

Received

AUG 10 2012

Jones Ecosystem Management

BSHW

Mr. Bheem Kothur
Florida Department of Environmental Protection
Hazardous Waste Section
2600 Blair Stone Road
Tallahassee, FL 32399

July 22, 2012

RE: Raider Environmental Services Ten-Day Transfer Facility
Mulberry, Florida
FLR 000 176 271

Dear Mr. Kothur:

Attached please find the notification for a Ten-Day Hazardous Transfer Facility for Raider Environmental Services. The following documents are included:

1. Certification of siting criteria per 403.7211(2), F.S. (Attachment 1)
2. Form 62-730.900(1)(b) 8700-12FL (Attachment 2)
3. Transporter's financial responsibility documentation. (Attachment 3)
4. Description of Facility Operations (Attachment 4)
5. Closure Plan (Attachment 5)

Final design drawings are not available at this time. The secondary containment area will be constructed to contain at least 200% of the largest container volume. The drawings and calculations for this storage area will be provided at least 30 days prior to accepting hazardous waste at the facility subject to the conditions of 62-730.171 F.A.C.

Please let me know if you require any additional information.

Sincerely,



John M. Jones, P.E.

RECEIVED
RCRA

AUG 10 2012

Hazardous Waste Regulation



**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)

EPA ID

F L R 0 0 0 1 7 6 2 7 1

MTS

RCRAInfo

**1. Reason for
Submittal**

Mark 'X' in
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

**2. Facility or
Business Name**

Raider Environmental Services

FEID No.

6 5 1 1 2 5 3 0 6

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

Name of Operator:

Raider Environmental Services

☐ New Operator

Date became Operator: ____/____/____
mm dd yy

Street or P.O. Box:

4103 NW 132nd Street

Phone Number:

(305) 994-9949

City or Town:

Opa Locka

State: FL

Zip Code:

33055

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**4. Facility Physical
Location
Information**

Physical Street Address:

3555 East State Route 60

City or Town:

Mulberry

State: FL

Zip Code:

33830

County:

Polk

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

Latitude: 2 7 5 3 3 1 26

dd mm ss.ssss

Longitude: 8 1 5 9 3 9 36

dd mm ss.ssss

Method:

GPS

Datum:

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

A.

324191

B.

562112

C.

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

3555 East State Route 60

City or Town:

Mulberry

State: FL

Zip Code:

33830

**7. Facility or
Business Contact
Person**

First Name:

Steve

Last Name:

Obst

Title:

Owner

Phone Number:

(305) 994-9949

Extension:

E-Mail:

steve@raiderenvironmental.com

Street or P.O. Box:

4103 NW 132nd Street

City or Town:

Opa Locka

State: FL

Zip Code:

33055

**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:

Raider Environmental Services

☐ New Owner

Date became Owner: ____/____/____
mm dd yy

Street or P.O. Box:

4103 NW 132nd Street

Phone Number:

(305) 994-9949

City or Town:

Opa Locka

State: FL

Zip Code:

33055

Owner Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☒ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial, ☐ Non-Commercial.

A permit is required for storage prior to recycling.

(4) ☐ Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.**

- (7) ☒ Transporter of Hazardous Waste** [Note: A Certificate of Liability Insurance is required along with this registration.]
Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes

c. Hazardous Waste Transporter Insurance Information

Insurance Company _____

Address _____

Contact _____ Telephone _____

Policy Number _____ Expiration date _____

- d. Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____

e. ☒ Hazardous Waste Transfer Facility:Storage Volume 300 55-gallon drums and/or
2 (each) 40 cubic yard
containers**☒ 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility ☐ [Chapter 62-737, F.A.C.]

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☒ a. Transporter
- ☒ b. Transfer Facility

(2) ☐ Collection Center**(3) ☐ Used Oil Processor** (A permit is required for this activity.)**(4) ☐ Off-Specification Used Oil Burner****(5) ☒ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.


Signature of Authorized Person

Steve Obst
Print Name of Authorized Person

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

☐ A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

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

EPA ID No.

FLR000176271

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.

SEE ATTACHED LIST OF CODES

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

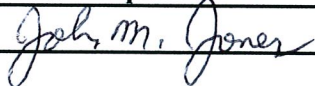
Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	John M. Jones-Engineer	07/22/2012

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

John Jones	(479) 353-1368	johnmjonespe@gmail.com
(Name of person completing this form)	(Phone Number)	(E-mail Address)

13. Comments:

**Waste Codes to Be Managed
Raider Transfer Facility**

"D" Codes	"F" Codes	"K" Codes		
D001	F001	K001	K115	K051
D002	F002	K002	K116	K052
D003	F003	K003	K117	K169
D004	F004	K004	K118	K170
D005	F005	K005	K136	K171
D018	F006	K006	K140	K172
D006	F007	K007	K149	K061
D019	F008	K008	K150	K062
D020	F009	K009	K151	K064
D021	F010	K010	K156	K065
D022	F011	K011	K157	K066
D007	F012	K012	K158	K088
D023	F019	K013	K159	K090
D024	F020	K014	K161	K091
D025	F021	K015	K071	K069
D026	F022	K016	K073	K100
D016	F023	K017	K106	K084
D027	F024	K018	K031	K101
D028	F025	K019	K032	K102
D029	F026	K020	K033	K086
D030	F027	K021	K034	K060
D012	F028	K022	K035	K087
D031	F032	K023	K036	K141
D032	F034	K024	K037	K142
D033	F035	K025	K038	K143
D034	F037	K026	K039	K144
D008	F038	K027	K040	K145
D013	F039	K028	K041	K147
D009		K029	K042	K148
D014		K030	K043	
D035		K083	K097	
D036		K085	K098	
D037		K093	K099	
D038		K094	K123	
D010		K095	K124	
D011		K096	K125	
D039		K103	K126	
D015		K105	K131	
D040		K107	K132	
D041		K108	K044	
D042		K109	K045	
D017		K110	K046	
D043		K111	K047	
		K112	K048	
		K113	K049	
		K114	K050	

**Waste Codes to Be Managed
Raider Transfer Facility
(page 2)**

"P" Codes

P023	P189	P058	P085	P204
P002	P023	P198	P087	P114
P057	P024	P197	P088	P103
P058	P026	P065	P194	P104
P002	P027	P059	P089	P105
P003	P029	P062	P034	P106
P070	P025	P116	P048	P108
P203	P202	P068	P047	P018
P004	P030	P063	P020	P115
P005	P031	P096	P009	P109
P006	P033	P060	P128	P110
P007	P034	P192	P199	P111
P008	P016	P202	P202	P112
P009	P036	P007	P201	P062
P119	P037	P198	P092	P113
P099	P038	P196	P093	P114
P010	P041	P092	P094	P115
P012	P040	P065	P095	P109
P011	P043	P082	P096	P045
P038	P004	P064	P041	P049
P036	P060	P016	P039	P014
P054	P037	P112	P044	P116
P067	P051	P118	P043	P026
P013	P044	P198	P089	P072
P024	P046	P197	P097	P093
P077	P191	P050	P071	P185
P028	P047	P059	P204	P123
P042	P048	P199	P188	P118
P046	P020	P066	P119	P119
P014	P085	P068	P098	P120
P127	P111	P064	P099	P084
P188	P039	P069	P201	P205
P001	P049	P071	P070	P121
P028	P185	P190	P203	P122
P015	P050	P128	P101	P205
P017	P051	P072	P027	
P018	P042	P073	P069	
P045	P031	P074	P081	
P021	P194	P075	P017	
P189	P066	P076	P102	
P191	P101	P077	P003	
P192	P054	P078	P005	
P190	P097	P081	P067	
P022	P056	P082	P008	
P095	P057	P084	P075	

**Waste Codes to Be Managed
Raider Transfer Facility
(page 3)**

"U" Codes

U394	U037	U073	U047	U088	U043	U140	U159	U081
U001	U221	U091	U048	U089	U042	U141	U160	U082
U034	U028	U095	U049	U090	U078	U142	U138	U089
U187	U069	U225	U032	U091	U079	U143	U161	U101
U005	U088	U030	U050	U092	U210	U144	U162	U052
U240	U102	U128	U051	U093	U228	U146	U164	U132
U112	U107	U172	U052	U094	U112	U145	U010	U411
U144	U070	U031	U053	U095	U113	U146	U059	O170
U214	U071	U159	U055	U096	U238	U129	U167	U150
U002	U072	U160	U246	U097	U117	U163	U168	U145
U003	U060	U053	U197	U098	U114	U147	U026	U087
U004	U017	U074	U056	U099	U067	U148	U165	U189
U005	U223	U143	U129	U101	U077	U149	U047	U190
U006	U239	U031	U057	U102	U359	U150	U166	U191
U007	U201	U136	U130	U103	U115	U151	U236	U179
U008	U127	U032	O058	U105	U116	U152	U279	U192
U009	U058	U372	U240	U106	U076	U092	U167	U194
U011	U220	U271	U059	U107	U118	U029	U168	U111
U012	U105	U280	U060	U108	U119	U045	U217	U110
U136	U106	U238	U061	U109	U120	U046	U169	U066
U014	U055	U178	U062	U110	U122	U068	U170	U083
U015	U169	U373	U063	U111	U123	U080	U171	U149
U010	U183	U409	U064	U041	U124	U075	U172	U171
U280	U185	U097	U066	U404	U125	U138	U173	U027
U278	U020	U389	U069	U174	U147	U119	U174	U193
U364	U207	U387	U070	U155	U213	U211	U176	U235
U271	U061	U114	U071	U067	U206	U153	U177	U140
U157	U247	U062	U072	U076	U126	U225	U178	U002
U016	U023	U279	U073	U077	U163	U044	U179	U007
U017	U234	U372	U074	U131	U127	U121	U180	U084
U192	U021	U367	U075	U024	U128	U036	U181	U243
U018	U202	U215	U078	U117	U130	U154	U193	U009
U094	U278	U033	U079	U025	U131	U155	U058	U152
U014	U364	U156	U025	U184	U132	U142	U115	U008
U049	U203	U211	U027	U208	U243	U247	U126	U113
U093	U141	U034	U024	U209	U133	U154	U041	U118
U328	U367	U035	U081	U218	U086	U029	U183	U162
U353	U090	U036	U082	U226	U098	U186	U184	U373
U158	U064	U026	U084	U227	U099	U045	U185	U411
U222	U248	U037	U085	U410	U134	U156	U161	U387
U181	U022	U038	U108	U394	U135	U226	U186	U194
U019	U197	U039	U028	U359	U096	U157	U187	U083
U038	U023	U042	U395	U173	U116	U158	U188	U148
U030	U085	U044	U086	U395	U137	U068	U048	U196
U035	U021	U046	U087	U004	U190	U080	U039	U191

**Waste Codes to Be Managed
Raider Transfer Facility
(page 4)**

"U" Codes

U237	U236
U164	U237
U180	U176
U200	U177
U201	U043
U202	U248
U203	U239
U204	U200
U205	U249
U015	
U206	
U103	
U189	
U207	
U208	
U209	
U210	
U213	
U214	
U215	
U216	
U217	
U218	
U410	
U153	
U244	
U409	
U219	
U244	
U220	
U221	
U223	
U328	
U353	
U222	
U389	
U011	
U408	
U227	
U228	
U121	
U404	
U234	
U182	
U235	

STATE OF FLORIDA
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY
INSURANCE

1. ACE American Insurance Company
(Name of Insurer)
(the "Insurer"), of 436 Walnut Street, Philadelphia, PA 19106
(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

Raider Environmental Services, Inc.
(Name of Insured)
(the "Insured"), of 3555 State Road 60E, Mulberry, Florida 33860
(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 I.D. No.</u>	<u>Name</u>	<u>Location</u>
FLR 000 176 271	Raider Environmental Services Inc.	3555 State Road 60E Mulberry, Florida 33860

(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 \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number H08451990 003, issued on 07/11/2012.

(date)
The effective date of said policy is 07/11/2012 and the expiration date of said policy is 07/11/2013.
(date)

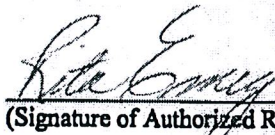
This insurance is excess and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident in excess of the underlying limit of \$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number G24146650 003, issued on 07/11/2012. The effective date of said policy is 07/11/2012 and the expiration date of said policy is 07/11/2013.
(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 Representative of Insurer)

Rita Emig
(Typed name)

Senior Underwriter
(Title)

Authorized Representative of

ACE American Insurance Company
(Name of Insurer)

11575 Great Oaks Way, Ste. 200, Alpharetta, GA 30022
(Address of Representative)



Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. ACE American Insurance Company (the Insurer), 436 Walnut Street, Philadelphia, PA 19106
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Raider Environmental Services, Inc. (the Insured),
(Name of the Insured)

3555 State Road 60E, Mulberry, Florida 33860 whose EPA Identification number is FLR 000 176 271
(Address of the Insured)

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]

The insurance is primary and the company shall be liable for amounts up to \$1,000,000 less the deductible or
retention of \$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number H08451990 003, issued on Jul 11, 2012
(Date)

The expiration date of said policy is Jul 11, 2013 or the annual renewal date is Jul 11, 2012
(Date) (Date)

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

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.
- 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.
- 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.
- 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 insurer, in one or more States, including Florida.

Rita Emig
(Signature of Insurer or Authorized Representative)

Rita Emig
(Type Name)

Senior Underwriter
(Title)

Authorized Representative of

ACE American Insurance Company
(Name of Insurer)

11575 Great Oaks Way, Ste. 200, Alpharetta, GA 30022
(Address of Representative)

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

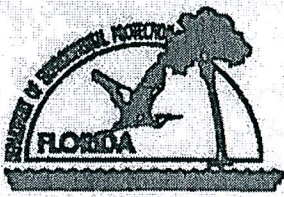
(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used 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.



Certificate of Pollution Liability Insurance Used Oil Transporters

Please Print or Type Form

1. ACE American Insurance Company (the Insurer), 436 Walnut Street, Philadelphia, PA 19106
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued pollution liability insurance to: Raider Environmental Services, Inc. (the Insured),
(Name of the Insured)

3555 State Road 60E, Mulberry, Florida 33860 whose EPA Identification number is FLR 000 176 271
(Address of the Insured)

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]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or
retention of \$ for each accident exclusive of legal defense costs. If a deductible or retention is applied,
its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number H08451990 003 issued on 07/11/2012
(Date)

The expiration date of said policy is 07/11/2013 or the annual renewal date is 07/11/2012
(Date) (Date)

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

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.
- 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.
- 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.
- 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 insurer, in one or more States, including Florida.

Rita Emig
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Rita Emig
(Type Name)

ACE American Insurance Company
(Name of Insurer)

Senior Underwriter

(Title)

**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 4555, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: schrena.peck@dep.state.fl.us . OR Phone (850) 245-8755, email: richard.neves@dep.state.fl.us

The Raider Environmental Services facility, located at 3555 East State Route 60, Mulberry, Florida, has been reviewed with respect to the siting criteria contained in Florida Statute 403.7211(2). The review included aerial photography, satellite imagery, and physical visits to the area surrounding the facility. Included with this certification are satellite images used to perform the initial evaluation. Raider Environmental officers, as well as Florida Department of Environmental Protection employees, performed the site inspections.

Based on these criteria, the undersigned certify that the Raider facility meets the siting criteria required for a Ten-Day Hazardous Waste Transfer Facility as defined in 62-730.171 F.A.C.




John M. Jones, P.E.



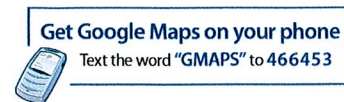
Steve Obst, owner

Florida Registration No: 50227


7/24/12



Address **Bonnie Mine Rd**
Bartow, FL

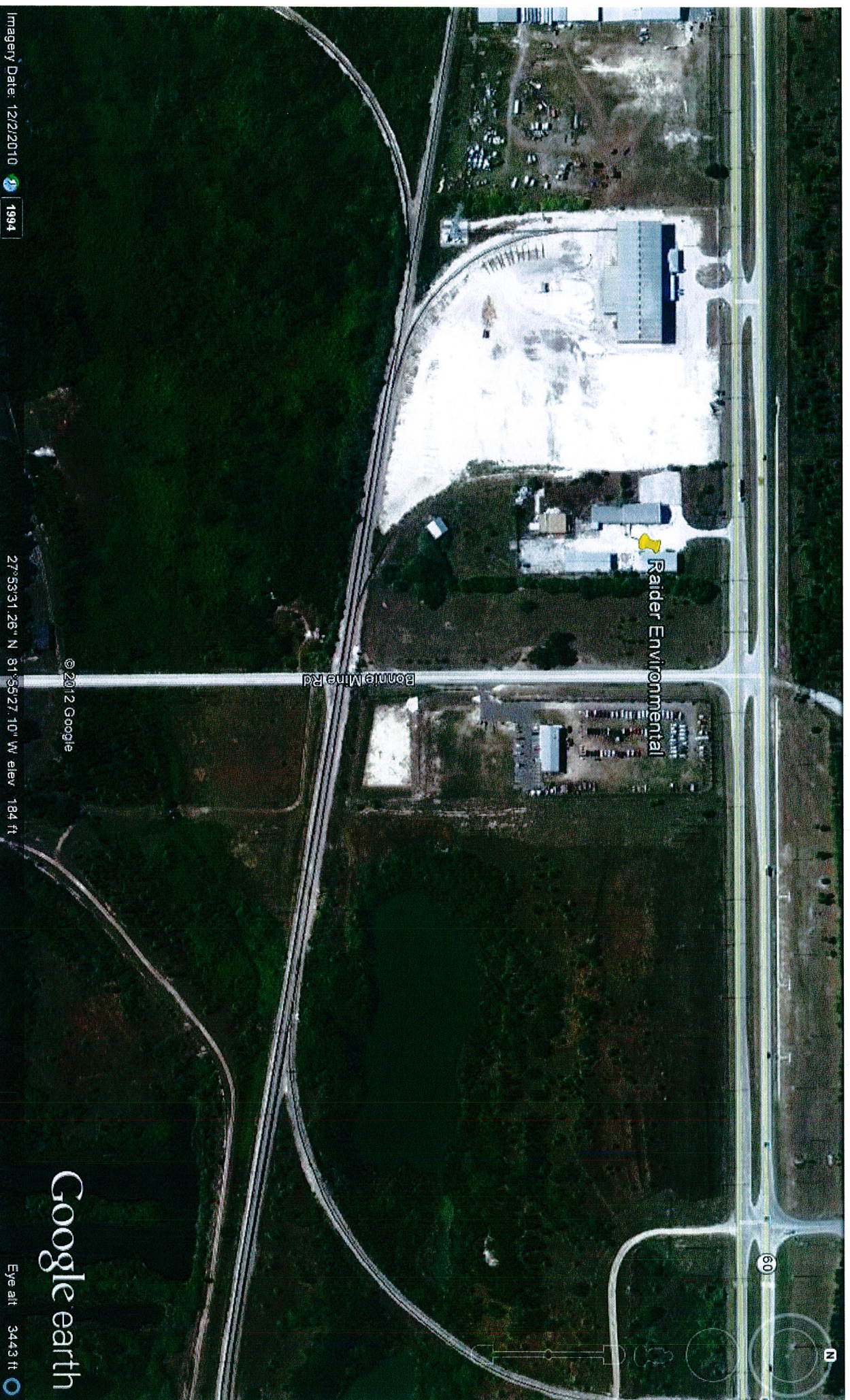




Imagery Date: 12/2/2010 1994

©2012 Google
27°53'31.27"N, 81°55'27.12"W elev 170 ft

Eye alt 30975 ft



Imagery Date: 12/2/2010 1994

27°53'31.26" N 81°55'27.10" W elev 184 ft

© 2012 Google

Google earth

Eye alt 3443 ft

RAIDER ENVIRONMENTAL SERVICES, INC
MULBERRY, FLORIDA
PREPAREDNESS AND PREVENTION PLAN

The purpose of the contingency plan is to minimize hazards to human health or the environment from fires, explosions or any unplanned sudden or non-sudden releases of hazardous wastes or hazardous material and constituents to the air, soil or surface waters.

This plan is designed to comply with **40 CFR 265-52** and incorporates a Spill Prevention, Control and Countermeasures Plan as required by **Florida Statute 403-74** per **40 CFP Part 112**.

The Plan must be implemented immediately whenever there is a fire, explosion or unplanned release of hazardous material that could threaten human health or the environment. The original is located in the main office. Copies are located in the general manager's office and in the lab. Copies will be distributed to the following agencies after approval from the FDEP:

1. FIRE DEPARTMENT
2. POLICE DEPARTMENT
3. HOSPITAL

EMERGENCY PROCEDURES & ACTIONS

In the event of an emergency situation the emergency coordinator must be notified immediately. If the emergency coordinator cannot be contacted, secondary contacts are provided, see Appendix A of this attachment.

The emergency coordinator will act according to the following procedures:

1. Determine the nature of the emergency; fire, explosion potential, or spill. Identify the source.
2. The Emergency Response Coordinator (ERC) will conduct the response from the primary Emergency Operations Center (EOC) or Command Post. The primary Command Post is located in the main operations building conference room. The laboratory is designated as the alternate Command Post.
3. Determine whether help is required from outside agencies. Call and inform agencies of the situation and solicit their help if necessary.

If the emergency is within the company's scope of service to respond – in-house personnel will be directed for cleanup. If the emergency is beyond the

facility's capability, spill containment procedures will be implemented and the proper authorities notified for response.

4. Determine the nature and quantity of materials involved by:
 - physical observation/label identification
 - inventory records
 - chemical analysis and/or material profiles
5. Decide what should be done immediately to keep the situation from worsening:

A. Explosion Hazard

Determine whether any reactive substances in the area need to be relocated. If explosion has occurred which does not result in a fire, remove any hazardous obstacles that can be safely retrieved.

B. Spill

If a spill has occurred; determine the source, contain it by using the emergency equipment and absorbent material and initiating any product transfers that may be deemed necessary to minimize the spill.

Obtain the following information:

- a) the material released
- b) location of the material
- c) quantity of material released
- d) any injury from the release

C. Fire Hazard

If fire has occurred, use the fire extinguishers to control the fire, if possible. Do not attempt to control a blaze that appears to be out of control; rely on the proper authority response. Ensure that all storage areas are accessible to fire fighters. If a fire should break out, concentration will be placed on preventing the fire from spreading. The emergency coordinator will monitor for leaks and pressure build-up while awaiting the proper fire-fighting agency.

6. Before the facility may be brought back into production following an emergency event, the emergency coordinator must:
 - A.) Have the facility declared safe for re-entry by any outside organizations responding.
 - B.) All involved materials must be accounted for and properly stored.

C.) Emergency equipment has been cleaned and is ready for use

NOTE: In the event of an emergency all personnel will discontinue any telephone conversations. Personnel escorting visitors must accompany the visitor to the nearest safe exit. All workstations will be shutdown.

PREPAREDNESS AND ARRANGEMENTS WITH LOCAL AUTHORITIES

EMERGENCY EQUIPMENT: An equipment list is included as Appendix B of this attachment. Equipment is cleaned and checked after each use. Equipment that operates on independent power is properly charged prior to storage. Fire extinguishers are checked and tagged in accordance with fire safety practices. Fire extinguishers, eyewash stations, showers and spill kits are strategically located throughout the facility. Locations have been determined by area usage and the potential for harm.

FIRE RESPONSE: Personnel from the responding station toured Raider's facility and are acquainted with the facility operations and layout. The fire station has key and code access to Raider's facility.

POLICE RESPONSE: Uniformed personnel have been acquainted with the facility layout and are familiar with operations. Police personnel would assume charge of any traffic control issues that should arise in the event of an emergency.

HOSPITALS: Telephone conversations have been conducted with hospital representatives confirming the purpose of the contingency plan and the potential hazards associated with Raider's processes. Copies of material safety data sheets for chemicals used in Raider's processes are included in the hospital copy of the contingency plan.

EVACUATION PROCEDURES

A. PURPOSE:

1. Plan for safe evacuation in the event of an emergency.

B. RESPONSIBILITIES:

1. The emergency coordinator is responsible for implementing the evacuation procedure.
2. Each employee is responsible for escorting any visitors from his/her work area to the proper exit.

C. PROCEDURES:

1. The emergency coordinator will notify management in the event an evacuation becomes necessary.
2. The emergency coordinator will order the evacuation and any other actions required.

3. When an evacuation is announced, **stop work**. Exit your work area in accordance with the evacuation routes.
 4. All employees must leave the facility unless instructed otherwise by the emergency coordinator. Do not run. Do not linger in the hallways or doorways.
 5. Each employee must report to his/her manager once outside the facility.
 6. Each manager must report to the emergency coordinator. All personnel must be accounted for.
 7. The emergency coordinator will notify the managers when it is safe to re-enter the facility.
 8. Stay outside the facility until notified by the manager it is safe to re-enter.
-

RECORD KEEPING AND REPORTING

1. The emergency coordinator must keep a record of any and all emergency events. Verbal reports are to be presented within 24 hours of each incident with written reports submitted within seven days. Reports are to be filed with the following agencies:

A) FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Physical Address:

13051 N. Telecom Parkway

Temple Terrace, Fl. 33637

Phone: 813-632-7600

Fax: 813-632-7665

Southwest District Office

B) State Agencies

FDEP – Tallahassee

Phone: (850) 245-2010

National Response Center

Phone: (800) 424-8802

State Warning Point

Phone: (800) 320-0519

(Emergency Management State of Florida)

EPA Emergency Response

Phone: (404) 562-8700

C) Local Agencies

Polk County

Phone: (863) 534-5654

Local Emergency Services

Mulberry Fire Department

Phone: 911

Mulberry Police Department

Phone 911

2. The report must include the following information:

- a) Name, address, and telephone number of the emergency coordinator.
- b) Name, address, and telephone number of the facility.
- c) Date, time, and type of incident.
- d) Name, type and quantity of materials involved.

- e) Any injuries that may have occurred.
- f) An assessment of the actual or potential harm to human health and the environment.
- g) Estimated quantity and disposition of any materials recovered.

The contingency plan will be maintained at the facility and submitted to local emergency response authorities, which are identified in this plan. Copies of return receipts will serve to verify receipt of the plan with the local response authorities. The plan will be amended when necessary i.e. regulations change, plan fails upon use, the facility owner, process, or contingency plan is modified, etc.

Facility Closure Plan

Hazardous Waste Transfer Facility Notification

Raider Environmental Services
3555 East State Route 60
Mulberry, Florida 33830

INTRODUCTION

Raider Environmental Services is a company engaged in the collection, transport, storage and processing of used oil and oily wastewater and other products as listed in Attachment A. At the Mulberry facility, containers of hazardous waste are accumulated for shipment in accordance with the standards specified in 62-730.171, F.A.C. The facility is located at 3555 East State Route 60, Mulberry, Florida. The following Closure Plan has been prepared for Raider Environmental Services pursuant to the permitting requirements set forth in Rule 62-710.800(9)(a), Florida Administrative Code (FAC). A copy of this Closure Plan will also be maintained on file at the Raider Environmental Services facility, in accordance with the record keeping requirements set forth in Rule 62-710.510(4), FAC

PROCESS DESCRIPTION

Raider Environmental Services operates a waste oil collection; transportation, processing and recycling business with serves a variety of automotive commercial and industrial businesses throughout Florida with operations and management as described in the following:

Types of Products Collected

Automotive, industrial waste oils, as well as oily wastewaters, off-specification diesel fuel, oil filters, oily rags/absorbents, and used automotive coolants are collected. Hazardous waste products, as defined in 40 CFR 261 are collected and transported to the Mulberry facility for accumulation only in accordance with the rules applicable to a 10-day hazardous waste transfer facility.

HAZARDOUS WASTE TRANSFER

Process Description

Raider Environmental Services collects containers of hazardous waste, most commonly in 55-gallon drums. While the facility wishes to accept all EPA hazardous waste codes (except those specifically associated with dioxins), the most common waste codes anticipated are Characteristic wastes with codes: D001 (Ignitable), D002 (Corrosive), D007 (Chromium), and D008 (Lead).

Containers are held for periods of time not to exceed 10 calendar days and are shipped to permitted facilities with all proper documentation. Accumulating the waste affords Raider both safety and economic benefits by transporting full trailers instead of smaller loads. Logs showing the arrival and departure dates of the containers are maintained at the facility.

FACILITY CLOSURE PROCEDURES

In accordance with Rule 62-710.800(9)(a) FAC, in the event that the Raider Environmental Services facility is closed, steps will be taken to ensure that: (1) there will

be no need for further facility maintenance; (2) used oil or hazardous waste constituents will not contaminate surface or groundwater; (3) all tanks, piping, secondary containment and ancillary equipment including the storage pad for oily rags/absorbents and drums will be emptied, cleaned and decontaminated, and all materials removed and managed; and (4) aboveground storage and process tanks and all integral piping will be closed pursuant to Rule 62-761, FAC.

The above requirements will be met by closing the aboveground storage tank system and assessing the site in accordance with Rule 62-761.800(5) FAC. These activities will include:

1. Notification of Polk County and FDEP at least 30 days prior to closure of the storage tank system.
2. Shipment of all containers of hazardous waste to permitted facilities.
3. Removal of all liquid and sludge from the tanks and integral piping and off-site disposal of the contents at properly licensed and permitted disposal/recycling facilities,
4. Pressure wash rinsing of all containment areas and the storage pad, and
5. Collection of representative soil samples from around and beneath the tank area, and visual inspection for evidence of contamination. Should evidence of contamination be present, then soil and groundwater contamination assessment and possibly remedial activities will be conducted in accordance with Rule 62-780, FAC.

A closure certification report will be submitted to certify closure was completed in accordance with the closure plan. Soil sample locations will identified and FDEP approval for the sampling locations prior to implementing the sampling plan. All liquid and solid samples will be analyzed for the same constituents as the sampling for used oil or sludges managed at the facility with the addition of TRPH for soil samples. In the event there is any indication of hazardous waste spills or contamination, then the soil samples will also be analyzed for the primary constituents that had been stored at the facility.