the location standards in Section 403.7211, F.S., is prohibited. A transporter operating a transfer facility is subject to the demonstration requirements of subsections 62-730.182(3)-(8), F.A.C., regarding substantial modification.

*Specific Authority 403.0877, 403.704, 403.721 FS. Law Implemented 403.0877, 403.704, 403.721 FS. History—New 3-2-86, Amended 6-28-88, Formerly 17-30.171, Amended 8-13-90, 9-10-91, 10-14-92, Formerly 17-730.171, Amended 1-5-95, 1-29-06, 10-28-08, 1-4-09.*