



## Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Mimi A. Drew  
Secretary

09/16/2010

Carl Bryant  
Bio Waste Tech Inc  
3311 Pinewood Ave  
West Palm Beach, FL 33407-4845

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **3311 Pinewood Ave, West Palm Beach, FL 33407-4845** has been registered through **March 1, 2011** with the following status:

Facility ID # **FLR000169631**  
**Transporter of Universal Waste Lamps and Devices**

The registration form for the year **2011** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at [Laurie.Tenace@dep.state.fl.us](mailto:Laurie.Tenace@dep.state.fl.us).

Sincerely,

Laurie Tenace  
Environmental Specialist  
Waste Reduction Section

Enclosures





# 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

Received  
AUG 23 2010  
MHSB

Date Received  
(for FDEP Official Use Only)

EPA ID

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

Bio Waste Tech inc

FEID No

020818448

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

Name of Operator

Bio Waste Tech inc

☐ New Operator

Date became Operator 9/1/10  
mm dd yy

Street or P O Box

3311 Pine Wood Ave

Phone Number

561-502-3173

City or Town

West Palm Bch

State

FL

Zip Code

33407

Operator Type

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

## 4 Facility Physical Location Information

Physical Street Address

3311 Pine Wood Ave

City or Town

West Palm Bch

State

FL

Zip Code

33407

County

Choose PR

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

Latitude

dd mm ss ssss

Longitude

dd mm ss ssss

Method

Datum

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

A 562112

C 562119

## 6 Facility or Business Mailing Address

Street Address or P O Box

3311 Pine Wood Ave

City or Town

West Palm Bch

State

FL

Zip Code

33407

## 7 Facility or Business Contact Person

First Name

CHRIS

Last Name

BRYANT

Title

Owner

Phone Number

561-502-3173

Extension

E-Mail

BiowasteTech@yahoo.com

Street or P O Box

710 Ever Green DR

City or Town

Lake Park

State

FL

Zip Code

33403

## 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****(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/<br>Accumulate  | Transport<br>(see note in<br>instructions) | Handle at Transfer<br>Facility | (2) Enter your estimate of the maximum amount (in pounds)<br>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

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

**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) |
|---|----------------------|--------------------------|
|  | CARL BRYANT          | 8/17/10                  |
|   |                      |                          |
|   |                      |                          |

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**

## SLATON INSURANCE

P O Box 220537  
West Palm Beach, FL 33422  
Phone 561-683-8383 Fax 561-684-5995

Bio Waste Tech Inc  
710 Evergreen Drive  
Lake Park, FL 33403

| M E M O            |    |            | Page 1     |
|--------------------|----|------------|------------|
| ACCOUNT NO         | OF | DATE       |            |
| BIOWA-1            | MW | 11/30/2009 |            |
| POLICY INFORMATION |    |            |            |
| POLICY#            |    |            |            |
| PAC6856299         |    |            |            |
| TYPE               |    | EFFECTIVE  | EXPIRATION |
| CLIA               |    | 11/09/2010 | 11/09/2011 |

Carl

Re: Lia policy 11-9-09-10

Enclosed please find your copy of the above captioned policy. Please review your policy for accuracy and contact our office if any changes are required.

If I can be of any further service, please call. Thank you for placing your business with Slaton Insurance.

Cordially,



Mabel Wiggan

|   |               |   |                               |                                    |               |                                  |  |           |  |           |  |           |  |           |  |
|---|---------------|---|-------------------------------|------------------------------------|---------------|----------------------------------|--|-----------|--|-----------|--|-----------|--|-----------|--|
| <b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>   |               | OP ID MW<br>BIOWA-1   | DATE (MM/DD/YYYY)<br>03/18/09 |                                    |               |                                  |  |           |  |           |  |           |  |           |  |
| <b>PRODUCER</b><br><br>STANTON INSURANCE<br>P O Box 220537<br>West Palm Beach FL 33422<br>Phone 561-683-8383 Fax 561-684-5995 |               | 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><br><br>Bio Waste Tech Inc<br>710 Evergreen Drive<br>Lake Park FL 33403   |               | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>INSURERS AFFORDING COVERAGE</b></td> <td style="width: 50%;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A Penn America Insurance</td> <td></td> </tr> <tr> <td>INSURER B</td> <td></td> </tr> <tr> <td>INSURER C</td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> </table> |                               | <b>INSURERS AFFORDING COVERAGE</b> | <b>NAIC #</b> | INSURER A Penn America Insurance |  | INSURER B |  | INSURER C |  | INSURER D |  | INSURER E |  |
| <b>INSURERS AFFORDING COVERAGE</b>  | <b>NAIC #</b> |   |                               |                                    |               |                                  |  |           |  |           |  |           |  |           |  |
| INSURER A Penn America Insurance  |               |   |                               |                                    |               |                                  |  |           |  |           |  |           |  |           |  |
| INSURER B   |               |   |                               |                                    |               |                                  |  |           |  |           |  |           |  |           |  |
| INSURER C   |               |   |                               |                                    |               |                                  |  |           |  |           |  |           |  |           |  |
| INSURER D   |               |   |                               |                                    |               |                                  |  |           |  |           |  |           |  |           |  |
| INSURER E   |               |   |                               |                                    |               |                                  |  |           |  |           |  |           |  |           |  |

| <b>COVERAGES</b><br>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  | ADDTL | TYPE OF INSURANCE            | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| <table border="0" style="width: 100%;"> <tr> <td colspan="4"><b>GENERAL LIABILITY</b></td> <td colspan="4">EACH OCCURRENCE \$ 1,000,000</td> </tr> <tr> <td rowspan="4" style="vertical-align: top; width: 5%;">A</td> <td rowspan="4" style="vertical-align: top; width: 5%;">X</td> <td rowspan="4" style="vertical-align: top; width: 15%;">COMMERCIAL GENERAL LIABILITY</td> <td rowspan="4" style="vertical-align: top; width: 10%;">BINDER</td> <td rowspan="4" style="vertical-align: top; width: 10%;">03/18/09</td> <td rowspan="4" style="vertical-align: top; width: 10%;">03/18/10</td> <td colspan="2">DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000</td> </tr> <tr> <td colspan="2">MED EXP (Any one person) \$ 5,000</td> </tr> <tr> <td colspan="2">PERSONAL &amp; ADV INJURY \$ 1,000,000</td> </tr> <tr> <td colspan="2">GENERAL AGGREGATE \$ 2,000,000</td> </tr> <tr> <td colspan="6"></td> <td colspan="2">PRODUCTS COM/OP AGG \$ 1,000,000</td> </tr> <tr> <td colspan="8">           GEN L AGGREGATE LIMIT APPLIES PER<br/> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">POLICY</td> <td style="width: 33%;">PROJ</td> <td style="width: 33%;">LOC</td> </tr> </table> </td> </tr> <tr> <td colspan="8"><b>AUTOMOBILE LIABILITY</b></td> </tr> <tr> <td colspan="6" style="vertical-align: top;">           ANY AUTO<br/><br/>           ALL OWNED AUTOS<br/><br/>           SCHEDULED AUTOS<br/><br/>           HIRED AUTOS<br/><br/>           NON OWNED AUTOS         </td> <td colspan="2" style="vertical-align: top;">           COMBINED SINGLE LIMIT (Ea accident) \$ ---<br/><br/>           BODILY INJURY (Per person) \$ ---<br/><br/>           BODILY INJURY (Per accident) \$ ---<br/><br/>           PROPERTY DAMAGE (Per accident) \$ ---         </td> </tr> <tr> <td colspan="8"><b>GARAGE LIABILITY</b></td> </tr> <tr> <td colspan="6" style="vertical-align: top;">ANY AUTO</td> <td colspan="2" style="vertical-align: top;">           AUTO ONLY EA ACCIDENT \$ ---<br/>           OTHER THAN EA ACC \$ ---<br/>           AUTO ONLY AGG \$ ---         </td> </tr> <tr> <td colspan="8"><b>EXCESS/UMBRELLA LIABILITY</b></td> </tr> <tr> <td colspan="6" style="vertical-align: top;">           OCCUR CLAIMS MADE<br/><br/>           DEDUCTIBLE<br/>           RETENTION \$         </td> <td colspan="2" style="vertical-align: top;">           EACH OCCURRENCE \$ ---<br/>           AGGREGATE \$ ---<br/>           \$ ---<br/>           \$ ---<br/>           \$ ---         </td> </tr> <tr> <td colspan="8"><b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b></td> </tr> <tr> <td colspan="6" style="vertical-align: top;">           ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br/>           If yes, describe under SPECIAL PROVISIONS below<br/>           OTHER         </td> <td colspan="2" style="vertical-align: top;">           WC STATUTORY LIMITS OTH ER<br/>           E L EACH ACCIDENT \$ ---<br/>           E L DISEASE EA EMPLOYEE \$ ---<br/>           E L DISEASE POLICY LIMIT \$ ---         </td> </tr> <tr> <td colspan="8" style="height: 50px; vertical-align: top;">           DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS         </td> </tr> </table> |       |                              |               |                                  |                                   |   |  | <b>GENERAL LIABILITY</b> |      |     |  | EACH OCCURRENCE \$ 1,000,000 |  |  |  | A | X | COMMERCIAL GENERAL LIABILITY | BINDER | 03/18/09 | 03/18/10 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |  | MED EXP (Any one person) \$ 5,000 |  | PERSONAL & ADV INJURY \$ 1,000,000 |  | GENERAL AGGREGATE \$ 2,000,000 |  |  |  |  |  |  |  | PRODUCTS COM/OP AGG \$ 1,000,000 |  | GEN L AGGREGATE LIMIT APPLIES PER<br><table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">POLICY</td> <td style="width: 33%;">PROJ</td> <td style="width: 33%;">LOC</td> </tr> </table> |  |  |  |  |  |  |  | POLICY | PROJ | LOC | <b>AUTOMOBILE LIABILITY</b> |  |  |  |  |  |  |  | ANY AUTO<br><br>ALL OWNED AUTOS<br><br>SCHEDULED AUTOS<br><br>HIRED AUTOS<br><br>NON OWNED AUTOS |  |  |  |  |  | COMBINED SINGLE LIMIT (Ea accident) \$ ---<br><br>BODILY INJURY (Per person) \$ ---<br><br>BODILY INJURY (Per accident) \$ ---<br><br>PROPERTY DAMAGE (Per accident) \$ --- |  | <b>GARAGE LIABILITY</b> |  |  |  |  |  |  |  | ANY AUTO |  |  |  |  |  | AUTO ONLY EA ACCIDENT \$ ---<br>OTHER THAN EA ACC \$ ---<br>AUTO ONLY AGG \$ --- |  | <b>EXCESS/UMBRELLA LIABILITY</b> |  |  |  |  |  |  |  | OCCUR CLAIMS MADE<br><br>DEDUCTIBLE<br>RETENTION \$ |  |  |  |  |  | EACH OCCURRENCE \$ ---<br>AGGREGATE \$ ---<br>\$ ---<br>\$ ---<br>\$ --- |  | <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> |  |  |  |  |  |  |  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below<br>OTHER |  |  |  |  |  | WC STATUTORY LIMITS OTH ER<br>E L EACH ACCIDENT \$ ---<br>E L DISEASE EA EMPLOYEE \$ ---<br>E L DISEASE POLICY LIMIT \$ --- |  | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS |  |  |  |  |  |  |  |
| <b>GENERAL LIABILITY</b>  |       |                              |               | EACH OCCURRENCE \$ 1,000,000     |                                   |   |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| A   | X     | COMMERCIAL GENERAL LIABILITY | BINDER        | 03/18/09                         | 03/18/10                          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000  |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
|   |       |                              |               |                                  |                                   | MED EXP (Any one person) \$ 5,000   |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
|   |       |                              |               |                                  |                                   | PERSONAL & ADV INJURY \$ 1,000,000  |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
|   |       |                              |               |                                  |                                   | GENERAL AGGREGATE \$ 2,000,000  |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
|   |       |                              |               |                                  |                                   | PRODUCTS COM/OP AGG \$ 1,000,000  |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| GEN L AGGREGATE LIMIT APPLIES PER<br><table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">POLICY</td> <td style="width: 33%;">PROJ</td> <td style="width: 33%;">LOC</td> </tr> </table>   |       |                              |               |                                  |                                   |   |  | POLICY                   | PROJ | LOC |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| POLICY  | PROJ  | LOC                          |               |                                  |                                   |   |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| <b>AUTOMOBILE LIABILITY</b>   |       |                              |               |                                  |                                   |   |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| ANY AUTO<br><br>ALL OWNED AUTOS<br><br>SCHEDULED AUTOS<br><br>HIRED AUTOS<br><br>NON OWNED AUTOS  |       |                              |               |                                  |                                   | COMBINED SINGLE LIMIT (Ea accident) \$ ---<br><br>BODILY INJURY (Per person) \$ ---<br><br>BODILY INJURY (Per accident) \$ ---<br><br>PROPERTY DAMAGE (Per accident) \$ --- |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| <b>GARAGE LIABILITY</b>   |       |                              |               |                                  |                                   |   |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| ANY AUTO  |       |                              |               |                                  |                                   | AUTO ONLY EA ACCIDENT \$ ---<br>OTHER THAN EA ACC \$ ---<br>AUTO ONLY AGG \$ ---  |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| <b>EXCESS/UMBRELLA LIABILITY</b>  |       |                              |               |                                  |                                   |   |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| OCCUR CLAIMS MADE<br><br>DEDUCTIBLE<br>RETENTION \$   |       |                              |               |                                  |                                   | EACH OCCURRENCE \$ ---<br>AGGREGATE \$ ---<br>\$ ---<br>\$ ---<br>\$ ---  |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>   |       |                              |               |                                  |                                   |   |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below<br>OTHER   |       |                              |               |                                  |                                   | WC STATUTORY LIMITS OTH ER<br>E L EACH ACCIDENT \$ ---<br>E L DISEASE EA EMPLOYEE \$ ---<br>E L DISEASE POLICY LIMIT \$ ---   |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS   |       |                              |               |                                  |                                   |   |  |                          |      |     |  |                              |  |  |  |   |   |                              |        |          |          |  |  |                                   |  |                                    |  |                                |  |  |  |  |  |  |  |                                  |  |   |  |  |  |  |  |  |  |        |      |     |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |                         |  |  |  |  |  |  |  |          |  |  |  |  |  |  |  |                                  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |  |

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b><br><br><div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> <p style="text-align: center; margin-top: 10px;">For Information only</p> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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.<br><br>AUTHORIZED REPRESENTATIVE<br><div style="text-align: center; margin-top: 10px;"> </div> |
|---|--|



# CERTIFICATE OF COMPLETION

This Certificate is awarded to

**CARL BRYANT**

For the satisfactory completion of 40 hours of training in

**HAZARDOUS WASTE OPERATIONS AND EMERGENCY RESPONSE**

TO COMPLY WITH OSHA 1910.120

**Certificate Number: 072601H**



Training Administrator / Timothy Pinckney



April 24, 2007

Annual Refreshers Required

Environmental Management Training / 1105 South 10<sup>th</sup> Street / Tacoma, Washington 98405

[www.emtnw.com](http://www.emtnw.com) (253) 627-2443

# CERTIFICATE OF COMPLETION

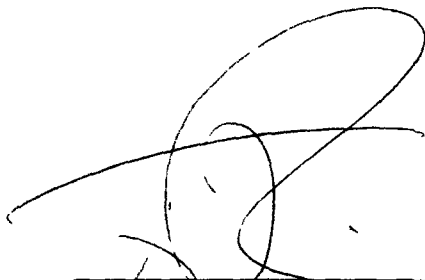
This Certificate is awarded to

**CARL BRYANT**

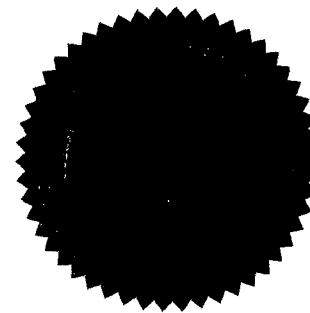
For the satisfactory completion of 8 Hour Training in

**BLOODBORNE PATHOGENS/HIV**

**Certificate Number: 011701B**



Training Administrator / Timothy Pinckney



**January 17, 2007**

**Annual Refreshers Required**

**Environmental Management Training / 1105 South 10<sup>th</sup> Street / Tacoma, Washington 98405**

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# CERTIFICATE OF COMPLETION

This Certificate is awarded to

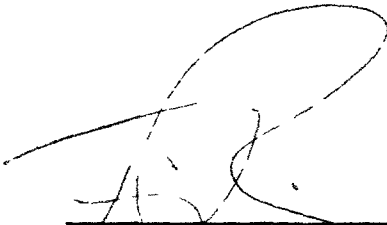
**CARL BRYANT**

For the satisfactory completion of 24 hours of training in

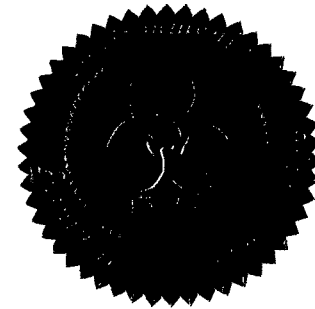
**MICROBIAL REMEDIATION**

TO COMPLY WITH EPA 402-K-01-001

**Certificate Number: 041302M**



Training Administrator / Timothy Pinckney



April 13, 2007

**Environmental Management Training LLC / 1105 South 10<sup>th</sup> St / Tacoma, WA 98405**  
**www.emtnw.com (800) 972-6508 / (253) 627-2443**