



# Florida Department of Environmental Protection

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

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Herschel T. Vinyard, Jr.  
Secretary

January 20, 2011

Jim Ciolkosz  
Stericycle Specialty Waste Solutions Inc  
2850 100th Ct NE  
Blaine, MN 55449-5137

Re: Florida Hazardous Waste Transporter Approval

Dear Jim Ciolkosz:

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.

Jim Ciolkosz  
January 20, 2011  
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



# Florida Department of Environmental Protection

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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: Stericycle Specialty Waste Solutions Inc

FACILITY ID NO: MNS000110924

FACILITY ADDRESS: 2850 100th NE  
Blaine, MN 55449

INSURANCE CARRIER: ZURICH AMERICAN INSURANCE

INSURANCE POLICY#: TRK9377341-07

EFFECTIVE DATE: November 08, 2008

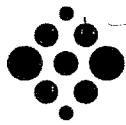
EXPIRATION DATE: November 08, 2011

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY:

DATE: January 20, 2011

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



**Stericycle®**

Specialty Waste Solutions

December 8, 2010

Ms. Aprilia Graves  
Florida Department of Environmental Protection  
DEP Waste Management Division – HWRS  
MS 4560  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

**Received**  
**DEC 13 2010**  
**BSHW**

*via UPS: 1Z 414 6X8 03 7098 9877*

Dear Ms. Graves,

Persuant to FAC Section 62-730.170, Stericycle Specialty Waste Solutions Inc., is submitting an updated original certificate of insurance and endorsement. Please be aware that the insurance carrier information has changed, therefore I have also included two copies of the Hazardous Waste Transporter Status Form. Please return one copy of the Transporter Status Form to me via email or at 2850 100<sup>th</sup> Court NE, Blaine, MN 55449. Thank you and feel free to call me at (612) 490-5224 if there are any questions.

Sincerely,

James A. Ciolkosz  
District Manager  
[jciolkosz@stericycle.com](mailto:jciolkosz@stericycle.com)

**Stericycle Specialty Waste Solutions, Inc.**

2850 100<sup>th</sup> Court NE · Blaine, Minnesota 55449 · Phone (612) 285-9865 · Fax (612) 285-9000 · [www.stericycle.com](http://www.stericycle.com)

Are your services commercially available? YES

## STATE OF FLORIDA

### HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: Stericycle Specialty Waste Solutions, Inc.

Transporter EPA ID: MNS000110924

Location Address: 2850 100<sup>th</sup> NE  
Blaine, MN 55449

Contact: Jim Ciolkosz Telephone: (612) 490-5224

Mailing Address: same above

II. Insurance Information:

Insurance Company Zurich American Insurance Company

Address 1400 American Lane, Schaumburg, IL 60196

Contact: Dorothy Parrott Telephone: (312) 627-6442

Policy Number: TRK 9377341-07

Expiration date: 11-08-2011

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

All D codes, All F codes, All K codes, All U codes, All P codes

Comments: \_\_\_\_\_

IV. Certification:

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

Print/Type Name

*James Ciolkosz (cm)*  
James Ciolkosz

Title

*District Manager*

Signature Date Signed

*December 8, 2010*

\*\*\*\*\*

\*\*\*\*\* 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 11/08/2011. Date

**APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 1/20/2011**

Signature of Florida Department of Environmental Protection Representative

Date Signed

Are your services commercially available? YES

## STATE OF FLORIDA

### HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: Stericycle Specialty Waste Solutions, Inc.

Transporter EPA ID: MNS000110924

Location Address: 2850 100<sup>th</sup> NE

Blaine, MN 55449

Contact: Jim Ciolkosz Telephone: (612) 490-5224

Mailing Address: same above

II. Insurance Information:

Insurance Company Zurich American Insurance Company

Address 1400 American Lane, Schaumburg, IL 60196

Contact: Dorothy Parrott Telephone: (312) 627-6442

Policy Number: TRK 9377341-07

Expiration date: 11-08-2011

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

All D codes, All F codes, All K codes, All U codes, All P codes

Comments: \_\_\_\_\_

IV. Certification:

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

Print/Type Name

*James Ciolkosz*  
*James Ciolkosz*

Title

*District Manager*

Signature Date Signed

*December 8, 2010*

\*\*\*\*\*

\*\*\*\*\* 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 \_\_\_\_\_. Date

Signature of Florida Department of Environmental Protection Representative

Date Signed

**STATE OF FLORIDA  
HAZARDOUS WASTE TRANSPORTER LIABILITY  
ENDORSEMENT**

1. This endorsement certifies that the policy to which the endorsement is attached provides liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
MNS000110924	Stericycle Specialty Waste Solutions, Inc.	2850 100 <sup>th</sup> NE Blaine, MN 55449

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$ 5,000,000 for each accident, exclusive of the legal defense costs.

This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident, exclusive of legal defense costs.

2. The insurance afforded with respect to such occurrences is subject to all of the terms and conditions of the policy; provided, however, that any provisions of the policy inconsistent with subsections (a) through (d) of this Paragraph are hereby amended to conform with subsections (a) through (d):

(a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this endorsement is attached.

(b) 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.

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

(d) Cancellation of this endorsement, whether by the Insurer or the insured and any other termination of this endorsement (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of

such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.

(e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

Attached to and forming part of policy No. TRK 9377341-07 \_ issued by  
Zurich American Insurance Company., herein called the Insurer, of

\_\_\_\_\_  
[Name of Insurer]

1400 American Lane, Schaumburg, IL 60196

\_\_\_\_\_  
[Address of Insurer]

To

Stericycle Specialty Waste Solutions, Inc.

\_\_\_\_\_  
[Name of Insured]


2850 100<sup>th</sup> NE, Blaine, MN 55449

\_\_\_\_\_  
[Address of Insured]

this 16<sup>th</sup> day of November, 20 11 • The effective date of said  
(Day) (Month) (Year)

policy is 8<sup>th</sup> day of November, 2010 .  
(Day) (Month) (Year)

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states including Florida.

  
\_\_\_\_\_  
[Signature of Authorized Representative of Insurer, who is a Resident Agent of Florida]

Mary Keane

\_\_\_\_\_  
[Type Name]

Regional Operations Manager

\_\_\_\_\_  
[Title]

Authorized Representative of

Zurich American Insurance Company

\_\_\_\_\_  
[Name of Insurer]

10 South Riverside Plaza, Chicago, IL 60661

\_\_\_\_\_  
[Address of Representative]



**STATE OF FLORIDA**  
**HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY**  
**INSURANCE**

1. Zurich American Insurance Company  
(Name of Insurer)

(the "Insurer"), of 1400 American Lane, Schaumburg, IL 60196  
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Stericycle Specialty Waste Solutions, Inc.

(Name of Insured)

(the "Insured"), of 2850 100<sup>th</sup> NE, Blaine, MN 55449  
(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP ID. No.</u>	<u>Name</u>	<u>Location</u>
MNS000110924	Stericycle Specialty Waste Solutions, Inc.	2850 100 <sup>th</sup> NE Blaine, MN 55449

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of \$5,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number TRK 9377341-07, issued on 11-16-10  
(date)

The effective date of said policy is 11-08-2010 and the expiration date of said policy  
is 11-08-2011  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident, exclusive of legal defense costs. The coverage is provided under policy number \_\_\_\_\_, issued on \_\_\_\_\_. The effective date of  
(date)  
said policy is \_\_\_\_\_ and the expiration date of said policy is \_\_\_\_\_  
(date) (date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.

- (b) 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.
- (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

  
\_\_\_\_\_  
Signature of Authorized

Mary Keane  
\_\_\_\_\_  
(Typed name)

Regional Operations Manager  
\_\_\_\_\_  
(Title)

Authorized Representative of

Zurich American Insurance Company  
\_\_\_\_\_  
(Name of Insurer)

10 South Riverside Plaza, Chicago, IL 60606  
\_\_\_\_\_  
(Address of Representative)

**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.*