



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

June 22, 2010

Gerry McCormick
Diversified Marine Tech Inc
2531 Causeway Blvd
Tampa, FL 33619- 5314

BE IT KNOWN THAT

Diversified Marine Tech Inc
2531 Causeway Blvd
Tampa, FL 33619- 5151

IS HEREBY REGISTERED AS A USED OIL

Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLD984182733** on June 22, 2010
Insurance Carrier: **WESTCHESTER SURPLUS LINES INS**

This registration will expire on 06/30/2011

This certificate documents receipt of your annual registration
and annual report. It shall be displayed in a prominent place
at your facility. This certificate and your cancelled check
are your receipts.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Permitting

<div style="border: 2px solid red; padding: 5px; color: red; font-weight: bold;"> Correct EPA ID#FLD984182733 Please do not use the number below any further </div>		8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY <small>DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772</small>			Date Received (for FDEP Official Use Only)	
EPA ID FLD984182733		MTS 		RCRAInfo 		
1. Reason for Submittal	Mark 'X' in correct box: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). </div> <div> <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). </div> <div> <input type="checkbox"/> Is this the final notification (see instructions) for the facility? </div> </div>					
2. Facility or Business Name <i>Diversified Marine Tech</i>				FEID No. 592540896		
3. Facility Operator <small>(List additional Operators in the comments section).</small>	Name of Operator: <i>Diversified Environmental Services Inc.</i>			<input type="checkbox"/> New Operator Date became Operator: <i>06/01/88</i> <small>mm dd yy</small>		
	Street or P.O. Box: <i>1201 N 22nd St</i>			Phone Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	City or Town: <i>Tampa</i>			State: <i>FL</i>	Zip Code: <i>33605</i>	
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____					
4. Facility Physical Location Information	Physical Street Address: <i>2531 Canseway Blvd</i>					
	City or Town: <i>Tampa</i>			State: <i>FL</i>	Zip Code: <i>33619</i>	
	County: Choose <i>Hillsborough</i>		If available, please attach a map or sketch of the facility boundaries.			
	Latitude: 27 13 5934 Longitude: 81 2 43 4561 Method: _____ <small>dd mm ss.ssss dd mm ss.ssss Datum:</small>					
5. Facility North American Industry Classification System (NAICS) Code(s)		A. <i>221310</i>		B. _____		
		C. _____		D. _____		
6. Facility or Business Mailing Address		Street Address or P.O. Box: <i>PO Box 5706</i>				
		City or Town: <i>Tampa</i>		State: <i>FL</i>	Zip Code: <i>33676</i>	
7. Facility or Business Contact Person		First Name: <i>Berry</i>		Last Name: <i>McGinnis</i>		
		Phone Number: <i>813-918-3773</i>		Extension: _____		
		E-Mail: <i>H8L42N2@col.com</i>		Title: <i>Operations Manager</i>		
		Street or P.O. Box: <i>2531 Canseway Blvd</i>				
		City or Town: <i>Tampa</i>		State: <i>FL</i>	Zip Code: <i>33619</i>	
8. Real Property (Land) Owner of the Facility's Physical Location <small>(List additional real property owners in the comments section.)</small>		Name of Real Property (Land) Owner: <i>Tampa Port Authority</i>			<input type="checkbox"/> New Owner Date became Owner: ____/____/____ <small>mm dd yy</small>	
		Street or P.O. Box: <i>1101 Channelside Dr.</i>			Phone Number: <i>800-741-2297</i>	
		City or Town: <i>Tampa</i>		State: <i>FL</i>	Zip Code: <i>33602</i>	
		Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> 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 _____

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"/>	
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 ☐

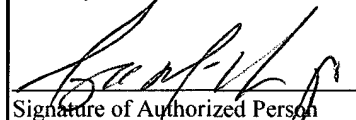
(5) **Destination Facility for UW** ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

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

(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

Gerry K. McCormick Jr.
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

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 _____

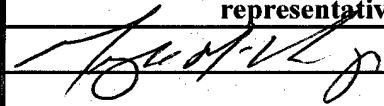
City, State, Zip _____

☐ 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

Date Signed
(mm-dd-yyyy)

George K. McCormick Jr. ops. manager

04/13/2010

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:



Received

JUN 22 2010

BSHW

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. WESTCHESTER SURPLUS LINES INSURANCE CO. (the Insurer), PO Box 100008 Roswell, GA 30077
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: DIVERSIFIED MARINE TECH, INC (the Insured),
(Name of the Insured)

3531 CANALWAY BLVD, TAMPA, FL 33619 whose EPA Identification number is FLD 984 182 733
(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)(d). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$1,000,000.00 less the deductible or
retention of \$5,000.00 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 622073631005, issued on 4/1/10 (Date)
The expiration date of said policy is 4/1/11 (Date) or the annual renewal date is APRIL 1, 11 (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.

Patrick Higgins
(Signature of Insurer or Authorized Representative)

PATRICK HIGGINS
(Type Name)

Authorized Representative of

WESTCHESTER SURPLUS LINES INSURANCE CO.
(Name of Insurer)

PRESIDENT - COAST TO COAST INSURANCE SERVICES LLC 630 COREY AVE, ST. PETERSBURGH, FL
(Title) (Address of Representative)