



## 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

05/13/2010

Greg Williams, SWS Corp Tech Coordinator  
Eagle-SWS  
901 McClosky Blvd  
Tampa, FL 33605-6717

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Eagle-SWS located at **6900 NW 12th Ave, Fort Lauderdale.**

**FLD099077257**

Your facility notified FDEP requesting the following status/activities:

**HW Transporter, Conditionally Exempt SQG  
Oil Filters, Used Oil Transporter**

**THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.**

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,

for Michael Redig

Michael X. Redig  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 58751 , Email Address: [williams@swsefr.com](mailto:williams@swsefr.com)

Link: [http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLD099077257](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD099077257)



# 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)

MAR 08 2010

EPA ID **F L D 0 9 9 0 7 7 2 5 7**

MIS

RCRAInfo

## 1. Reason for Submittal

Mark 'X' in  
correct box:



Initials \_\_\_\_\_

Date \_\_\_\_\_

- ☐ 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

Eagle-SWS

FEID No.

**6 5 0 1 8 3 4 3 3**

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

Name of Operator:

Eagle-SWS

☐ New Operator

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

Street or P.O. Box:

6900 NW 12th Avenue

Phone Number: (954) 957-7271

City or Town:

Ft. Lauderdale

State:

FL

Zip Code:

33069

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other \_\_\_\_\_

## 4. Facility Physical Location Information

Physical Street Address:

6900 NW 12th Avenue

City or Town:

Ft. Lauderdale

State:

FL

Zip Code:

33069

County:

Broward

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

Latitude:

**2 6**

**1 2**

**3 4**

Longitude:

**8 0**

**1 9**

**3 5**

Method:

Google Maps

dd

mm

ss

ssss

dd

mm

ss

ssss

Datum:

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

A.

562998

B.

562910

C.

562112

D.

## 6. Facility or Business Mailing Address

Street Address or P.O. Box:

6900 NW 12th Avenue

City or Town:

Ft. Lauderdale

State:

FL

Zip Code:

33069

## 7. Facility or Business Contact Person

First Name:

Greg

Last Name:

Williams

Title:

Corp. Tech

Phone Number:

(813) 241-0282

Extension:

E-Mail:

williams@swsefr.com

Street or P.O. Box:

901 McClosky Boulevard

City or Town:

Tampa

State:

FL

Zip Code:

33605-6717

## 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:

Amston Investments, LLC

☐ New Owner

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

Street or P.O. Box:

1420 SW 28th Avenue

Phone Number: (954) 979-0707

City or Town:

Pompano

State:

FL

Zip Code:

33069

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other \_\_\_\_\_

**9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):****A. Hazardous Waste Activities:**

For Items 2 through 7, mark 'X' in all that apply.

**(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

**(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 Commerce & Industry Ins. Co.Address 70 Pine Street, New York, NY 10270Contact Joanne Gosling

Telephone \_\_\_\_\_

Policy Number GA7633830Expiration date 5-5-2010d. **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"/>	
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input 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

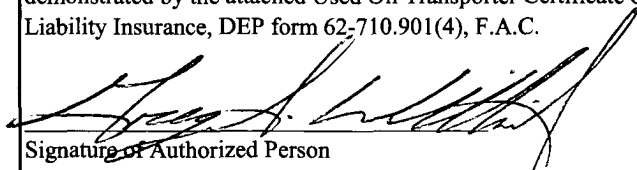
☐ d. End User

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☒ A check is enclosed.

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

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



Signature of Authorized Person

Greg S. Williams

Print Name of Authorized Person

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

☐ our mailing (business) address

☒ The site (facility) address

**D. Other State Regulated Waste Activities:**☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

**10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	D001	2	D002	3	D004	4	D005	5	D007	6	D008	7	D009
8	D018	9	D040	10	F001	11	F002	12	F003	13	F005	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)

Greg S. Williams

02-26-10

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

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**

\*\*\* Other Waste Codes may be transported as necessary for Emergency Spill Clean-ups (i.e., TSCA, PCB - soil/oil/etc....)

## address map coordinates finder

get latitude and longitude coordinates

map multiple addresses

map coordinates

map data in excel

blog

Below you can enter in an address to be validated/geocoded for latitude and longitude coordinate information. You can also click on the map to get satellite photos and driving directions. International geocoding supported (North America and Europe), see below for a complete list. If you have more than one address, use our other page to [map multiple locations](#). With this tool you can find center map coordinates using zip code, city, or state as well.

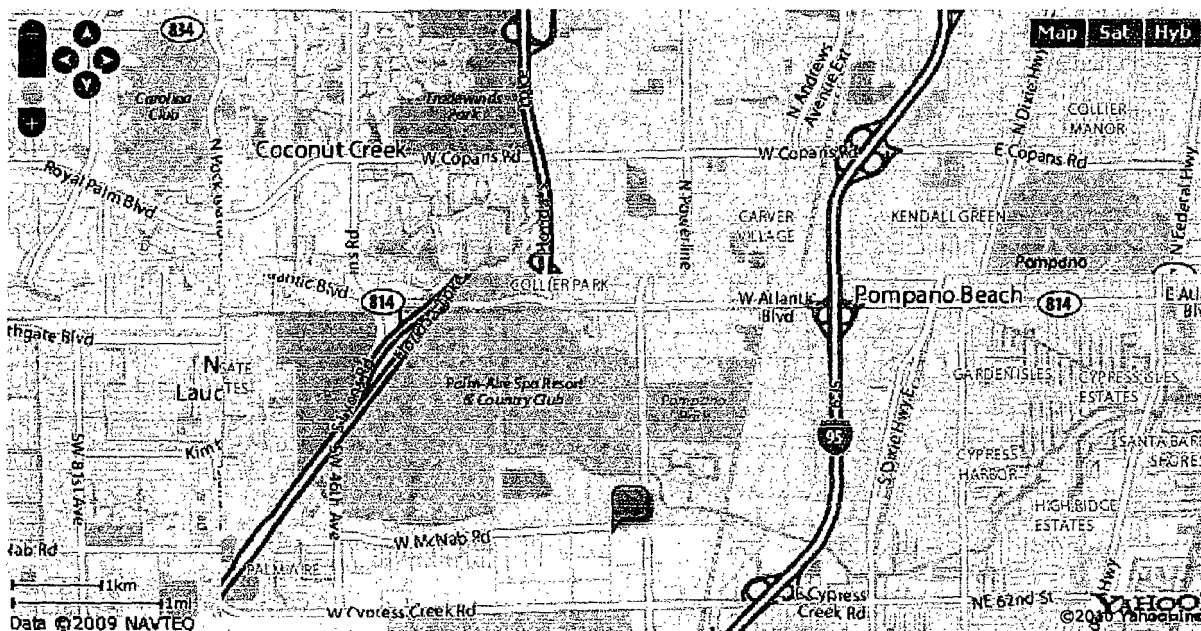


Enter in an Address (ex: 1600 Pennsylvania Avenue NW, Washington, DC) or Zip Code, a City, or a State:

6900 nw 12th avenue, ft. lauderdale, florida 33309

Map it!

Latitude: 26.209715 / Longitude: -80.159765



#### Basic GPS for iPhone

NAD27 and 200+ datums. Shows UTM, MGRS, address, and maps.  
www.cleverapplications.com

#### Mapping GPS/GIS Rentals

Full Range of GPS Mapping Equipment Best Rates, Selection and Delivery!  
www.elecdata.com

Ads by Google

#### Why use this tool?

- **Locate addresses fast** - instant map and coordinate display
- **International Map Coordinates** - Lookup coordinates worldwide
- Yahoo! Geocoding service uses high quality commercial data, unlike other free geocode systems that use TIGER data.
- Quick Multiple Address Mapping using our [Bulk Geocoding](#) service
- Try our bulk [Reverse Geocoding Service](#), useful for getting coordinates for Canada, and Europe.)

Eagle-SWS is aware of upcoming insurance expiration date of 5/5/10... we will send new insurance certs. once we get them from our Ins. Carrier.

Thank You,  
Hug

## address map coordinates finder

get latitude and longitude coordinates

map multiple addresses

map coordinates

map data in excel

blog

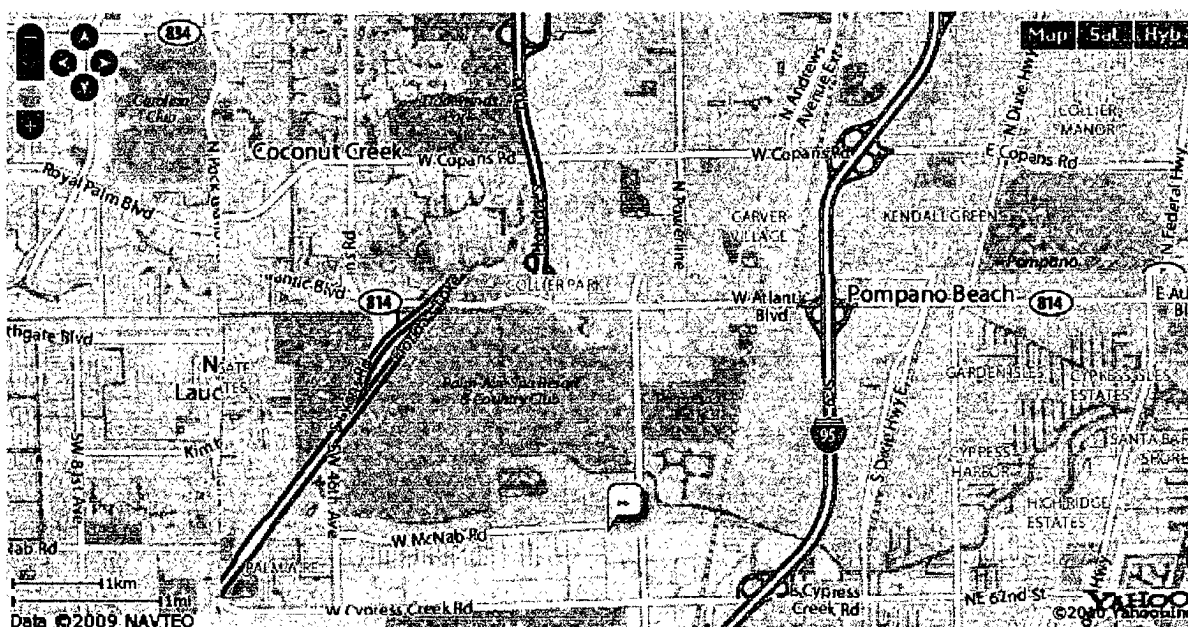
Below you can enter in an address to be validated/geocoded for latitude and longitude coordinate information. You can also click on the map to get satellite photos and driving directions. International geocoding supported (North America and Europe), see below for a complete list. If you have more than one address, use our other page to [map multiple locations](#). With this tool you can find center map coordinates using zip code, city, or state as well.



Enter in an Address (ex: 1600 Pennsylvania Avenue NW, Washington, DC) or Zip Code, a City, or a State:



Latitude: 26.209715 / Longitude: -80.159765



#### Basic GPS for iPhone

NAD27 and 200+ datums. Shows UTM, MGRS, address, and maps.  
www.cleverapplications.com

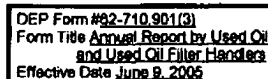
#### Mapping GPS/GIS Rentals

Full Range of GPS Mapping Equipment Best Rates, Selection and Delivery!  
www.elecdata.com

Ads by Google

#### Why use this tool?

- **Locate addresses fast** - instant map and coordinate display, no page refreshes.
- **International Map Coordinates** - Lookup coordinates worldwide at the zip, state, city, and address level.
- Yahoo! Geocoding service uses high quality commercial datasets, much better accuracy and coverage than other free geocode systems that use *TIGER* data.
- Quick Multiple Address Mapping using our [Bulk Geocoder](#)
- Try our bulk [Reverse Geocoding Service](#), useful for getting an address from latitude/longitude coordinates (U.S., Canada, and Europe.)



Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

## Page 1 of 2



**SECTION C USED OIL FILTERS (OPTIONAL)** (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE

1. Number of filters on hand from previous year.....	0	
2. Number of used oil filters collected.....	672,335	
3. Total number of used oil filters to manage (1 plus 2).....	672,335	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	0	
b. Burned for energy recovery at a Waste-To-Energy facility.....	0	
c. Transferred directly to a metal foundry for recycling.....	672,335	
d. TOTAL.....	672,335	
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	0	
6. Gallons of used oil collected as a result of filter processing.....	0	
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	0	
8. Volume of oily waste collected and managed as a result of filter processing.....	0	
9. Description of oily waste management.....		

**DIRECTIONS FOR SECTION C**

Conversion Table

One 55-gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55 gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One ton of drained used oil filters = approximately <b>2,350</b> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us).

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

1. Commerce and Industry Insurance Co.  
(Name of Insurer)

(the "Insurer"), of 70 Pine St., 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

Southern Waste Services, Inc.  
(Name of Insured)

(the "Insured"), of 2211 St. Andrews Blvd., Panama City, FL 92407  
(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>
Southern Waste Services, Inc.,	1617 Moylan Rd.,	Panama City Beach, FL 32407 (EPA #FL000936831)
Southern Waste Services, Inc.,	901 McCloskey Blvd.,	Tampa, FL 33605 (EPA #FL000012823)
Southern Waste Services, Inc.,	6900 NW 12th Ave.,	Ft. Lauderdale, FL 33309 (EPA #FLD099077257)
Southern Waste Services, Inc.,	6409 123rd Ave. North,	Largo, FL 33773 (EPA #FL0000122796)

(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 CA7633830, issued on 11/5/2008.  
(date)

The effective date of said policy is 11/5/2008 and the expiration date of said policy  
(date)  
is 5/5/2010.  
(date)

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

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

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

- (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

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

  
(Signature of Authorized Representative of Insurer)

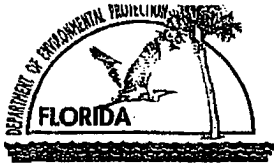
Joanne M. Gosling  
(Typed name)

Senior Vice President  
(Title)

Authorized Representative of

Commerce and Industry Insurance Co.  
(Name of Insurer)

345 California St., Suite 1300, San Francisco, CA  
(Address of Representative)



Department of Environmental Protection  
FDEP MS 4555 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.601(4)  
Form Title Certificate of Liability Insurance  
Used Oil Transporters  
Effective Date June 9, 2005

## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. Commerce and Industry Insurance Co., (the Insurer), 70 Pine St., New York, NY 10270  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Southern Waste Services, Inc. (the Insured),  
(Name of the Insured)

See List Below whose EPA Identification number is See List Below  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida  
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or  
retention of \$ 10,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied,  
its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number CA 7633830, issued on 11/5/2008  
(Date)

The expiration date of said policy is 5/5/2010 or the annual renewal date is \_\_\_\_\_  
(Date) (Date)

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

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.
- 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.
- 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.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or 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.
- 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 judgments resulting from accidents which occur during the time the policy is in effect.

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

Joanne M. Gosling  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Joanne M. Gosling  
(Type Name)

Commerce and Industry Insurance Co.  
(Name of Insurer)

Senior Vice President  
(Title)

345 California St., Suite 1300, San Francisco, CA  
(Address of Representative)

**Chapter 62-710.600(2)(e), Florida Administrative Code  
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

Southern Waste Services, Inc., 1617 Moylan Rd., Panama City Beach, FL 32407 (EPA #FL000936831)  
Southern Waste Services, Inc., 901 McCloskey Blvd., Tampa, FL 33605 (EPA #FL000012823)  
Southern Waste Services, Inc., 6900 NW 12th Ave., Ft. Lauderdale, FL 33309 (EPA #FLD099077257)  
Southern Waste Services, Inc., 6409-123rd Ave. North, Largo, FL 33773 (EPA #FL0000122796)

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4555, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: [sebrena.bolton@dep.state.fl.us](mailto:sebrena.bolton@dep.state.fl.us), OR Phone (850) 245-8755, email: [richard.neves@dep.state.fl.us](mailto:richard.neves@dep.state.fl.us)



# Department of Environmental Protection

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

DEP Form #62-710.801(3)  
Form Title Annual Report by Used Oil  
and Used Oil Filter Handlers  
Effective Date June 9, 2005

## Annual Report by Used Oil and Used Oil Filter Handlers\*

(\*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])

for reporting period January 1, 2009 through December 31, 2009

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

### SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: SWS ENVIRONMENTAL 2. Telephone No. (904) 957-7271
- Site Address: 3133 NW 25th AVE.  
POMPADOUR BEACH, FL 33069
3. EPA ID No. FLR 000050385
- ☒ Check box if any of the above items (1-3) have changed since your last registration
4. Name of person preparing report (please print) LINDA CANARY  
Title ADMINISTRATOR Phone number (if different from #2, above) ( )
5. Type of operation (check as many as apply to your operations)  
Used Oil: ☐ Transporter ☐ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer  
☐ Burner (of off-specification used oil)  
Used Oil Filter: ☒ Transporter ☐ Transfer Facility ☐ Processor ☐ End User

### SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected

a. In Florida.....

b. From out of state.....

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total
6545	24715		31,260
			31,260

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel .....

D - Disposed of

Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

In State	Out of State
31,260	
31,260	
0	

**SECTION C USED OIL FILTERS (OPTIONAL)** (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....	<del>0</del>	
2. Number of used oil filters collected.....	295,513	
3. Total number of used oil filters to manage (1 plus 2).....	295,513	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	<del>0</del>	
b. Burned for energy recovery at a Waste-To-Energy facility.....	<del>0</del>	
c. Transferred directly to a metal foundry for recycling.....	295,513	
d. TOTAL.....	295,513	
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	<del>0</del>	
6. Gallons of used oil collected as a result of filter processing.....	<del>0</del>	
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	<del>0</del>	
8. Volume of oily waste collected and managed as a result of filter processing.....	<del>0</del>	
9. Description of oily waste management.....		

**DIRECTIONS FOR SECTION C**

Conversion Table

One 55-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters
One 55 gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters
One ton of drained used oil filters = approximately <u>2,350</u> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us).