



## 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

July 09, 2010

Carolyn Payne  
Action Resources, Inc  
40 County Road 517  
Hanceville, AL 35077

### BE IT KNOWN THAT

Action Resources, Inc  
40 County Rd 517  
Hanceville, AL 35077

### IS HEREBY REGISTERED AS A USED OIL

Transporter, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **ALR000007237** on July 09, 2010  
Insurance Carrier: **GREENWICH INSURANCE**

**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**



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)

Received

APR 29 2010

EPA ID A L R 0 0 0 0 0 7 2 3 7

MTS

BSRW 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?

Initials \_\_\_\_\_  
Date \_\_\_\_\_

2. Facility or  
Business Name Action Resources, Inc. 40 County Road 517 Hanceville AL  
35077

FEID No.

6 3 1 1 4 8 9 9 4

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

Name of Operator:

☐ New Operator

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

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

Operator Type: ☐ Private ☐ Federal ☐ Municipal ☐ State ☐ Other \_\_\_\_\_

4. Facility Physical  
Location  
Information

Physical Street Address:

City or Town:

State: FL

Zip Code:

County: Choose \_\_\_\_

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

Latitude: 3 3 5 6 9 3 0 Longitude: 8 6 5 2 1 3 3 Method:  
d d m m s s . ssss d d m m s s . ssss Datum:

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

A. 484230

B.

C.

D.

6. Facility or  
Business Mailing  
Address

Street Address or P.O. Box:

City or Town:

State:

Zip Code:

7. Facility or  
Business Contact  
Person

First Name:

Carolyn

Last Name:

Payne

Title:

Human Resources

Phone Number:

256-352-7081

Extension:

E-Mail:

cpayne@action-resources.com

Street or P.O. Box:

40 County Road 517

City or Town:

Hanceville

State: AL

Zip Code:

35077

8. Real Property  
(Land) Owner  
of the Facility's  
Physical Location  
(List additional  
real property owners  
in the comments  
section.)

Name of Real Property (Land) Owner:

☐ New Owner

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

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

Owner Type: ☐ Private ☐ Federal ☐ Municipal ☐ State ☐ Other \_\_\_\_\_

**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 Greenwich Insurance Company

Address P. O. Box 10265

Birmingham, AL 35202

Contact Cherry Jones Telephone 800-476-2211

Policy Number GEC002070403 Expiration date 06/30/2010

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**☐

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

[Chapter 62-737, 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):**

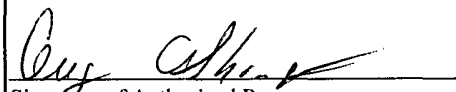
- ☒ a. Transporter
- ☐ b. Transfer Facility

**(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

Greg Calhoun

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.

ALR000007237

**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.

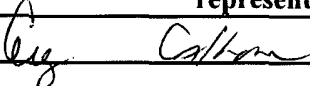
Contact \_\_\_\_\_ Phone \_\_\_\_\_

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)
	Greg Calhoun Vice President	04/26/2010

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

Carolyn Payne

256-352-7081

cpayne@action-resources.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**



# 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: Action Resources, Inc 2. Telephone No. (252) 332-7091  
Site Address: 40 County Road 517  
Nanceville, NC 35077 3. EPA ID No. ALR 00000 7237  
☐ Check box if any of the above items (1-3) have changed since your last registration  
4. Name of person preparing report (please print) Carolyn Payne  
Title Human Resources 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
- | Automotive   | Industrial | Mixed | Total  |
|--|------------|-------|--------|
|  | 22,552     |       | 22,552 |
| a. In Florida.....                                 |            |       |        |
| b. From out of state.....                          |            |       |        |
| c. Beginning Inventory.....                        |            |       |        |
| d. Total (sum of totals from Lines a + b + c)..... |            |       | 22,552 |
2. Amount (in gallons) of Used Oil and Oily Wastes Managed
- |  | In State | Out of State |
|--|----------|--------------|
| N - Not an end use, transferred to another facility for storage or processing..... | 22,552   |              |
| 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.....                              | 22,552   | 0            |
| 4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....     |          |              |



## COMPANIES AFFORDING COVERAGE

Company  
E

Certificate ID # SWMVWWLN



<b>ACORD</b> <sup>TM</sup>	<h1 style="margin: 0;">CERTIFICATE OF INSURANCE</h1>	ISSUE DATE 06/24/2010			
<b>PRODUCER</b> MCGRIFF, SEIBELS & WILLIAMS, INC. P.O. Box 10265 Birmingham, AL 35202 800-476-2211		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.			
<b>INSURED</b> Action Resources, Inc. 40 County Road 517 Hanceville, AL 35077  <div style="text-align: center; color: blue; font-size: 1.2em;">Received</div> <div style="text-align: center; color: red; font-size: 1.2em;">JUN 28 2010</div> <div style="text-align: center; color: blue; font-size: 1.2em;">BSHW</div>		<b>COMPANIES AFFORDING COVERAGE</b>			
		Company A Greenwich Insurance Company			
		Company B Alabama Trucking Association			
		Company C XL Specialty Insurance Co			
		Company D Company E			
This is to certify that the policies of insurance described herein have been issued to the Insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of 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, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.					
CO LT	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIABILITY	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners' and Contractors' Protection <input type="checkbox"/> General Aggregate Limit applies per: <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> Location	GEC002070404	06/30/2010 08/30/2011	EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE \$ 100,000 MEDICAL EXPENSE \$ 5,000 PERS. AND ADVERTISING INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS AND COMP. OPER. AGG. \$ 2,000,000	
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Scheduled Automobiles <input type="checkbox"/> Hired Automobiles <input type="checkbox"/> Non-owned Automobiles <input checked="" type="checkbox"/> MCS90 Filing	AEC002070304	06/30/2010 08/30/2011	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ COMPREHENSIVE COLLISION	
B	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	00300WCATAACRE2010 (AL only) PDTX126079 (TX)	01/01/2010 01/01/2011	WC Statutory Limit <input checked="" type="checkbox"/> Other <input type="checkbox"/> EL EACH ACCIDENT \$ 1,000,000 EL DISEASE (Each employee) \$ 1,000,000 EL DISEASE (Policy Limit) \$ 1,000,000	
A	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made Retention/Deductible 10,000	UEC002070504	06/30/2010 08/30/2011	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000	
A	<b>CONTRACTORS POLLUTION</b> Legal Liability - Claims Made Retro Date:	PEC002070604	06/30/2010 08/30/2011	Each Occurrence \$ 5,000,000 Total for all Occurrence \$ 5,000,000 Retention: \$ 25,000 \$ \$	
<b>CERTIFICATE HOLDER</b>  Florida Dept. of Environmental Protection, Hazardous Waste Management Section, MS 4555 Twin Towers Office Building 2600 Blair Stone Road Tallahassee, FL 32399-2400			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.		
			Authorized Representative  		
			Certificate ID # JMGF6H3F		