



Florida Department of Environmental Protection

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

Rick Scott
Governor

Herschel T. Vinyard Jr.
Secretary

01/30/2014

Kerry Haley
Rineco Transportation LLC
PO Box 729
Benton, AR 72018-0729

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **1002 Vulcan Rd, Benton, AR 72015** has been registered through **March 1, 2015** with the following status:

Facility ID # **ARR000016733**
Transporter of Universal Waste Lamps and Devices


The registration form for the year **2015** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify by sending an updated form 8700-12FL(Florida Notification of Regulated Waste Activity) to the address on the form which can be found at <http://www.dep.state.fl.us/waste/categories/mercury/pages/registration.htm>. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,



Laurie Tenace
Environmental Specialist
Waste Reduction Section

Enclosures

**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**

DEP Waste Management Division-HWRS, MS4560

2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8707

Date Received
(for FDEP Official Use Only)

JAN 21 2014

EPA ID:

A22000016733

Please use the instructions document to complete this form

**1. Reason for
Submittal**(all submitters must
complete pages 1 and 2
and sign page 5.Pages 3 and 4, - com-
plete as applicable)Mark 'X' in
the correct box:(must choose one
if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
- ☒ To provide subsequent notification (to update status and facility identification information).
- ☐ To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

FL Registration(s)

- ☒ UW Mercury (see page 3) ☒ HW Transporter (see page 4) ☒ Used Oil (see page 4)

**2. Facility or
Business Name**

RINECO TRANSPORATION LLC

**3. Facility
Operator**(List additional Opera-
tors in the comments
section).

Name of Operator:

RINECO TRANSPORATION LLC

Date became Operator: 08 / 08 / 2007

☐ New Operator mm dd yy

Street or P.O. Box:

P.O. BOX 729

Phone Number:

501-778-9089

City or Town:

BENTON

State:

AR

Zip Code:

72018

Country (if not USA):

Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other**4. Facility
Physical
Location
Information**
(No P.O. Boxes)☐ Same address as
#3 above or:

Physical Street Address:

1002 VULCAN ROAD

☐ Vessel

City or Town:

BENTON

State:

AR

Zip Code:

72018

County:

SALINE

Country (if not USA):

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

A. 5 6 2 1 1 2 (required) B.

C. D.

**6. Facility or
Business
Mailing Address**☐ Same address as #3 above or: Street or P.O. Box:

City or Town:

State:

Zip/Postal Code:

Country (if not USA):

**7. Facility or
Business
RCRA
Contact Person**

First Name:

KERRY

Last Name:

HALEY

Title:

MANAGER

Phone Number:

501-778-9089

Extension:

5195

E-Mail:

kerry.haley@rineco.com

Fax:

501-776-1629

Street or P.O. Box:

☐ Same address as
#___above or:

City or Town:

BENTON

State:

AR

Zip Code:

72018

Country (if not USA):

**8. Real Property
(FL Land) Owner
of the Facility's
Physical Location**
(List additional
owners in the com-
ments section.)☐ Same address as
#___above or:

Name of Owner:

RINECO TRANSPORATION LLC

Date became Owner: 08 / 08 / 2007

☐ New Owner mm dd yy

Street or P.O. Box:

1002 VULCAN ROAD

Phone Number:

501-778-9089

City or Town:

BENTON

State:

AR

Zip Code:

72018

Country (if not USA):

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):**(A) (1) Generator of Hazardous Waste**☐ Yes ☒ No (Do not include Universal Waste or Used Oil)

If YES, 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 (at least once a year)

☐ **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 (at least once a year)

☐ **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. Short-Term Generator (one-time, not on-going)
☐ e. Episodic: Not more than one-time per year: __SQG__LQG
☐ f. United States Importer of hazardous waste
☐ g. 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 Order (HSWA, etc.)

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

Note: 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) Receives Hazardous Waste from Off-Site**(7) Underground Injection Control****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, K019, P012, U112).

Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1 SEE ATTACHED	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):**(A) Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)

- ☐ (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

(B) Facility Closed (Complete this section only if all business activities at this facility have ceased.)

- ☐ (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will
☐ (2) Out of Business - Business closed on _____ (date)

☐ **(C) Property Tax Default**☐ **(D) Petition for Bankruptcy Protection****12-14 — Registration Activities Contact Information** (only if this submission is a registration or registration information update):

<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter: Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input type="checkbox"/> Universal Waste	First Name:		Last Name:		Title:	
	Phone Number:		Extension:	E-Mail:		
	Street or P.O. Box:					
	City or Town:		State:(Country):		Zip Code:	

Universal Waste Notification and Mercury Transporter/Handler Registration

EPA ID No. ARR000016733

12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :**A. Federal Notification**☐ **Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)**Accumulates: ☐ a. UW Batteries ☐ b. Pesticides ☐ c. Pharmaceuticals☐ d. Mercury Containing Devices ☐ e. Mercury Containing Lamps☐ **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.**B. Florida Universal Pharmaceutical Waste (UPW): one-time registration**

- ☐ Pharmaceuticals **LQH** = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)
- ☐ Pharmaceuticals **Acute LQH** = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated
- ☐ **Reverse Distributor** of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])
- ☒ Florida Universal Pharmaceutical Waste (UPW) Transporter

C. Florida Annual Mercury Handler Registration:

For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).

If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.

(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities☐ First time registering ☒ Renewal ☐ One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

- ☒ For-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices
- ☐ For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices
- ☐ Mercury-Containing Devices (thermostats, etc) **SQH** = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-Containing Lamps **SQH** = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler

Annual
Registration
Required

- ☐ Mercury-Containing Devices **LQH** = 100 kg (220 lb) or more accumulated at any one time by for-hire handler
- ☐ Mercury-Containing Lamps **LQH** = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler

Annual Registration +
one-time \$1,000 fee +
More Requirements
(contact FDEP)**(2) Mercury Recovery and/or Reclamation Facility** (A hazardous waste permit is required for this activity)☐ First time registering ☐ RenewalAnnual Registration
Required

Briefly Describe your Universal Waste Activities:

☐ We use Drum Top Bulb Crusher(s).**13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) ☐ Recovery ☒ Transport [62-740 F.A.C.]**

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. **Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.**

A. HW Transporter Registration Information (must be completed annually and when this information changes)

This facility is a registered transporter of hazardous waste.

This form is: ☐ Initial Registration ☒ Renewal ☐ Notification of changes ☐ Cancel Registration

☐ 1. For own waste only ☒ 2. For commercial purposes ☐ 3. Both commercial and own waste

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

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

☐ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume _____

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6) , F.A.C., are kept at (check one):

☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),

Transporters (exemptions in 40 CFR 279.40(a)(1-4) , transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.

This form is: ☐ Initial Registration ☒ Renewal ☐ Notification of changes ☐ Cancel Registration

☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

(1) Used Oil Transporter - mark activities: (occurring in Florida)

☒ a. Transporter (off-site) and noncontiguous locations

☐ b. Transfer Facility

(2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

(3) ☐ Used Oil Processor (A permit is required.)

(4) ☐ Off-Specification Used Oil Burner

(5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

(6) Used Oil Filter Management (must annually register)

☒ a. Transporter

☐ b. Transfer Facility

☐ c. Processor (Annual Report Required)

☐ d. End User

(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

☐ Our mailing (business) address ☒ The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [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.]

(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

In addition to the requirements on Page 4 Section 15:


- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.).

__ The used oil annual report is attached __ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

16. Comments (attach a page if more space is needed):

17. 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.

☒ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	KERRY HALEY MANAGER	<input checked="" type="checkbox"/>	01/08/2014
		<input type="checkbox"/>	
		<input type="checkbox"/>	

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

BRENDA GRUBBS

501-778-9089 X5305

brenda.grubbs@rineco.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)



CERTIFICATE OF LIABILITY INSURANCE

RINEC-3

OP ID: LK

DATE (MM/DD/YYYY)

08/29/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Regions Insurance, Inc.(LR) 1500 Riverfront Drive Little Rock, AR 72202 John Meadors	501-661-4800	CONTACT NAME:	
	501-666-9592	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Commerce and Industry Ins Co	19410
		INSURER B : Travelers Prop Cas Co of Amer	25674
		INSURER C : Chartis Specialty Insurance Co	26883
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
C	GENERAL LIABILITY			EG2024263	09/01/13	09/01/14	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 25,000	
	<input checked="" type="checkbox"/> Pollution Legal Liability						PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMPROP AGG	\$ 2,000,000	
								\$	
A	AUTOMOBILE LIABILITY			CA7571356	09/01/13	09/01/14	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
	<input checked="" type="checkbox"/> MCS90							\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		EGU2024912	09/01/13	09/01/14	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 5,000,000	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC0999376	09/01/13	09/01/14	<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTH-ER	
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$	
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
B	Motor Truck Cargo Coverage			6604849N42A	09/01/13	09/01/14	Limit deductibl	250,000 2,500	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Rineco Transportation, LLC P. O. Box 729 Benton, AR 72015	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>John M Meadors</i>

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RINECO PERMITTED WASTE CODES**Attachment I (1 Page)**

D001	D039	K011	K051	K112	U003	U042	U081	U120	U158	U197	U246	U396
D002	D040	K013	K052	K113	U004	U043	U082	U121	U159	U200	U247	U400
D004	D041	K014	K060	K114	U005	U044	U083	U122	U160	U201	U248	U401
D005	D042	K015	K061	K115	U006	U045	U084	U123	U161	U202	U249	U402
D006	D043	K016	K062	K116	U007	U046	U085	U124	U162	U203	U271	U403
D007	F001	K017	K064	K117	U008	U047	U086	U125	U163	U204	U277	U404
D008	F002	K018	K065	K118	U009	U048	U087	U126	U164	U205	U278	U407
D009	F003	K019	K066	K123	U010	U049	U088	U127	U165	U206	U279	U409
D010	F004	K020	K071	K124	U011	U050	U089	U128	U166	U207	U280	U410
D011	F005	K021	K073	K125	U012	U051	U090	U129	U167	U208	U328	U411
D012	F006	K022	K083	K126	U014	U052	U091	U130	U168	U209	U353	
D013	F007	K023	K084	K131	U015	U053	U092	U131	U169	U210	U359	
D014	F008	K024	K085	K132	U016	U055	U093	U132	U170	U211	U364	
D015	F009	K025	K086	K136	U017	U056	U094	U133	U171	U213	U365	
D016	F010	K026	K087	K138	U018	U057	U095	U134	U172	U214	U366	
D017	F011	K027	K088	K141	U019	U058	U096	U135	U173	U215	U367	
D018	F012	K028	K090	K142	U020	U059	U097	U136	U174	U216	U372	
D019	F019	K029	K091	K143	U021	U060	U098	U137	U176	U217	U373	
D020	F024	K030	K093	K144	U022	U061	U099	U138	U177	U218	U375	
D021	F025	K031	K094	K145	U023	U062	U101	U140	U178	U219	U376	
D022	F028	K032	K095	K147	U024	U063	U102	U141	U179	U220	U377	
D023	F032	K033	K096	K148	U025	U064	U103	U142	U180	U221	U378	
D024	F034	K034	K097	K149	U026	U066	U105	U143	U181	U222	U379	
D025	F035	K035	K098	K150	U027	U067	U106	U144	U182	U223	U381	
D026	F037	K036	K099	K151	U028	U068	U107	U145	U183	U225	U382	
D027	F038	K037	K100	K156	U029	U069	U108	U146	U184	U226	U383	
D028	F039	K038	K101	K157	U030	U070	U109	U147	U185	U227	U384	
D029	K001	K039	K102	K158	U031	U071	U110	U148	U186	U228	U385	
D030	K002	K040	K103	K159	U032	U072	U111	U149	U187	U234	U386	
D031	K003	K041	K104	K160	U033	U073	U112	U150	U188	U235	U387	
D032	K004	K042	K105	K161	U034	U074	U113	U151	U189	U236	U389	
D033	K005	K043	K106	K169	U035	U075	U114	U152	U190	U237	U390	
D034	K006	K046	K107	K170	U036	U076	U115	U153	U191	U238	U391	
D035	K007	K047	K108	K171	U037	U077	U116	U154	U192	U239	U392	
D036	K008	K048	K109	K172	U038	U078	U117	U155	U193	U240	U393	
D037	K009	K049	K110	U001	U039	U079	U118	U156	U194	U243	U394	
D038	K010	K050	K111	U002	U041	U080	U119	U157	U196	U244	U395	

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