

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

October 15, 2010

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

BE IT KNOWN THAT

Kelly Tractor Company 8255 NW 58th St Doral, FL 33166- 3493

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number FLD981925811 on October 15, 2010
Insurance Carrier: HARTFORD FIRE INSURANCE CO

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)

MHSA

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EPA ID F L D	9 8 1 9 2	2 5 8	1 1		MTS		,	čěl keq	8 8	
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	KELLY TRACTOR COMPANY					FEID No 5 9 0 1 9 7 6 3 0				
3 Facility Operator (List additional Operators in the	Name of Operator KELLY TRACTOR COMPANY				New Operator Date became Operator mm dd yy					
comments section)	Street or PO B	ox	8255 N	W ŧ	58TH STREET	Phone Number 305-592-5374				
: 	City or Town		DOI	RAI		State	FL	Zıp Code	33166	
	Operator Type	⊠ Private	Federa	1	Municipal	State [Other	*		
4 Facility Physical Location Information	Physical Street Address 8255 NW					58TH STREET				
	City or Town DORAL				State	FL	Zıp Code	33166		
	County Dade			If available, please attach a map or sketch of the facility boundaries						
	Latitude 2 5 4 9 3 6 49N Longitude 8 0 1 9 5 5 65W Method dd mm s s ssss Datum									
5 Facility North Am	tem (NAICS) A 81131 C 49311			10 B 441229			29			
Code(s)				10 P						
6 Facility or Business Mailing	Street Address or PO Box					SAME				
Address	City or Town					State		Zıp Code		
7 Facility or Business Contact	First Name	RI	CK		Last Name K	RINOC	K	1	TRAINING	
Person	Phone Number	305-	592-5374		Extension 1308	E-Mail	RICK		(@KELLYTRACT COM ■	
	Street or P O Box 8255 NW 58TH STREET									
	City or Town DORAL					State	FL	Zıp Code	33166	
8 Real Property (Land) Owner of the Facility's	Name of Real Property (Land) Owner KELLY TRACTOR COMPANY				New Owner Date became Owner mm dd yy					
Physical Location (List additional	Street or P O Box 8255 NW 58TH STREET				Phone Number 305-592-5374					
real property owners in the comments	City or Town DORAL				State	FL	Zıp Code	33166		
section)	Owner Type Private Federal Municipal State Other									

	EPA ID No FLD981925811							
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) \[\begin{align*} \text{\tex{\tex	For Items 2 through 7, mark 'X' in all that apply (2) Treater, Storer, or Disposer of Hazardous Waste							
(2 2 lbs) or less of <i>acute</i> 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 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								

	EPA ID No FLD981925811						
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 Small Quantity Handler (SQH) = always less than 5,000 kg accurately	· ·						
Mercury-containing devices LQH = 100 kg (220 lb) or more accommod Mercury containing devices SQH = less than 100 kg accumulated	•						
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8 000 lamp Mercury-containing lamps SQH = less than 2,000 kg (8 000 lamp [Note 4 lamps = 1 kg, 62 737 200(10)] Pharmaceuticals LQH = 5,000 kg or more of universal pharmace Pharmaceuticals LQH = more than 1 kg (2 2 lb) of acutely hazard Pharmaceuticals SQH = always less than 5,000 kg of UPW and a	amps) accumulated by for-hire handler acceutical waste (UPW) accumulated zardous ("P-listed") pharmaceutical waste accumulated						
III For those Managing	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time						
a Batteries b Pesticides c Pharmaceuticals d Mercury Containing Devices e Mercury Containing Lamps	16 000						
· · · · · · · · · · · · · · · · · · ·	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 activit storage prior to recy	ty a facility must treat dispose or recycle a UW A permit is required for yoling						
(1) Used Oil Transporter - indicate type(s) of activity(ies)	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						
payable to Florida Department of Environmental Protection	(9) The records required under the provisions of Rule 62-710 510, FAC, are kept at (check one) ☑ Our mailing (business) address ☐ The site (facility) address						

					EPA ID No	FLD9	981925811	
D Othe	O 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 Wa	ste Code	es for Federally	Regulated Hazai	rdous Wastes	List the waste code	es of the Federal haz	zardous wastes handled at	
your fac	ılıty Lıst	them in the order t	hey are presented in	n the regulations	(eg, D001 D003 I	F007 U112)		
Hazardo	us waste t	ransporters list cod	les routinely or usua	ally transported	Use an additional pa	age if more spaces a	are needed	
^I D	001	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 Ot	her Statu	is Changes (Ma	rk 'X' in all that a	pply)				
A No								
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								
	C Pro	perty Tax Default	:	☐ D Petiti	on 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. Lam aware that transfer facilities must comply with the requirements of Rule 62 730 171, FAC, and Rule 62 730 182, FAC								
Signati	ure of or	vner, operator, c represe <u>nta</u> tive	or an authorized]	Print Name and	Γıtle	Date Signed (mm-dd-yyyy)	
represenditive				RICK KRINO	CK	6/24/2010		
w	()							
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	•)	A AMERICAN AND A STATE OF THE S			
5460 801 l	East Su	garland, Hıwa	Vest Palm Bea y Clewiston, F t Myers, Fl 33	1 33440				



Department of Environmental Protection FDEP MS 4565 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #82-710.901(4)
Form Tate Confriction of Unitary Insurance
Used Oil Transporters
Effective Date Arna 9, 2005

Certificate of Liability Insurance Used Oil Transporters Please Print or Type Form

1.	HARTFORD FIRE INSURANCE CO. , (the Insurer), 1 HA (Name of the Insurer) (Add	RTFORD PLAZA, Hidress of the Insurer)	ARTFORD,	CT 061	105	
	hereby certifies that it has issued liability insurance to: KELLY TRAC	TOR CO. the Insured)	(the insu	, ,	025	044
	8255 NW 58TH ST, MIAMI, FL 33166 whose E	•			925 926	811 843
	•		FLD		926	488
	This insurance complies with the insured's obligation to demonstrate the	·	y required by	/ Florida		
	Administrative Code Rule 62-710.600(2)(d). (See page 2 on the back si	_				
	The insurance is primary and the company shall be liable for amounts up					
	retention of \$ for each accident exclusive of legs	al defense costs. If a c	leductible or	retentio	n is ap	plied,
	its amount may not exceed 10% of the equity of the Insured.					
	This coverage is provided under policy number 81 UEN 0C1438	, issued on	10/1/10		_	
	The expiration date of said policy is 3/1/11 or the ann (Date)	ual renewal date is	(Date) (Date)		<i>→</i>	
2.	The Insurer further certifies the following with respect to the insurance de	escribed in Paragraph	1:			
	a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of	of its obligations under	this policy.			
	b. The insurer is liable for the payment of amounts within any deductible by the insured for any such payment made by the insurer.	applicable to the police	cy, with a rig	ht of rein	nourse	ement
	c. Whenever requested by the Secretary (or designee) of the Florida De Insurer agrees to furnish to the Department a signed duplicate original of			tion (FD	EP), th	e
	d. Cancellation of the insurance, whether by the Insurer or the Insured of expiration or non-renewal), will be effective only upon written notice and of such written notice is received by the Secretary of the FDEP as evided.	only after the expiration	n of thirty (3	0) days	: (e.g. atter a	сору
	 The Insurer shall not be liable for the payment of any judgment or judgments which occur after the termination of the insurance described the Insurer for the payment of any such judgments resulting from accided 	erein, but such termin	ation shall n	ot affect	the lial	bility of
	I hereby certify that the Insurer is licensed to transact the business of insurplus lines insurer, in one or more States, including Florida.	surance, or eligible to p	orovide insur	ance as	ал өхс	cess or
<u>-</u>	signature of insurer of Authorized Representative)	Authorized Represen	tative of			
ţŪ	SHARAN GOMES	HARTFORD FIRE	INSURANC	E CO		
π	ype Name)	(Name of Insurer)			<u> </u>	
_		RD PLAZA, HARTE	ORD, CT O	6105_		
a T	itle) (Address of Range	acantativa\				

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DEP Form #<u>62-710 901(4)</u>
Form Title Cardicate <u>of Liability</u>
Insurance Used Oil Transporters
Effective Date <u>Aug. 9, 2003</u>

Chapter 62-710.600(2)(e), Florida Administrative Code Certification Program for Used Oil Transporters

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such

insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or

threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense

relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times

and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible

(with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of

the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized

or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy

with the same carrier; or

For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer

of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4555, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: scbrcna.peck@dep.state.fl.us, OR

Phone (850) 245-8755, email: richard.neves@dep.state.fl.us

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