



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

11/13/2012

Jeff Curtis, EHS Manager
Safety-Kleen Systems Inc
5610 Alpha Dr
Boynton Beach, FL 33426-8329

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Safety-Kleen Systems Inc** located at **5610 Alpha Dr, Boynton Beach , FL33426-8329**

FLD984167791

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Large Quantity Generator; Small Quantity Handler, Universal Waste Batteries, Universal Waste Battery Transporter, Universal Waste Pesticide Transporter, Universal Waste Lamps.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility, UW Lamp SQH, UW Device SQH (reg exp on 03/01/13); HW Transporter, HW Transfer Facility (reg exp on 09/01/13) ; Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2013).**

Your facility is **currently permitted/active** as: **Operating Commercial TSD (exp on 11/19/12).**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984167791.


For further assistance, please e-mail a Notification Coordinator at EPOST_HWreg@dep.state.fl.us or call us at (850)245-8707.

Sincerely,


FOR

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 48680 , Email Address: jeff.curtis@safety-kleen.com

		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) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Received SEP 06 2012 BSHM </div>																	
EPA ID: F L D 9 8 4 1 6 7 7 9 1		MTS		RCRA Info																	
1. Reason for Submittal		Mark 'X' in correct box: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> Is this the final notification (see instructions) for the facility? </div> </div>																			
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).		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> Name of Operator: Safety-Kleen Systems, Inc. </td> <td colspan="2"> <input type="checkbox"/> New Operator Date became Operator: 10 / 10 / 89 <div style="display: flex; justify-content: space-around; font-size: small;">mm dd yy</div> </td> </tr> <tr> <td colspan="2"> Street or P.O. Box: 5610 Alpha Drive </td> <td colspan="2"> Phone Number: 561-736-1339 </td> </tr> <tr> <td colspan="2"> City or Town: Boynton Beach </td> <td> State: FL </td> <td> Zip Code: 33426 </td> </tr> <tr> <td colspan="4"> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____ </td> </tr> </table>				Name of Operator: Safety-Kleen Systems, Inc.		<input type="checkbox"/> New Operator Date became Operator: 10 / 10 / 89 <div style="display: flex; justify-content: space-around; font-size: small;">mm dd yy</div>		Street or P.O. Box: 5610 Alpha Drive		Phone Number: 561-736-1339		City or Town: Boynton Beach		State: FL	Zip Code: 33426	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____			
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4. Facility Physical Location Information		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> Physical Street Address: 5610 Alpha Drive </td> </tr> <tr> <td> City or Town: Boynton Beach </td> <td> State: FL Zip Code: 33426 </td> </tr> <tr> <td> County: Palm Beach </td> <td> If available, please attach a map or sketch of the facility boundaries. </td> </tr> <tr> <td colspan="2"> Latitude: Longitude: Method: _____ <div style="display: flex; justify-content: space-around; font-size: x-small;">dd mm ss.ssss dd mm ss.ssss Datum:</div> </td> </tr> </table>				Physical Street Address: 5610 Alpha Drive		City or Town: Boynton Beach	State: FL Zip Code: 33426	County: Palm Beach	If available, please attach a map or sketch of the facility boundaries.	Latitude: Longitude: Method: _____ <div style="display: flex; justify-content: space-around; font-size: x-small;">dd mm ss.ssss dd mm ss.ssss Datum:</div>									
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5. Facility North American Industry Classification System (NAICS) Code(s)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> A. 562112 </td> <td style="width: 50%;"> B. </td> </tr> <tr> <td> C. </td> <td> D. </td> </tr> </table>				A. 562112	B.	C.	D.												
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C.	D.																				
6. Facility or Business Mailing Address		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> Street Address or P.O. Box: 5610 Alpha Drive </td> </tr> <tr> <td> City or Town: Boynton Beach </td> <td> State: FL Zip Code: 33426 </td> </tr> </table>				Street Address or P.O. Box: 5610 Alpha Drive		City or Town: Boynton Beach	State: FL Zip Code: 33426												
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7. Facility or Business Contact Person		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td> First Name: Jeff </td> <td> Last Name: Curtis </td> <td> Title: EHS Manager </td> </tr> <tr> <td> Phone Number: 561-523-4719 </td> <td> Extension: </td> <td> E-Mail: jeff.curtis@safety-kleen.com </td> </tr> <tr> <td colspan="3"> Street or P.O. Box: 5610 Alpha Drive </td> </tr> <tr> <td> City or Town: Boynton Beach </td> <td> State: FL </td> <td> Zip Code: 33426 </td> </tr> </table>				First Name: Jeff	Last Name: Curtis	Title: EHS Manager	Phone Number: 561-523-4719	Extension:	E-Mail: jeff.curtis@safety-kleen.com	Street or P.O. Box: 5610 Alpha Drive			City or Town: Boynton Beach	State: FL	Zip Code: 33426				
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8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"> Name of Real Property (Land) Owner: Safety-Kleen Systems </td> <td colspan="2"> <input type="checkbox"/> New Owner Date became Owner: 10 / 10 / 89 <div style="display: flex; justify-content: space-around; font-size: small;">mm dd yy</div> </td> </tr> <tr> <td colspan="2"> Street or P.O. Box: 2600 North Central Expressway, Suite 400 </td> <td colspan="2"> Phone Number: 972-265-2000 </td> </tr> <tr> <td> City or Town: Richardson </td> <td> State: TX </td> <td colspan="2"> Zip Code: 75080 </td> </tr> <tr> <td colspan="4"> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____ </td> </tr> </table>				Name of Real Property (Land) Owner: Safety-Kleen Systems		<input type="checkbox"/> New Owner Date became Owner: 10 / 10 / 89 <div style="display: flex; justify-content: space-around; font-size: small;">mm dd yy</div>		Street or P.O. Box: 2600 North Central Expressway, Suite 400		Phone Number: 972-265-2000		City or Town: Richardson	State: TX	Zip Code: 75080		Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other _____			
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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 13,200 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"/>	1000

(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

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.

FLD984167791

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 D002	3 D004	4 D005	5 D006	6 D007	7 D008
8 D009	9 D010	10 D011	11 D018	12 D019	13 D021	14 D022
15 D023	16 D024	17 D025	18 D026	19 D027	20 D028	21 D029
22 D030	23 D032	24 D033	25 D034	26 D035	27 D036	28 D037

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

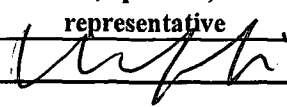
- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can 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)
	Virgil W. Duffie SVP/Assistant Secretary	08-09-2012

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

Jeff Curtis 561-523-4719 jeff.curtis@safety-kleen.com
 (Name of person completing this form) (Phone Number) (E-mail Address)

13. Comments:

10 continued - D039, D040, D041, D042, D043, F002, F003, F005



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

DEP Form #62-710.901(4)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Received

SEP 06 2012

Certificate of Liability Insurance Used Oil Transporters BSHW

Please Print or Type Form

1. Greenwich Insurance Company, (the Insurer), 70 Seaview Avenue, Stamford, CT 06902-6040
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Safety-Kleen Systems, Inc. (the Insured),
(Name of the Insured)

5610 Alpha Drive, Boynton Beach, FL 33426 whose EPA Identification number is FLD 984 167 791
(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 \$3,000,000 less the deductible or
retention of \$3,000,000 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 PEC002102006, issued on 09/01/2012
(Date)

The expiration date of said policy is 09/01/2013 or the annual renewal date is 09/01/2013
(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 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.
- 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 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.

Gregory W Dunn
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Greg Dunn
(Type Name)

Greenwich Insurance Company
(Name of Insurer)

Vice President
(Title)

505 Eagleview Blvd., Exton, PA 19341
(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.

Received

SEP 06 2012

BSHW

DEP Form # 17-730.900(5)(a)
 Form Title: HWF Transporter Certificate of
 Liability Insurance
 Effective Date: 1-29-06
 DEP Application #

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY INSURANCE

1. Greenwich Insurance Company
 (Name of Insurer)

(the "Insurer"), of Seaview House, 70 Seaview Avenue, Stamford, CT 06902-6040
 (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

Safety-Kleen Systems, Inc.
 (Name of Insured)

(the "Insured"), of 2600 North Central Expressway, Suite 400, Richardson, TX 75080
 (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>
FLD 984 167 791	Safety-Kleen Systems, Inc.	5610 Alpha Drive Boynton Beach, FL 33426
FLD 984 171 694	Safety-Kleen Systems, Inc.	8755 NW 95th Street Medley, FL 33178
FLD 980 847 214	Safety-Kleen Systems, Inc.	161 Industrial Loop South Orange Park, FL 32073

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

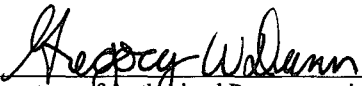
This insurance is primary and the company shall not be liable for amounts in excess of \$ 3,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number PEC002102006, issued on 09/01/2012.
 (date)

The effective date of said policy is 09/01/2012 and the expiration date of said policy is 09/01/2013.
 (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 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 Representative of Insurer)

Greg Dunn

(Typed name)

Vice President

(Title)

Authorized Representative of

Greenwich Insurance Company

(Name of Insurer)

505 Eagleview Blvd., Exton, PA 19341

(Address of Representative)

Received

SEP 06 2012

BSHW

DEP Form # 62-730.900(4)(k)
Form Title HW Certificate of Liability Insurance
Effective Date January 5, 1995
DEP Application No. _____

STATE OF FLORIDA
HAZARDOUS WASTE FACILITY CERTIFICATE OF LIABILITY INSURANCE
(Primary Policy)

1. Greenwich Insurance Company, (the "Insurer"),
Name of Insurer
of Seaview House, 70 Seaview Avenue, Stamford, CT 06902-6040
Address of Insurer

hereby certifies that it has issued liability insurance covering bodily injury and property damage to
Safety-Kleen Systems, Inc., (the
"Insured"), of

Name of Insured
2600 North Central Expressway, Suite 400, Richardson, TX 75080

Address of Insured
in connection with the insured's obligation to demonstrate financial responsibility under 40 CFR 264.147 or
265.147, as adopted by reference in Section 62-730.180, Florida Administrative Code (F.A.C.). The coverage
applies at

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Address</u>
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SEE ATTACHED LIST

for:

- ☐ sudden accidental occurrences
☐ nonsudden accidental occurrences
☒ sudden and nonsudden accidental occurrences

If coverage is for multiple facilities and the coverage is different for different facilities, indicate which facility(ies) are insured for sudden
accidental occurrences, which are insured for nonsudden accidental occurrences, and which are insured for both.

The limits of liability are \$4,000,000 each occurrence and \$8,000,000 annual aggregate,
exclusive of legal defense costs. The coverage is provided under policy number
PEC002102006, issued on September 1, 2012. The effective date of said policy is September 1, 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 the 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. This provision does not apply with respect to that amount of any deductible for which coverage is demonstrated as specified in 40 CFR 264.147(f) or 265.147(f), as adopted by reference in Section 62-730.180, F.A.C.
- Whenever requested by the Secretary of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Secretary a signed duplicate original of the policy and all endorsements.

- (d) Cancellation of the insurance, whether by the Insurer or the Insured, will be effective only upon written notice and only after the expiration of sixty (60) days after a copy of such written notice is received by the Secretary of the FDEP.
- (e) 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.

I hereby certify that the wording of this instrument is substantially identical to the wording specified in 40 CFR 264.151(j), as adopted by reference in Section 62-730.180, F.A.C., as such regulation was constituted on the date first above written, and 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

Greg Dunn

Type name

Vice President

Title

Authorized Representative of

Greenwich Insurance Company

Name of Insurer

505 Eagleview Blvd., Exton, PA 19341

Address of Representative

SAFETY-KLEEN SYSTEMS, INC. LOCATIONS

STATE OF FLORIDA

**505 Plumosa Drive
Altamonte Springs, FL 32701**

FLD097837983

**5610 Alpha Drive
Boynton Beach, FL 33426**

FLD984167791

**Georgia Street
Delray Beach, FL 33444**

**1855 S.W. 4th Avenue
B-11
Delray Beach, FL 33444**

FLD000776757

**8755 NW 95th Street
Medley, FL 33178**

FLD984171694

**161 Industrial Loop South
Orange Park, FL 32073**

FLD980847214

**19200 Peachland Blvd. Units 1-6
Port Charlotte, FL 33948-2166**

FLD 000 776 716

**23375 Janice Avenue
Port Charlotte, FL 33948**

FLD000776716

**600 Central Park Drive
Sanford, FL 32771**

FLD984171165

**4426 Entrepport Boulevard
Tallahassee, FL 32310**

FLD982133159

**5309 24th Avenue South
Tampa, FL 33619**

FLD980847271

**Manhattan Avenue
Tampa, FL 33614**

FLD049557408

**359 Cypress Road
Ocala, FL 34472**

FLR000060301

**2930 63rd Avenue
Bradenton, FL 34203**

FLR000120618

**8985 Columbia Road
Cape Canaveral, FL 32920**

**1400 NW 13th Avenue
Pompano Beach, FL 33069**