

From: Brandon G. Dow [brandon@raiderenvironmental.com]
Sent: Monday, April 19, 2010 1:21 PM
To: Winston, Kathy
Subject: RE: Hazardous Waste Inspection Report
Attachments: 20100419121646671.pdf

Kathy

Attached is a copy of the annual Ued Oil Report that was submitted. As you can see by the date (3/8/10), it was submitted before Philip left. I just found it buried in some other papers. As I correct the rest of the required documents I will send them.

Can you tell me who I need to send the SPCC plan to at the DEP?

Thanks

Brandon G. Dow, CHMM
General Manager
Raider Environmental Services, Inc.
(954) 325-3119 Cell
(305) 994-9949 Office
(305) 681-6175 Fax

From: Winston, Kathy [mailto:Kathy.Winston@dep.state.fl.us]
Sent: Thursday, April 15, 2010 12:53 PM
To: brandon@raiderenvironmental.com
Subject: Hazardous Waste Inspection Report

The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.



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 FIDEP Official Use Only)

EPA ID

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

RCRA Info

1. Reason for Submittal

Mark 'X' in correct box:

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

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 Operator

Date 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
 dd mm ss.ssss

Longitude:

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

 W
 dd mm ss.ssss

Method:
 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 Owner

Date 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	<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 [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.

FLRO00143891

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.

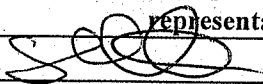
Contact _____ Phone _____
 Address _____
 City, State, Zip _____

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.

INSURER CODE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$2,500 Ded BI/PD GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	UVEDE102144019	08/21/2009	08/21/2010	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMB OF AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp Ded \$1,000 PHYSICAL DAMAGE PAID ON ACV BASIS <input checked="" type="checkbox"/> Coll Ded \$1,000	01C1256891310	07/11/2009	07/11/2010	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	UMEDE102145019	08/21/2009	08/21/2010	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Follow Form \$ Excess over all \$ Policies \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	830-30218	07/10/2009	07/10/2010	<input checked="" type="checkbox"/> WC-STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	OTHER Pollution	UVEDE102144019	08/21/2009	08/21/2010	\$1,000,000 Per Loss \$5,000 Deductible per Loss

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

CERTIFICATE HOLDER

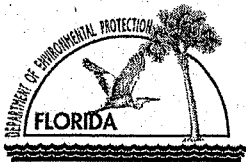
This Certificate is for
Insurance Information
Only

CANCELLATION

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

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 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)

	Automotive	Industrial	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected				
a. In Florida.....	56,024			56,024
b. From out of state.....				0
c. Beginning Inventory.....				0
d. Total (sum of totals from Lines a + b + c).....				56,024

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
	56,024	
	0	
	0	
	0	
	0	
	0	
	0	
	56,024	
	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.....	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 had 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	
9. Description of oily waste management.....		

only waste ^{w/ oil} are processed

In-house as part of our water-wipe operation (permitted DEP-0432)

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

(2) The water ^{wipes} are transfer to wheelbrite 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



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



16500 NW 87 AVE - MIAMI, FLORIDA 33161
305-856-5888 / 1-877-778-2285
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

[Handwritten Signature]
AUTHORIZED SIGNATURE

MEMO

⑈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 Protection
Used oil: transporter, processor, marketer, filter trans 100.00
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 Protection
Used oil: transporter, processor, marketer, filter trans 100.00
Registration#FLR000143891

Check(8511)BankUnit 100.00

