



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

08/25/2010

Rick Krinock, Training Manager
Kelly Tractor Company
8255 NW 58th St
Doral, FL 33166-3406

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Kelly Tractor Company** located at **8255 NW 58th St, Doral , FL33166-3493**

FLD981925811

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Small Quantity Generator; Small Quantity Handler, Universal Waste Batteries, Universal Waste Lamps.**

Your facility is **currently registered** for the following activities: **None.**

Your facility is **currently permitted** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD981925811.

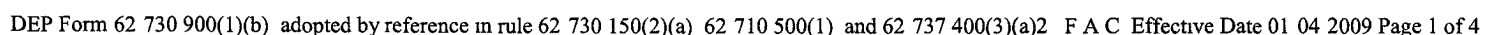
For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,


FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 57627 , Email Address: Rick_Krinock@kellytractor.com



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 (HSPA, 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 checked="" type="checkbox"/>	16 000
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 ☐ 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

(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

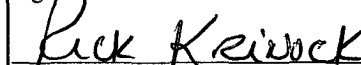
☒ A check is enclosed

(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



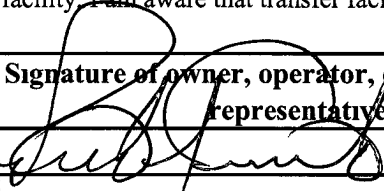
Signature of Authorized Person



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

				EPA ID No FLD981925811		
D Other State Regulated Waste Activities				<input type="checkbox"/> 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	D008	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 <input type="checkbox"/> (1) Business no longer generates transports treats stores or disposes of hazardous waste <input type="checkbox"/> (2) Waste generated by business has been delisted <input type="checkbox"/> (3) Other (explain) _____						
B Facility Closed <input type="checkbox"/> (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 <input type="checkbox"/> (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 _____						
<input type="checkbox"/> C Property Tax Default				<input type="checkbox"/> 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 RICK KRINOCK		Date Signed (mm-dd-yyyy) 6/24/2010
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 5460 Okeechobee Blvd West Palm Beach, FI 33417 801 East Sugarland, Hiway Clewiston, FI 33440 9651 Kelly Tractor Drive Ft Myers, FI 33905						

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/24/2010

PRODUCER Wells Fargo Ins Services Southeast Inc 3225 Aviation Avenue Suite 400 Coconut Grove FL 33133 (305) 443-4886	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 KELLY TRACTOR CO INC 8255 N W 58th Street Miami FL 33166	INSURERS AFFORDING COVERAGE INSURER A HARTFORD FIRE INSURANCE CO INSURER B NATIONAL UNION FIRE INSURANCE INSURER C HARTFORD OF THE MIDWEST INSURER D NORTH RIVER INSURANCE CO INSURER E GREAT AMERICAN INSURANCE CO	NAIC # 19682 19445 37478 16691

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

INSR ADD'L LTR	INSRD	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 GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	21ECSR29601	10/1/2009	10/1/2010	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500 000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 500 000 GENERAL AGGREGATE \$ 5 000 000 PRODUCTS COMP/OP AGG \$ 2 000 000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	21CSER29603	10/1/2009	10/1/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1 000 000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A		GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO GKLL	21CSER29603	10/1/2009	10/1/2010	AUTO ONLY EA ACCIDENT \$ 2 000 000 OTHER THAN EA ACC \$ 2 000,000 AUTO ONLY AGG \$ 2 000 000
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10 000	BE21462793	10/1/2009	10/1/2010	EACH OCCURRENCE \$ 50 000 000 AGGREGATE \$ 50 000 000 \$ \$ \$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	21WNR29600	10/1/2009	10/1/2010	<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
D		OTHER EXCESS LIABILITY	522-745973-2	10/1/2009	10/1/2010	\$25 000 000 x \$50 000 000

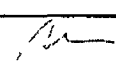
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

A) AUTOMOBILE LIABILITY - Policy#21CSER29603 Effective 10/01/09 to \$500,000 Deductible Program E)
EXCESS LIABILITY - Policy# TUE033012401 Effective 10/01/09-10 \$25,000 000 x \$75 000 000
NOTE GARAGE LIABILITY ABOVE INCLUDES GARAGE KEEPERS LEGAL LIABILITY (GKLL)

CERTIFICATE HOLDER

DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE FL 32399

CANCELLATION

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 

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



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 2008 through December 31 2008

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 Kelly Tractor Co 2 Telephone No (305) 592-5360
Site Address 8255 NW 58 Street
Miami, FL 33166 3 EPA ID No FLD981 925 811

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

4 Name of person preparing report (please print) Rick Krinock
Title Training 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)

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
22,790			22,790
			1,248
			24,038

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
22,492	
22,492	
1,546	

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	127	
2	Number of used oil filters collected	4420	
3	Total number of used oil filters to manage (1 plus 2)	4547	
4	Disposition of used oil filters collected	4250	
	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		
	d TOTAL	4250	
5	End of year on hand estimate (Difference between Lines 3 and Line 4d)	297	
6	Gallons of used oil collected as a result of filter processing	1104	
7	Gallons of used oil transferred to a used oil handler (transporter or processor)	1104	
8	Volume of oily waste collected and managed as a result of filter processing	Not broken out, separately combined with other oil waste documentation	
9	Description of oily waste management <u>Our 'picker uppers' handle and document</u>		

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

- Enter the number of Used Oil Filters on hand from previous year s inventory
- Enter the number of Used Oil Filters collected
- Enter the sum of Line 1 + Line 2
- Enter the number of filters managed by your facility in blocks 4a-c Enter the sum of 4a-c in block 4d
- Enter the number of filters on hand at your site as of December 31 last year
- Fill in the number of gallons of used oil collected by your filter operation
- Enter the number of gallons transferred to a used oil transporter or processor
- 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
- 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) 245-8754 email sebrina.bolton@dep.state.fl.us OR Phone (850) 245 8755 email aprilia.graves@dep.state.fl.us