

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

Nicole Nobles Greer Enterprises LLC PO Box 191466 Mobile, AL 36619- 6466 May 20, 2011

BE IT KNOWN THAT

Greer Enterprises LLC 35 Davis Avenue Saraland, AL 36571

IS HEREBY REGISTERED AS A USED OIL

Transporter, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C) The Department of Environmental Protection hereby issues Registration Number **ALR000046581** on April 07, 2011 Insurance Carrier: **STAR INSURANCE COMPANY** Insurance Policy #: **CA0591831** Insurance Ex. Date: **12/09/2011** Transporter Type: **FH**

This registration will expire on 06/30/2012

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 Staves

Aprilia Graves Engineering Specialist IV Hazardous Waste Regulation Permitting

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FLORIDA EPA ID A L R	RE DEP W 2600	Perfection FLORIDA NOT EGULATED WASTE Vaste Management Division Blair Stone Rd. Tallahassee (850) 245-8772 6 5 8 1	ACTIVITY 1-HWRS, MS4560 e, FL 32399-2400			Date Ro for FD BRO FEB 1 ROOS	Silvie Only) 1 2011	
1. Reason for Submittal	Mark 'X' in correct box: Image: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). Image: To provide initial notification information). Image: To provide initial notification (to update status and facility identification information). Image: To provide initial notification information). Image: Image: To provide initial notification (see instructions) for the facility?							
2. Facility or Business Name		Greer Enterprises,	LLC		h.	0 4 7 9	9 5 4 0 7	
3. Facility Operator (List additional Operators in the		Craig Greer			came (Operator: m	// m dd yy	
comments section).	Street or P.O. Box:	PO Bo	ox 191466		Phone		251-679-1967	
	City or Town:	Mobile)	State:	AL	Zip Code:	36619	
		Operator Type: Private Federal Municipal State Other						
4. Facility Physical Location	Physical Street Address: 35 Day				nue	. <u></u>		
Information	City or Town:	b	State:	AL	Zip Code:	36571		
	County: Choose		If available, plea boundaries.					
	dd	Latitude: $[3]0]$ $[4]0]$ $[2]4$. $[4]$ Longitude: $[0]0]$ $[0]4]$ $[4]0$. $[6]$ Method:					Geocoder.us NAD87	
5. Facility North Am Classification Syst		A. 54162	20	В.				
Code(s)		С.		D.				
6. Facility or Business Mailing	Street Address or]	Street Address or P.O. Box: PO Box 191466						
Address	City or Town:	Mobile		State:	AL	Zip Code:	36695	
7. Facility or Business Contact	First Name:	Nicole	Last Name: Nobles Title: Staff Scientis			ff Scientist		
Person	Phone Number:	251-679-1967	Extension: 6144	E-Mail: nnobles@greerenterprises.net			enterprises.net	
	Street or P.O. Box	:	PO Box	(191466				
	City or Town:	City or Town: Mobile			AL	Zip Code:	36619	
8. Real Property (Land) Owner of the Facility's		perty (Land) Owner: Jerry Todd		Date became Owner: / / mm dd yy				
Physical Location (List additional	Street or P.O. Box:	: 30558 Middl	le Creek Circle		Phone	e Number: 2	251-656-6451	
real property owners in the comments	City or Town:	Daphne	}	State:	AL	Zip Code:	36526	
section.)	Owner Type: Private Federal Municipal State Other							

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DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 01-04-2009 Page 1 of 4

	EPA ID No. ALR000046581
9. Type of Regulated Waste Activity (Mark 'X' in all th	
 9. Type of Regulated Waste Activity (Mark 'X' in all th 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 <i>non-acute</i> hazardous waste; or Greater than 1 kg (2.2 lbs) of <i>acute</i> 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 <i>non-acute</i> hazardous waste c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of <i>non-acute</i> hazardous waste and 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste and 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste 	 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
 In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator (7) Transporter of Hazardous Waste [Note: A Certificated 	
	Telephone (248) 358-4020 Expiration date 12/09/2011
 e. Hazardous Waste Transfer Facility: Initial notification The following items are required to be submitted with Florida Administrative Code (F.A.C.)]: Certification by a responsible corporate officer of criteria of Section 403.7211(2), Florida Statutes Evidence of the transporter's financial responsibility 	ity [Rule 62-730.171(3)(a)3., F.A.C.]
A brief general description of the transfer facility A copy of the facility closure plan [Rule 62-730.1 A copy of the contingency and emergency plan [R A map or maps of the transfer facility [Rule 62-73 Notification of changes in above items Annual update notification	71(3)(a)5., F.A.C.] Rule 62-730.171(3)(a)6., F.A.C.]

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	ALR000046581									
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 acc	umulated									
Mercury-containing devices LQH = 100 kg (220 lb) or more ad	noumulated 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 pharmac	ceutical waste (UPW) accumulated									
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely haza	rdous ("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									
Generate/ Transport Handle at Transfer	(2) Enter your esitmate of the maximum amount (in pounds)									
(1) For those Managing Accumulate (see note in instructions) Facility	of each type of UW on site or transported at any one time.									
a. Batteries										
	150									
b. Pesticides										
c. Pharmaceuticals										
d. Mercury Containing Devices	50									
e. Mercury Containing Lamps	200									
(3) Mercury Recovery and/or Reclamation Facility Note: A hazardous waste permit is required for this activity. [Rule 62-737,800,										
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	F.A.C.]									
[Chapter 62-737, F.A.C.] (4) Reverse Distributor of UW Pharmaceuticals (5) Destination Facility for UW Note: for this active	F.A.C.] Lamps Devices I ity, a facility must treat, dispose or recycle a UW. A permit is required for									
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[Chapter 62-737, F.A.C.] (4) Reverse Distributor of UW Pharmaceuticals (5) Destination Facility for UW Note: for this active storage prior to reconstruction (5) Destination Facility for UW Note: for this active storage prior to reconstruction (1) Used Oil Activities: Note: for this active storage prior to reconstruction (1) Used Oil Transporter - indicate type(s) of activity(ies): A. Transporter (2) Collection Center (3) Used Oil Processor (A permit is required for this activity.) (4) Off-Specification Used Oil Burner (5) Used Oil Full Marketer (6) Used Oil Fuller A. Transporter b. Transfer Facility C. Processor d. End User (7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If	F.A.C.] Lamps Devices ity, a facility must treat, dispose or recycle a UW. A permit is required for cycling. 3) 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 orginally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attaebed Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C. Signature of Adhhorized Person Craig Greer Print Name of Authorized Person (9) The records required under the provisions of Rule 62-710.510,									

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					EPA ID No.	ALR0	00046581			
D. Oth	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.									
your fac	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. Ot	her Statu	s Changes (Mar	·k 'X' in all that aj	oply):						
A. N	 (c) Parameter in the generated by business has been delisted. 									
	 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 									
		perty Tax Default			for Bankruptcy P	rotection				
in accor informat for subn	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.									
Signat	ure of dw	ner, operator, o representative	r an authorized	Pr	int Name and Ti	tle	Date Signed (mm-dd-yyyy)			
		X		Crai	g Greer, Mana	ager	02/03/11			
U	77.									
	U									
If the p	erson who	o filled in this forn	n is not the Facilit	y Contact or Oper	ator, please comp	lete the information	on below:			
(Name o	of person c	ompleting this form	n)	(Phone Number)		(E-mail Address)				
13. Co	omments:									

a . .



Halogen Screening Process

All containers of used oil are screened by employees of Greer Enterprises, LLC by using Clor-D-Tect 1000: On-Site Test Kit for Total Halogens in Used (Waste) oil. This has been approved by the U.S. EPA (SW-846 Method 9077, ASTM Method D-5384). Clor-D-Tect provides results at a level of 1,000 ppm of chlorine preventing hazardous waste from being mixed with non-contaminated oil. This insures that proper disposal and handling is observed. This testing method takes less than 5 minutes and is designed to use on-site.



Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400 FDEP MS 4550

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

	Re	cei	ve(ł	
	APR	06	2011	·di	
		SH	1		
FIEL	D. MI 4	8034-2	834	11.75	1

DEP Form #62-710;901(4) Form Title Centilicate of Liekility Insurance

Used Oll Transporters

STAR INSURANCE COMPA	ANY	(the Insurer),	26255 AMERICAN DRIVE,	SOUTHFIELD,	MI 48034-2834
(Name of the Insurer)			Address of the Insure		
		Skeige U. K.			SAN PR
State of the second s	·····································	· 关于: · · · · · · · · · · · · · · · · · · ·		a set of the set that	

hereby certifies that it has	issued liability insurance to: GREER ENTERPRISES, LLC (the	Insured),
	(Name of the Insured)	
		一些高等的

PO BOX 191466, MOBIL	.E. AL 36619		whose	EPA Identification	number is	ALR000046581
(Ac	ddress of the Insured	D S S S				(本) 李麗麗的

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

1,000,000 less the deductible or The insurance is primary and the company shall be liable for amounts up to S for each accident exclusive of legal defense costs. If a deductible or retention is applied retention of \$

its amount may not exceed 10% of the equity of the Insured

12/09/2010 This coverage is provided under policy number CA0591831 issued on (Date)

12/09/2011 or the annual renewal date is The expiration date of said policy is (Date) (Date)

The Insurer further certifies the following with respect to the insurance described in Paragraph 1. 2

a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this 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 or by any other termination of the insurance (e.g. expiration or 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.

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 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 user, more a more States including Florida.

	1-	TILAT	Alk	e e e e e e e e e e e e e e e e e e e	<u>ب</u>		, .
(Signatu	re of Ins	surey or	Author	ized Re	epréser	itative) N
			D				8 . HE
BILLTW	ATTY						<u>10. (14) (k.</u>

Authorized Representative of

1

(Type Name)

(Title)

INSURANCE OFFICE OF AMERICA, INC (Name of Insurer)

ONE PERIMETER PARK, STE 405-N, BIRMINGHAM, AL 35243

(Address of Representative) Page 1 of 2

DEP Form #62-7103901(4) Form fills Schemans of Endering Insurance, Level Oil Trainsporters Effective Date June 0, 2005

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

b. 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 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: aprilia graves@dep.state.fl us

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