



Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
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 17-730, 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: U. S. Bulk Transport, Inc.

EPA ID NUMBER: PAD 987 347 515

FACILITY ADDRESS: 6286 Sterrettania Road
Fairview, Pennsylvania 16415

INSURANCE CARRIER: Commerce and Industry Insurance Company

INSURANCE POLICY #: CA 5050551

EFFECTIVE DATE: December 3, 1994

EXPIRATION DATE: December 3, 1995

APPROVED TRANSFER FACILITY: No

APPROVAL ISSUED BY: Raoul Clarke DATE: December 6, 1994
 Raoul Clarke
 Hazardous Waste Management Section
 904/488-0300

rev. 0 (Oct 91)

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NOV 1 1994

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

U.S. BULK TRANSPORT, INC. HAZARDOUS WASTE

6286 Sterrettania Rd.

Fairview, PA 16415

I. Transporter Identification:

Transporter Name: _____

Transporter EPA ID: PAD 987347515

Location Address: see above

Contact: R.E. CAPUTO Phone: 814-838-2558

Mailing Address: Same as above

II. Insurance Information:

Insurance Company Commerce + Industry

Address: 2005 Market Street, Phila., PA.

Contact: Lane Collier Phone: 215-981-7196

Policy Number: CA 5050551

Expiration Date: 12-3-95

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D003 D008

Comments: Transport primarily contaminated dirt, soils or sand, PCB'S, NOS SOLID BULK MATERIALS.

IV. Certification:

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

R.E. CAPUTO

SAFETY AND COMPLIANCE DIRECTOR

PRINT/TYPE NAME

TITLE

[Signature]
SIGNATURE OF TRANSPORTER REPRESENTATIVE

10-28-94

DATE SIGNED

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 17-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility requirements through 12/3/95.

Date

Rosal Clark

12-8-94

SIGNATURE OF FDER REPRESENTATIVE

DATE SIGNED

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

11/30/94

PRODUCER

Acordia of Western PA
1030 State Street
Erie, PA 16501-1859

814-452-6881

INSURED

U.S. Bulk Transport, Inc.
6286 Sterrettania Road
Fairview

PA 16415

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Commerce & Industry

COMPANY LETTER **B** Northbrook Prop & Casualty

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

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DEC 5 1994

COVERAGES

** LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION **

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GL3405730	12/03/94	12/03/95	GENERAL AGGREGATE \$ 200000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 100000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 100000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED. EXPENSE (Any one person) \$ 5000
A	AUTOMOBILE LIABILITY	CA5050551	12/03/94	12/03/95	COMBINED SINGLE LIMIT \$ 1000000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
<input type="checkbox"/> GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
B	OTHER Motor Truck Cargo	99 270249	12/03/94	12/03/95	Limits: \$100,000 per Conveyance-\$200,000 per Catastrophe

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Florida Dept of Enviromental Protection, Hazardous Waste Management, Twin Towers Office
2600 Blair Stone Road
Tallahassee, FL 32399-2400

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Sheila M. Laughlin

115767000

Acordia of Western Pennsylvania
1030 State Street
Erie, PA 16501-1859
(814) 452-6881
Fax (814) 455-7548

Acordia.

MEMORANDUM

Date: June 9, 1994

To: Certificate Holder

From: Connie Innocenzi

RE: U.S. Bulk Transport, Inc.

Please be advised that U.S. Bulk Transport, Inc. has replaced their workers' compensation coverage with Rockwood Casualty Insurance Company effective 4/8/94.

Attached is a revised certificate for that coverage. Please update your records.

/ci

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

6/09/94

PRODUCER

Century Underwriters, Inc.
1414 Investment Blvd.
Pittsburgh, PA 15222-1700

000-000-0000

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	ROCKWOOD CASUALTY INS. CO.
COMPANY LETTER B	
COMPANY LETTER C	HAZARDOUS WASTE
COMPANY LETTER D	JUN 14 1994
COMPANY LETTER E	

INSURED

U. S. Bulk Transport, Inc.
6286 Sterrettania Road
Fairview

PA 16415

COVERAGES

** LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY EFFECTIVE DATE

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED INDICATED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY	\$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$
					FIRE DAMAGE (Any one fire)	\$
					MED. EXPENSE (Any one person)	\$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/> GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC554195	4/00/94	4/01/95	STATUTORY LIMITS	
					EACH ACCIDENT	\$ 1000000
					DISEASE-POLICY LIMIT	\$ 1000000
					DISEASE-EACH EMPLOYEE	\$ 1000000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Florida Dept of Enviromental Protection, Hazardous Waste Management, Twin Towers Office
2600 Blair Stone Road
Tallahassee, FL 32399-2400

ACORD 25-S (7/90)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITENNOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL MPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENT SOR REPRESENT ATIVES.

AUTHORIZED REPRESENTATIVE

Harry P. Cawley

115767000

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STATE WORKMEN'S INSURANCE FUND
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
TELEPHONE NO. (717) 963-4635

"SAFETY
PAYS"

NOTICE OF CANCELLATION TO CERTIFICATE HOLDER

DATE OF NOTICE: 06/07/94

CERTIFICATE HOLDER:

ASSURED:

FLORIDA DEPT OF ENVIRONMENTAL
PROTECTION HAZARDOUS WASTE
2600 BLAIR STONE RD
TALLAHASSEE FL 32399 2400

U S BULK TRANSPORT INC
6286 STERRETTANIA ROAD
FAIRVIEW PA 16415

CANCELLATION EFFECTIVE DATE: 04/08/94 AT 12:01 A.M.

POLICY NUMBER: 03365195 93 1

THE CERTIFICATE OF INSURANCE ISSUED TO THE CERTIFICATE HOLDER LISTED
ABOVE IS VOID AFTER 04/08/94 AT 12:01 A.M. STATE WORKMENS INSURANCE
FUND WILL NOT BE LIABLE FOR WORKERS COMPENSATION CLAIMS AFTER DATE
OF CANCELLATION.

RECEIVED

JUN 14 1994

HAZARDOUS WASTE

MARY MCHUGH

UNDERWRITING MGR.



STATE WORKMEN'S INSURANCE FUND
 COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF LABOR AND INDUSTRY
 TELEPHONE NO. (717) 963-4635

"SAFETY
 PAYS"

CERTIFICATE OF INSURANCE

CERTIFICATE ISSUED TO:

FLORIDA DEPT OF ENVIRONMENTAL
 PROTECTION HAZARDOUS WASTE
 2600 BLAIR STONE RD
 TALLAHASSEE , FL 32399 2400

RECEIVED

JAN 7 1994

HAZARDOUS WASTE

THIS IS TO CERTIFY THAT POLICY NUMBER 03365195 93 1 ISSUED IN THE NAME OF:
 U S BULK TRANSPORT INC OTHER BUSINESSES COVERED:

ACORDIA OF WESTERN PENNA INC
 1030 STATE STREET
 ERIE , PA 16501

IS IN FORCE ON THE DATE HEREOF, AS FOLLOWS:

KIND OF INSURANCE: WORKERS COMPENSATION AND EMPLOYERS LIABILITY

POLICY PERIOD: EFFECTIVE: 12 14 93 AT 12:01 A.M.
 EXPIRES: 12 14 94 AT 12:01 A.M.

LIMITS OF LIABILITY:

WORKERS COMPENSATION INSURANCE: FULLY COMPLIES WITH THE PROVISIONS OF
 THE PENNSYLVANIA WORKMEN'S COMPENSATION ACT AND THE PENNSYLVANIA
 OCCUPATIONAL DISEASE ACT AS RE-ENACTED.

EMPLOYERS LIABILITY INSURANCE:

BODILY INJURY BY ACCIDENT	100,000	EACH ACCIDENT
BODILY INJURY BY DISEASE	500,000	POLICY LIMIT
BODILY INJURY BY DISEASE	100,000	EACH EMPLOYEE

JOB/SITE MEMO: CERTIFICATE COVERS PENNSYLVANIA EMPLOYEES ONLY

DESCRIPTION OF WORK COVERED:

0951 SALESMEN 0953 OFFICE CLERICAL

COVERAGE INCLUDES ALL OPERATIONS INCIDENTAL TO THE BUSINESS OF THE
 INSURED FOR PENNSYLVANIA EMPLOYEES ONLY AND INCLUDES PENNSYLVANIA
 EMPLOYEES WHOSE DUTIES REQUIRE THEM TO GO BEYOND THE TERRITORIAL LIMITS
 OF THE COMMONWEALTH AS PROVIDED BY SECTION 305.2 OF PENNSYLVANIA
 WORKMEN'S COMPENSATION ACT AS AMENDED.

USL&H WORKERS ACT EXCLUSION APPLIES TO THIS POLICY.

30-DAY CANCELLATION CLAUSE:

IN ACCORDANCE WITH THE PROCEDURE FOR CANCELLATION AS SET FORTH IN THE
 POLICY, THE FUND MUST GIVE AT LEAST 30 DAYS NOTICE BEFORE THE
 CANCELLATION BECOMES EFFECTIVE. HOWEVER, THE POLICYHOLDER MAY CANCEL
 FORTHWITH WITHOUT PRIOR NOTICE TO THE FUND.

STATE WORKMEN'S INSURANCE FUND

Mary McHugh
 UNDERWRITING MGR.

SIGNED 12-23-93 AT ITS SCRANTON, PENNSYLVANIA OFFICE. 717/963-3049

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/15/93

PRODUCER

Acordia of Western PA
1030 State Street
Erie, PA 16501-1859

814-452-6881

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COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	Commerce & Industry
COMPANY LETTER	B	PA Workmens Insurance Fund
COMPANY LETTER	C	Northbrook Prop & Casualty
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

U. S. Bulk Transport, Inc.
6286 Sterrettania Road
Fairview,

PA 16415

HAZARDOUS WASTE

COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GL3404893	12/03/93	12/03/94	GENERAL AGGREGATE \$ 200000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 100000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 100000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 100000
					FIRE DAMAGE (Any one fire) \$ 5000
					MED. EXPENSE (Any one person) \$ 500
A	AUTOMOBILE LIABILITY	CA2772494	12/03/93	12/03/94	COMBINED SINGLE LIMIT \$ 100000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	03365195	12/04/93	12/14/94	STATUTORY LIMITS
					EACH ACCIDENT \$ 100000
					DISEASE-POLICY LIMIT \$ 50000
					DISEASE-EACH EMPLOYEE \$ 10000
C	OTHER	99 270249	12/03/93	12/03/94	Limits \$100,000 per Conveyance-\$200,000 per Catastrophe

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Florida Dept of Environmental Protection, Hazardous Waste Management, Twin Towers Office
2600 Blair Stone Road
Tallahassee, FL 32399-2400

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Sheila McLaughlin

115767000