

## Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

May 1, 2013

Steve Obst Raider Environmental Services Inc 4103 NW 132nd St Opa Locka, FL 33054-4510

Re: Florida Hazardous Waste Transporter Approval

Dear Steve Obst:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections  $\underline{62-730.170}$  (  $\underline{https://www.flrules.org/gateway/readFile.asp? \\ \underline{sid=0\&tid=7147559\&type=1\&file=62-730.170.doc}$ ) and  $\underline{62-730.171}$  (  $\underline{https://www.flrules.org/gateway/readFile.asp?sid=0\&tid=6598927\&type=1\&file=62-730.171.doc}$ ), Florida Administrative Code(FAC). Please note the following.

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

Steve Obst May 1, 2013 Page Two

This letter does not authorize you to operate a hazardous waste transfer facility. Please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C.

If you have any questions, please contact me at 850/245-8778.

Sincerely,

Susan Horlick

Environmental Specialist III

Susan I Harlich

Hazardous Waste Regulation Section

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Enclosures: Hazardous Waste Transporter Approval Certificate

Hazardous Waste Transporter Status Form (with insurance verification)



## Florida Department of Environmental Protection

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

Herschel T. Vinyard Jr. Secretary

*****************
HAZARDOUS WASTE TRANSPORTER
CERTIFICATE OF APPROVAL
***********

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

TRANSPORTER: Raider Environmental Services Inc

FACILITY ID NO: FLR000176271

FACILITY ADDRESS: 3555 E State Road 60

Mulberry, FL 33860

EXPIRATION DATE: June 30, 2014

APPROVED TRANSFER FACILITY: YES

APPROVAL ISSUED BY: Susan I Morlich \_\_\_\_ DATE: May 1, 2013

Susan Horlick

Environmental Specialist III

Hazardous Waste Regulation Section

850/245-8778

MAY 20 2013

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

**BSHW** 

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

ACE Ame	rican Insurand	ce Company	•		•			
1.	-	(N	ame of Insurer)					- 
(the "In:	surer"), of	f 436 Walnut Stre	eet, Philadelphia, PA 19	106				
`	<i>"</i> .		ddress of Insurer)					,
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Raider En	vironmental S	Services, Inc.,	.*					
	•••	· (N	ame of Insured)		•		,	-
(the "In	sured") o	f 5080 East Sta	ate Road 60, Mulberry, F	L 33860				
(the m	<i>surea )</i> , 0.		ddress of Insured		· · · · · · · · · · · · · · · · · · ·			
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EPA/DE	EP I.D. No	<u>o.</u> ,	Name		. (	Locatio	in .	
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- 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.
  - 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.

insurance as an excess or surplus lines insurer, in one of more States including
Lite Emily
(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, Suite 200, Alpharetta, GA 30022

(Address of Representative)

MAY 20 2013

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

**BSHW** 

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

	(Name of Insurer)	1 54.9
(the "Insurer"), of 436 Walnu	t Street, Philadelphia, PA 19106	<u> </u>
	(Address of Insurer)	
	issued liability insurance covering for sudden accidental occurrence	g bodily injury and property damage in s to
Raider Environmental Services, Inc.		
	(Name of Insured)	
(the "Insured"), of 5080 Eas	t State Road 60, Mulberry, FL 33860	
	(Address of Insured) ured's obligation to demonstrate fi 62-730.170. The coverage applie	nancial responsibility under Florida es at:
EPA/DEP I.D. No.	Name	Location
	Raider Environmental Services, Inc.	5080 East State Road 60 Mulberry, FL 33860
This insurance is primary	, issued on	le for amounts in excess of all defense costs. The coverage is prov
This insurance is primary: \$\frac{1,000,000}{\text{founder policy number}} \frac{\text{H0845}}{\text{founder policy number}} \frac{\text{H0845}}{\text{The effective date of said points}}{\text{date}} \text{is} \frac{\text{July 11, 2013}}{\text{(date)}}	and the company shall not be liab or each accident, exclusive of lega 51990 003 , issued on policy is July 11, 2012	le for amounts in excess of all defense costs. The coverage is proved by 11, 2012 (date) and the expiration date of said policy
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  - (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, Suite 200, Alpharetta, GA 30022

(Address of Representative)