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

April 30, 2010

Steve Stephens
Wiley Sanders Truck Lines, Inc
PO Box 707
Troy, AL 36081-707

Re: Florida Hazardous Waste Transporter Approval

Dear Steve Stephens:

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 occured, 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.

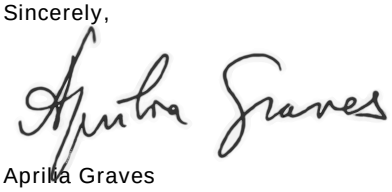
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

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,



Aprilla Graves
Engineering Specialist IV
Hazardous Waste Regulation Section

AG

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 Blairstone Road
Tallahassee, Florida 32399-2400

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Governor

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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: Wiley Sanders Truck Lines, Inc

FACILITY ID NO: ALD067120196

FACILITY ADDRESS: 100 SANDERS ROAD
TROY, AL 36081

INSURANCE CARRIER: NEW HAMPSHIRE INSURANCE

INSURANCE POLICY#: TP9880248-01

EFFECTIVE DATE: May 01, 2010

EXPIRATION DATE: May 01, 2011

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: _____ DATE: April 30, 2010
Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section
850/245-8755

rev.0(Oct 91)

RECEIVED
APR 12 2010

Are your services commercially available? yes

# STATE OF FLORIDA

## HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:
Transporter Name: Wiley Sanders Truck Lines, Inc
Transporter EPA ID: ALD 067 120 196
Location Address: 100 Sanders Rd
Troy AL 36081
Contact: Steve Stephens Telephone: 334-566-5184
Mailing Address: P.O. Box 707
Troy, AL 36081

II. Insurance Information:
Insurance Company New Hampshire Insurance Company
Address 70 Pine St
New York, NY 10270
Contact: Ken Sprucl Telephone: 800-873-8494
Policy Number: TP 9880 24801
Expiration date: 5-1-2011

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D002 D006 D008 ____ ____ ____ ____ ____

Comments: D008 only being transported in Florida at present time

IV. Certification:

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

Steve Stephens — VP Safety
Print/Type Name — Title

Steve Stephens — 4-8-2010
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 5/1/2011.
Date

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 4/30/2010
Signature of Florida Department of Environmental Protection Representative Date Signed

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

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

1. New Hampshire Insurance Company
(Name of Insurer)

(the "Insurer"), of 70 Pine Street, New York, NY 10270
(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

Wiley Sanders Truck Lines, Inc.
(Name of Insured)

(the "Insured"), of 100 Sanders Road, Troy, AL 36081
(Address of Insured)

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

| EPA/DEP I.D. No. | Name | Location |
|---|---|---|
| ALD067120196 | Wiley Sanders Truck Lines, Inc. | 100 Sanders Road<br>Troy, AL 36081 |

(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 TP9880248 01, issued on 05/01/2010 (date).
The effective date of said policy is 05/01/2010 (date) and the expiration date of said policy is 05/01/2011 (date).

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

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

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

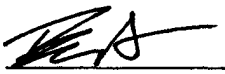
(b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.

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

(d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.

(e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

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



(Signature of Authorized Representative of Insurer)

Bradley Allen

(Typed name)

Attorney-In-Fact

(Title)

Authorized Representative of

New Hampshire Insurance Company

(Name of Insurer)

1200 Abernathy Road, NE, Bldg 600, Atlanta, GA 30328

(Address of Representative)

# 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 DEP Official Use Only)
RECEIVED
APR 12 2010

EPA ID: A L D 0 6 7 1 2 0 1 9 6 | MTS | RCRAInfo

**1. Reason for Submittal** — Mark 'X' in correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

**2. Facility or Business Name:** WILEY SANDERS TRUCK LINES, INC

**FEID No.:** 6 3 0 6 3 0 4 3 4

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

- Name of Operator: WILEY SANDERS TRUCK LINES, INC
- ☐ New Operator — Date became Operator: ___/___/___ (mm dd yy)
- Street or P.O. Box: PO BOX 707
- Phone Number: 334-566-5184
- City or Town: TROY
- State: AL
- Zip Code: 36081
- Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____

**4. Facility Physical Location Information**

- Physical Street Address:
- City or Town:
- State: FL
- Zip Code:
- County: Choose__
- If available, please attach a map or sketch of the facility boundaries.
- Latitude: |_|_| |_|_| |_|_._____ (d d m m s s . ssss) Longitude: |_|_| |_|_| |_|_._____ (d d m m s s . ssss) Method: Datum:

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

| A. | B. |
|---|---|
| C. 484121 | D. |

**6. Facility or Business Mailing Address**

- Street Address or P.O. Box: PO BOX 707
- City or Town: TROY
- State: AL
- Zip Code: 36081

**7. Facility or Business Contact Person**

- First Name: STEVE
- Last Name: STEPHENS
- Title: VP SAFETY
- Phone Number: 334-566-5184
- Extension: 334
- E-Mail: sstephens@wsanders.com
- Street or P.O. Box: PO BOX 707
- City or Town: Troy
- State: AL
- Zip Code: 36081

**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_____

EPA ID No. ALD067120196

## 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 New Hampshire Insurance Company

Address 70 Pine St - New York, NY 10270

Contact Ken Spruel Telephone 800-873-8494

Policy Number TP9880248 01 Expiration date 5-1-2011

d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____

e. ☐ **Hazardous Waste Transfer Facility**: Storage Volume _____

☐ **Initial notification**

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

☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]

☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]

☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]

☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]

☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]

☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

☐ **Notification of changes in above items**

☐ **Annual update notification**

EPA ID No. ALD067120196

**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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time. |
|---|---|---|---|---|
| a. Batteries | ☐ | ☐ | ☐ | |
| b. Pesticides | ☐ | ☐ | ☐ | |
| c. Pharmaceuticals | ☐ | ☐ | ☐ | |
| d. Mercury Containing Devices | ☐ | ☐ | ☐ | |
| e. Mercury Containing Lamps | ☐ | ☐ | ☐ | |

**(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 orginally 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

| | EPA ID No. | ALD067120196 |
|---|---|---|

**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 D002 | 2 D006 | 3 D008 | 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) 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) |
|---|---|---|
| [signature] | Steve Stephens VP Safety | 4/8/2010 |
| | | |
| | | |

**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:**
Wiley Sanders Truck Lines does not operate a transfer facility in Florida. We are a carrier who picks up manifested shipments and transports them out of the state. D008 is the only waste code being transported in Florida at current time.

**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.*