



## 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

September 15, 2010

Brenda Hassler  
Safety - Kleen Systems Inc  
3003 Breezewood Ln  
Neenah, WI 54956-9611

Re: Florida Hazardous Waste Transporter Approval

Dear Brenda Hassler:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Brenda Hassler  
October 20, 2010  
Page Two

If you intend to operate a hazardous waste transfer facility, please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C. Also, please review the attached letter of March 11, 2009 addressed to all hazardous waste transporters who have notified of existing transfer facilities, subject: Required Submittal of Supplemental Information.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves  
Engineering Specialist IV  
Hazardous Waste Regulation Section

AG

Enclosures: Hazardous Waste Transporter Approval Certificate  
Hazardous Waste Transporter Status Form (with insurance verification)  
Sections [62-730.170](#) and [62-730.171](#) , FAC



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2600 Blair Stone Road  
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\*\*\*\*\*

## HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

\*\*\*\*\*

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Safety - Kleen Systems Inc

FACILITY ID NO: FLD980847214

FACILITY ADDRESS: 161 Industrial Loop S  
Orange Park, FL 32073-6259

INSURANCE CARRIER: GREENWICH INSURANCE

INSURANCE POLICY#: PEC002102004

EFFECTIVE DATE: September 01, 2010

EXPIRATION DATE: September 01, 2011

APPROVED TRANSFER FACILITY: YES

APPROVAL ISSUED BY: Aprilia Graves DATE: October 20, 2010

Aprilia Graves  
Engineering Specialist IV  
Hazardous Waste Regulation Section  
850/245-8755



Received

JUL 16 2010

BSHW



3003 W Breezewood Lane PO Box 368  
Neenah Wisconsin 54957-0368  
(920) 722-2848 • jjkeller.com

*Publishing & Services Since 1953*

July 15, 2010

Renewal Department  
Dept of Environmental Protection  
2600 Blair Stone Road  
Tallahassee FL 32399-2400

SUBJECT Safety-Kleen Systems Inc Hazardous Waste Transporter renewal

Enclosed are the 2011 Hazardous Waste Transporter renewal applications for Safety-Kleen Systems I did include a copy of each form 8700-12FL Florida Notification of Regulated Waste Activity that was sent in at the beginning of the year Please process the renewals and email Brenda Hassler at J J Keller the new permit Her email address is [Bhassler@jjkeller.com](mailto:Bhassler@jjkeller.com)

If you have any questions, please call me at 800-558-5011 ext 2397

Sincerely,

Brenda Schaffer  
Client Service Representative

Are your services commercially available? NO

Received

JUL 16 2010

STATE OF FLORIDA

**HAZARDOUS WASTE TRANSPORTER STATUS FORM BSHW**

**I Transporter Identification**

Transporter Name SAFETY-KLEEN SYSTEMS INC  
Transporter EPA ID FLD 980 847 214  
Location Address 161 INDUSTRIAL LOOP SOUTH  
ORANGE PARK FL 32073  
Contact BRENDA HASSLER Telephone 800-558-5011 EXT 7351  
Mailing Address 3003 W BREEZEWOOD LANE PO BOX 368  
NEENAH WI 54957

**II Insurance Information**

Insurance Company Greenwich Insurance Company PA  
Address 550 South Main Street, Suite 600  
DALLAS TX 75201 Greenville, SC 29601  
Contact LOCKTON C PEC002102004  
Policy Number 09491 09/01/2011  
Expiration date 9/1/2011

**III Waste Information**

EPA Waste Codes for Waste Routinely or Usually Transported

SEE COMMENT

Comments ALL WASTE LISTED IN 40CFR

**IV Certification**

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge

SAFETY-KLEEN SYSTEMS INC BY BRENDA SCHAFER FOR J J KELLER/AUTH AGENT

Print/Type Name Title

Brenda Schaffer for J.J. Keller/Auth Agent 7-15-10  
Signature Date Signed

V The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730 170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 09/01/2011 Date

APPROVED by Theresa A. Sullivan, changes approved by the Certifier by phone 09/15/2010

Signature of Florida Department of Environmental Protection Representative Date Signed



# 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

EPA ID 

F	L	D	9	8	0	8	4	7	2	1	4
---	---	---	---	---	---	---	---	---	---	---	---

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) *Renewal for Hazard waste permit*

☐ Is this the final notification (see instructions) for the facility?

Received

JUL 16 2010

BSHW

2 Facility or

Business Name SAFETY-KLEEN SYSTEMS INC

FEID No

3	9	6	0	9	0	0	1	9
---	---	---	---	---	---	---	---	---

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

Name of Operator

SAFETY-KLEEN SYSTEMS INC

Street or P O Box

161 INDUSTRIAL LOOP SOUTH

City or Town

ORANGE PARK

☐ New Operator

Date became Operator 10 / 20 / 86  
mm dd yy

Phone Number

904-264-2607

State

FL

Zip Code

32073

Operator Type

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4 Facility Physical  
Location  
Information

Physical Street Address

161 INDUSTRIAL LOOP SOUTH

City or Town

ORANGE PARK

State

FL

Zip Code

32073

County

Choose

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

Latitude

--	--	--	--	--	--	--	--

  
d d m m s s ssss

Longitude

--	--	--	--	--	--	--	--

  
d d m m s s ssss

Method

Datum

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

A

562112

C

B

D

6 Facility or  
Business Mailing  
Address

Street Address or P O Box

3003 BREEZEWOOD LANE PO BOX 368

City or Town

NEENAH

State

WI

Zip Code

54957-0368

7 Facility or  
Business Contact  
Person

First Name

BRENDA

Last Name

HASSLER

Title

AUTH AGENT

Phone Number

800-558-5011

Extension

7351

E-Mail

Bhassler@nkeller.com

Street or P O Box

3003 W BREEZEWOOD LANE

City or Town

NEENAH

State

WI

Zip Code

54957

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

SAFETY-KLEEN SYSTEMS INC

Street or P O Box

5360 LEGACY DRIVE BLDG 2 SUITE 100

City or Town

PLANO

☐ New Owner

Date became Owner 10 / 20 / 86  
mm dd yy

Phone Number

800-669-5840

State

TX

Zip Code

75024

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 NATIONAL UNION FIRE INS CO OF PITTSBURG PA C/O LOCKTON COMPANIESAddress 717 N HARWOOD LB# 27DALLASTX 75201Contact CARLA AYER - SK RISK MANAGEMENTTelephone 972-265-2854Policy Number MULTIPLE SEE ATTACHEDExpiration date 9/1/10**d Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_**e ☒ Hazardous Waste Transfer Facility**Storage Volume 14080 GALLONS☐ 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	550
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	500
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	150
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1300

(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

*Brenda Schaffer/JJ Keller*  
Signature of Authorized Person

BRENDA SCHAFFER/ JJ KELLER/ AUTH AGENT  
Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection

☐ A check is enclosed

(9) The records required under the provisions of Rule 62-710 510, F A C , are kept at (check one)

- ☐ our mailing (business) address
- ☒ The site (facility) address



**D Other State Regulated Waste Activities**☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F A C]

Note A water facility permit may be required for this activity

**10 Waste Codes for Federally Regulated Hazardous Wastes** List the waste codes of the Federal hazardous wastes handled at your facility List them in the order they are presented in the regulations (e g , D001, D003, F007, U112)

Hazardous waste transporters list codes routinely or usually transported Use an additional page if more spaces are needed

1	D001	2	D004	3	D005	4	D006	5	D007	6	D008	7	D009
8	D010	9	D011	10	D018	11	D019	12	D021	13	D022	14	D023
15	D024	16	D025	17	D026	18	D027	19	D028	20	D029	21	D030
22	D032	23	D033	24	D034	25	D035	26	D036	27	D037	28	D038

**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)***Brenda Schaffer/JJ Keller*BRENDA SCHAFFER/JJ Keller  
Authorized Agent

07-15-2010

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

BRENDA SCHAFFER/JJ KELLER/ AUTH AGENT  
(Name of person completing this form)800-558-5011 EXT 2397  
(Phone Number)bschaffer@jnkeller.com  
(E-mail Address)**13 Comments**

#10 (CONT) D039, D040, D041, D042, D043, F002, F003, F005

Producer Lockton Companies, LLC-N Dallas  
717 N Harwood, LB#27  
Dallas, TX 75201

Page 2

Insured Safety Kleen Systems, Inc  
and all its Subsidiaries and  
Affiliated Companies

## **WORKER'S COMPENSATION POLICIES**

### **CALIFORNIA**

Policy Number 1705032

Insurer New Hampshire Insurance Company NAIC #23841

### **FLORIDA**

Policy Number 1705028

Insurer Illinois National Insurance Company NAIC #23817

### **OREGON**

Policy Number 1705029

Insurer National Union Fire Insurance Company of Pittsburgh, PA NAIC #19445

### **TEXAS**

Policy Number 1705030

Insurer New Hampshire Insurance Company NAIC #23841

### **WISCONSIN AND WYOMING**

Policy Number 1705033

Insurer Commerce and Industry Insurance Company NAIC #19410

### **OHIO**

Policy Number 0910906

Insurer Illinois National Insurance Company NAIC #23817

### **MASSACHUSETTES**

Policy Number 1705031

Insurer Insurance Company of the State of PA NAIC #19445

### **ALL OTHER STATES**

Policy Number 1705034

Insurer New Hampshire Insurance Company NAIC #23841



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/03/2010**PRODUCER**Marsh USA Inc.  
550 South Main Street, Suite 600  
Greenville, SC 29601  
Attn: Greenville.certrequest@marsh.com /212-948-4388 Fax

THIS CERTIFICATION 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.

**INSURERS AFFORDING COVERAGE****NAIC #**

INSURER A: American International Specialty Lines Ins Co

26883

INSURER B: Greenwich Insurance Company

22322

INSURER C:

INSURER D:

INSURER E:

**INSURED**SAFETY-KLEEN SYSTEMS, INC. AND ITS  
SUBSIDIARIES AND AFFILIATED COMPANIES  
5360 LEGACY DRIVE  
BUILDING 2, SUITE 100  
PLANO, TX 75024**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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES(Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N  (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>OTHER Contractors</b> Ops & Prof Svcs	COPS1959257	09/01/2010	09/01/2011	Each Loss 5,000,000 Aggregate 10,000,000
B	<b>Pollution Legal Liability</b>	PEC002102004	09/01/2010	09/01/2011	Each Loss 10,000,000 Aggregate 10,000,000

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

**CERTIFICATE HOLDER**

ATL-002052727-02

FL DEPARTMENT OF ENVIRONMENTAL  
PROTECTION  
HAZARDOUS WASTE MANAGEMENT SECTION-MS4555  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FL 32399-2400**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  
of Marsh USA Inc.

## **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**

This Certificate of Insurance 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.



**62-730.170 Standards Applicable to Transporters of Hazardous Waste.**

(1) The Department adopts by reference 40 CFR Part 263 revised as of July 1, 2007.

(2) In addition to the requirements of subsection (1) of this rule, no person shall transport a hazardous waste within the state for which either a manifest is required under 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] or a reclamation agreement is entered between a generator and recycler pursuant to 40 CFR 263.20 [as adopted in subsection 62-730.170(1), F.A.C.] unless compliance with the following special requirements have been demonstrated.

(a) The transporter shall have and maintain financial responsibility for sudden accidental occurrences in a minimum amount of \$1,000,000 per occurrence for combined coverage of injury to persons and for damage to property and the environment from the spillage of hazardous waste while such wastes are being transported including the costs of cleaning up the spill. Such financial responsibility shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. Such financial responsibility shall be maintained at all times, be exclusive of legal defense costs, and be established by any one or a combination of the following:

1. Evidence of casualty/liability insurance on an occurrence basis with or without a deductible. With the deductible the Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer. Each insurance policy must be evidenced by a certificate of liability insurance or amended by attachment of an endorsement.

2. Surety bonds.

(b) Evidence of coverage shall include submittal of an originally signed copy of one or more of the following forms, which are hereby adopted and incorporated by reference:

1. Hazardous Waste Transporter Certificate of Liability Insurance, Form 62-730.900(5)(a), effective date January 29, 2006.

2. Hazardous Waste Transporter Liability Endorsement, Form 62-730.900(5)(b), effective date January 29, 2006

3. Hazardous Waste Transporter Liability Surety Bond, Form 62-730.900(5)(c), effective date January 29, 2006.

Rule 62-730.900, F.A.C., contains information on obtaining a copy of these forms.

(c) The insurance policy, including all endorsements, or the liability surety bond must be maintained at the carrier's principal place of business.

(d) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection, the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.

(e) The transporter shall annually submit to the Department two originally signed Transporter Status Forms, Form 62-730.900(5)(d), effective date January 5, 1995, which is hereby adopted and incorporated by reference. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form. The Department shall complete the approval part of the form and return one of the originally signed forms to the transporter after verifying that the transporter is complying with the financial responsibility requirements of this section. A copy of this form complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transporter. This approval is non-transferable and non-assignable.

(f) This subsection does not apply to any person who transports hazardous waste only on the site of a hazardous waste generator or a permitted hazardous waste treatment, storage, or disposal facility.

(g) States and the federal government are exempt from the requirements of this subsection.

(3) Evidence of financial responsibility, updated for the current year, shall be verified annually by the submission of the appropriate form described in paragraph (2)(b) of this section or by the submission of a certificate of insurance. A certificate of insurance shall include a certification by the insurer that the original insurance policy and all endorsements are still in full force and effect as evidenced on the original forms submitted to the Department.

*Specific Authority 403.704, 403.721, 403.724, 403.8055 FS. Law Implemented 403.704, 403.721, 403.724 FS. History—New 11-8-81, Amended 5-31-84, 9-13-84, Formerly 17-30.17, Amended 9-19-86, 3-31-87, 5-26-87, 6-28-88, Formerly 17-30.170, Amended 1-25-89, 8-13-90, 9-10-91, 10-14-92, 10-7-93, Formerly 17-730.170, Amended 1-5-95, 4-30-97, 8-19-98, 2-4-00, 12-20-00, 8-1-02, 10-1-04, 1-29-06, 4-6-06, 5-1-07, 4-25-08.*

#### **62-730.171 Transfer Facilities.**

(1) 40 CFR 263.12 [as adopted by reference in subsection 62-730.170(1), F.A.C.] provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for 10 days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than 10 days, the facility is subject to the permitting requirements for a hazardous waste storage facility.

(2)(a) The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but 10 days or less (hereinafter referred to as “the transfer facility”) shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009 [adopted by reference in paragraph 62-730.150(2)(a), F.A.C.].

(b) Notification pursuant to this subsection shall be submitted at least 30 days before the storage of hazardous waste is to begin at a transfer facility.

(c) The notification shall include the information and documentation required by subsection 62-730.171(3), F.A.C.

(d) The transfer facility shall annually submit updated information on Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

(3)(a) The following items constitute initial transfer facility notification:

1. Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), F.S. The Certification shall state a factual basis for the conclusion that the location criteria are met, and how those facts were determined.

2. Completed Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

3. Evidence of the transporter’s financial responsibility as required under subsection 62-730.170(3), F.A.C.

4. A brief general description of the transfer facility operations, including customer base, anticipated waste codes, operating procedures, structures and equipment (with the maximum design capacity for storage), including engineering drawings or sketches if any.

5. A copy of a closure plan demonstrating that the transfer facility will be closed in a manner which satisfies the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115 [as adopted by reference in subsection 62-730.180(2), F.A.C.].

6. A copy of the contingency and emergency plan required by paragraph 62-730.171(4)(a), F.A.C.

7. A map or maps of the transfer facility, depicting property boundaries, access control, buildings or other structures and pertinent features (such as recreation areas, runoff and stormwater control systems, access or internal roads, sanitary and process sewer systems, loading and unloading areas, and fire control equipment.)

(b) A transporter who is operating a transfer facility must notify the Department prior to making changes in any of the items listed in paragraph 62-730.171(3)(a), F.A.C.

(c) No person shall operate a transfer facility before receiving confirmation from the Department that the initial notification package is complete and technically adequate and receiving an EPA identification number for the transfer facility.

(4) A transfer facility shall comply with the following requirements:

(a) 40 CFR Part 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13, as adopted by reference in subsection 62-730.180(2), F.A.C.

(b) The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10 [as adopted by reference in subsection 62-730.170(1), F.A.C.].

(5) Hazardous waste stored at transfer facilities in containers or vehicles shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.

(6) The transfer facility shall maintain a written record of the items listed below. This recordkeeping requirement applies to all hazardous waste that enters and leaves the transfer facility, including hazardous waste generated by CESQGs. Records required in this subsection shall be maintained in permanent form for at least three years and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.

(a) Manifest number for each shipment that enters and leaves the facility, or, for a shipment from a CESQG without a manifest, an identifying number from the shipping document.

(b) The date when all hazardous waste enters and leaves the facility.

(c) The generator's name and the EPA/DEP identification number. For CESQGs without an EPA/DEP identification number, the record shall include the name and address of the generator.

(d) Amounts of hazardous waste and hazardous waste codes associated with each shipment into and out of the facility.

(7) Within 60 days of closure of the transfer facility, the transporter who is owner or operator of the transfer facility shall submit to the Department a certification that the facility has been closed in accordance with the specifications in the closure plan. The certification shall be signed by the owner or operator of the transfer facility, by the owner of the real property where the transfer facility is located, and by a Florida-registered, professional engineer.

(8) Construction, initial operation or substantial modification of a transfer facility which stores shipments of hazardous waste that are required to be manifested, and which does not comply with the location standards in Section 403.7211, F.S., is prohibited. A transporter operating a transfer facility is subject to the demonstration requirements of subsections 62-730.182(3)-(8), F.A.C., regarding substantial modification.

*Specific Authority 403.0877, 403.704, 403.721 FS. Law Implemented 403.0877, 403.704, 403.721 FS. History—New 3-2-86, Amended 6-28-88, Formerly 17-30.171, Amended 8-13-90, 9-10-91, 10-14-92, Formerly 17-730.171, Amended 1-5-95, 1-29-06, 10-28-08, 1-4-09.*