

**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772Date Received
(for FDEP Official Use Only)EPA ID

F	L	R	0	0	0	1	4	3	8	9	1
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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**

RAIDER ENVIRONMENTAL SERVICES, INC

FEID No.

6	5	1	1	2	5	3	0	6
---	---	---	---	---	---	---	---	---

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

Name of Operator:

STEVE OBST

☐ New OperatorDate became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

4103 NW 132ND STREET

Phone Number:

305 994-9949

City or Town:

OPA LOCKA

State:

FL

Zip Code:

33054

Operator Type: ☒ Private☐ Federal☐ Municipal☐ State☐ Other _____**4. Facility Physical
Location
Information**

Physical Street Address:

4103 NW 132ND STREET

City or Town:

OPA LOCKA

State:

FL

Zip Code:

33054

County: Dade

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

2	5	5	3	4	1
---	---	---	---	---	---

 N Longitude:

8	0	1	5	5	1
---	---	---	---	---	---

 W Method:
dd mm ss.ssss dd mm ss.ssss Datum:**5. Facility North American Industry
Classification System (NAICS)
Code(s)**

A.

562910

B.

924110

C.

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

4103 NW 132ND STREET

City or Town:

OPA LOCKA

State:

FL

Zip Code:

33054

**7. Facility or
Business Contact
Person**

First Name:

STEVE

Last Name:

OBST

Title:

PRESIDENT

Phone Number:

305 994-9949

Extension:

E-Mail:

Street or P.O. Box:

4103 NW 132ND STREET

City or Town:

OPA LOCKA

State:

FL

Zip Code:

33054

**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:

STEVE OBST

☐ New OwnerDate became Owner: 06 / 22 / 2005
mm dd yy

Street or P.O. Box:

4103 NW 132ND STREET

Phone Number:

305 994-9949

City or Town:

OPA LOCKA

State:

FL

Zip Code:

33054

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 _____

Address _____

Contact _____ Telephone _____

Policy Number _____ Expiration date _____

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

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	☐	☐	☐	
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

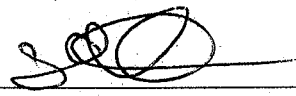
(5) ☒ Used Oil Fuel Marketer

(6) Used Oil Filter

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

(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

STEVE OBST

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.

FLR000143891

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

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

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

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

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

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

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

B. Facility Closed

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

Contact _____ Phone _____

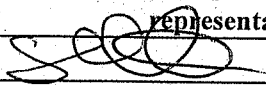
Address _____

City, State, Zip _____

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

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

Signature of owner, operator, or an authorized representative



Print Name and Title

STEVE OBST, PRESIDENT

Date Signed

(mm-dd-yyyy)

03/08/2010

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:

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/21/2009

PRODUCER: (954)925-2590 FAX:
Smith Watson Parker Insurance
2590 Hollywood Blvd
Hollywood, FL 33020

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.

INSURED
Raider Environmental Services Inc
P.O. Box 19645
Plantation, FL 33318

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Liberty Surplus Lines Ins Co

INSURER B: American States Ins Co

INSURER C: Bridgefield Employers Ins Co

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.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	UVEDE102144019	08/21/2009	08/21/2010	EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000
	☐ CLAIMS MADE ☒ OCCUR				MED EXP (Any one person) \$ 10,000
	☒ \$2,500 Ded BI/PD				PERSONAL & ADV INJURY \$ 1,000,000
B	AUTOMOBILE LIABILITY	01C1256891310	07/11/2009	07/11/2010	GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMPOF AGG \$ 2,000,000
					COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000
					BODILY INJURY (Per person) \$
C	GARAGE LIABILITY				BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY EA ACC \$
A	EXCESS/UMBRELLA LIABILITY	UMED102145019	08/21/2009	08/21/2010	AGG \$
					EACH OCCURRENCE \$ 5,000,000
					AGGREGATE \$ 5,000,000
					Follow Form \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	830-30218	07/10/2009	07/10/2010	Excess over all Policies \$
					☒ WC-STATUTORY LIMITS ☐ OTHER
					E.L. EACH ACCIDENT \$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
A	OTHER POLLUTION	UVEDE102144019	08/21/2009	08/21/2010	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
					\$1,000,000 Per Loss
					\$5,000 Deductible per Loss

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

CERTIFICATE HOLDER

CANCELLATION

This Certificate is for
Insurance Information
Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Larry Vaught Sr. /BIE

Larry Vaught Sr.



Department of Environmental Protection

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

DEP Form #62-710.901(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: Raider Environmental Services, Inc. 2. Telephone No. (305) 994-9949
Site Address: 4103 NW 132nd Street, Opa-Locka, FL 33054
3. EPA ID No. FLR 000 143891

o Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) Philip Pierre-Louis
Title Facility Manager Phone number (if different from #2, above) ()

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter o Transfer Facility ☒ Collection Center/Aggregation Point ☒ Processor ☒ Marketer

o Burner (of off-specification used oil)

Used Oil Filter: ☒ Transporter o Transfer Facility o Processor o 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.....

Automotive	Industrial	Mixed	Total
56,024			56,024
			0
			0
			56,024

c. Beginning Inventory.....

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

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.....

In State	Out of State
56,024	
0	
0	
0	
0	
0	
0	
56,024	
0	

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

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

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.....	60,000	
3. Total number of used oil filters to manage (1 plus 2).....	60,000	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....		
b. Burned for energy recovery at a Waste-To-Energy facility.....		
c. Transferred directly to a metal foundry for recycling.....	60,000	
d. TOTAL.....	60,000	
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.....	1,090 gal	
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	500 gal	
8. Volume of oily waste collected and managed as a result of filter processing.....		
9. Description of oily waste management.....	Only waste ^{with} are processed	

DIRECTIONS FOR SECTION C

Conversion Table

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

*12-hour as part of our waste water operation
(permitted DEP-0432)*

*(2) The waste ^{wipes} are
transfer to wheelbarrow
as a fuel source.*

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

2321



RAIDER ENVIRONMENTAL SERVICES, INC
4103 NW 132ND STREET
OPA-LOCKA, FL 33054



18800 NW 87 AVE • MIAMI, FLORIDA 33161
800-855-5888 • 1-877-778-2205
www.bankUnited.com
63-9059-2670



3/19/2010

PAY
TO THE
ORDER OF Florida Dept of Environmental Protection

\$ **100.00

One Hundred and 00/100

DOLLARS

Florida Dept of Environmental Protection

MEMO

[Signature]
AUTHORIZED SIGNATURE

⑈002321⑈ ⑆267090594⑆ 0429008511⑈

RAIDER ENVIRONMENTAL SERVICES, INC

2321

Florida Dept of Environmental Protection 3/19/2010
AB - VARIABLE EXPENSES: Licenses and Permit renewal for Florida Dept of Environmental Pro 100.00
Used oil: transporter, processor, marketer, filter trans
Registration#FLR000143891

Check(8511)BankUnit 100.00

RAIDER ENVIRONMENTAL SERVICES, INC

2321

Florida Dept of Environmental Protection 3/19/2010
AB - VARIABLE EXPENSES: Licenses and Permit renewal for Florida Dept of Environmental Pro 100.00
Used oil: transporter, processor, marketer, filter trans
Registration#FLR000143891

Check(8511)BankUnit 100.00