



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

BOB MARTINEZ CENTER
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

JONATHAN P. STEVERSON
SECRETARY

03/24/2015

Barry Fernandez
Clean Fuels of Florida Inc
2635 NE 4th Ave.
Pompano Beach, FL 33064-

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 **2635 NE 4th Ave, Pompano Beach, FL 33064-5405** has been registered through **March 1, 2016** with the following status:

Facility ID # **FLD984171256**

Transporter of Universal Waste Lamps and Devices

Small Quantity Handler Facility for Universal Waste Lamps and Devices

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices at any one time)

The registration form for the year **2016** 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 Florida Notification of Regulated Waste Activity [form 62-730.900(1)(b)] changes, please notify the Department using that form. 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
E(For FDEP Official Use Only)

NOV 20 2014

PERMITTING & COMPLIANCE
ASSISTANCE PROGRAM

EPA ID: F L D 9 8 4 1 7 1 2 5 6

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, - complete 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

Clean Fuels of Florida, Inc.

3. Facility Operator

(List additional Operators in the comments section).

Name of Operator:

Clean Fuels of Florida, Inc.

Date became Operator: 05 / 01 / 97

☐ New Operator mm dd yy

Street or P.O. Box:

2635 NE 4th Avenue

Phone Number:

954-791-9588

City or Town:

Pompano Beach

State:

Florida

Zip Code:

33064

Country (if not USA):

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:

☐ Vessel

City or Town:

State:

Zip Code:

County:

Broward

Country (if not USA):

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

A. 5 6 2 1 1 (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:

Barry

Last Name:

Fernandez

Title:

President

Phone Number:

954-791-9588

Extension:

E-Mail:

barry@clean-fuels.net

Fax:

954-791-9366

Street or P.O. Box:

2635 NE 4th Avenue

☒ Same address as #3 above or:

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

Country (if not USA):

USA

8. Real Property (FL Land) Owner of the Facility's Physical Location

(List additional owners in the comments section.)

☒ Same address as #3 above or:

Name of Owner:

Desert Rose Environmental Services, Inc.

Date became Owner: 06 / 30 / 2004

☐ New Owner mm dd yy

Street or P.O. Box:

2635 NE 4th Avenue

Phone Number:

954-791-9588

City or Town:

Pompano Beach

State:

FL

Zip Code:

33064

Country (if not USA):

USA

Owner Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ County

☐ Other

RCRA Hazardous Waste Status Notification or Out of Business Notification	EPA ID No.: FLD984171256
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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 D001	² D002	³ D003	⁴ D004	⁵ D005	⁶ D006	⁷ D007
⁸ D008	⁹ F001	¹⁰ F002	¹¹ F003	¹² F004	¹³ F005	¹⁴ F006
¹⁵ F007	¹⁶ F008	¹⁷ F009	¹⁸ F010	¹⁹ F011	²⁰ F012	²¹ FULL LIST ATTACHED

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 checked="" 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. : FLD984171256
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input checked="" type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) <div style="display: flex; justify-content: space-between;"> <div>Accumulates: <input checked="" type="checkbox"/> a. UW Batteries</div> <div><input type="checkbox"/> b. Pesticides</div> <div><input checked="" type="checkbox"/> c. Pharmaceuticals</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> d. Mercury Containing Devices</div> <div><input checked="" type="checkbox"/> e. Mercury Containing Lamps</div> </div> <input type="checkbox"/> 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		
<input checked="" type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input checked="" type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input checked="" type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH]) <input checked="" type="checkbox"/> 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 <u>only</u> 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 <u>for-hire</u> Activities <input type="checkbox"/> First time registering <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler		Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> 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 <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities: <input checked="" type="checkbox"/> We use Drum Top Bulb Crusher(s). Universal Waste Handler - lamps, devices, batteries, pharmaceuticals DBPR Licensed, DOH/DDC: Restricted Rx Distributor		
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input checked="" type="checkbox"/> 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)]		

Hazardous Waste and Used Oil Transporter Registrations

EPA ID No. : FLD984171256

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

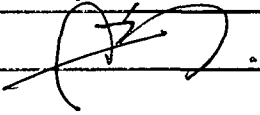
☐ c. Processor (Annual Report Required)

☐ 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.

Transfer Facility and Used Oil Transporter requirements and required signature page	EPA ID No.: FLD984171256								
<p>(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.)]:</p> <p>___ 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.]</p> <p>___ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]</p> <p>___ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]</p> <p>___ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]</p> <p>___ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]</p> <p>___ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]</p>									
<p>(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))</p> <p>In addition to the requirements on Page 4 Section 15:</p> <ul style="list-style-type: none"> • 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.): <p>___ The used oil annual report is attached <input checked="" type="checkbox"/> Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.</p>									
<p>16. Comments (attach a page if more space is needed):</p> <p style="text-align: center; font-size: 1.2em;">SEE ATTACHMENT FOR CONTINUATION OF WASTE CODES</p>									
<p>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.</p>									
<p><input checked="" type="checkbox"/> 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..</p>									
<p>Signature of owner, operator, or an authorized representative</p> 	<p>Print Name and Title</p> <p style="text-align: center; font-size: 1.1em;">Barry Fernandez, President</p>	<p>Used Oil</p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Date Signed (mm-dd-yyyy)</p> <p style="text-align: center;">11-03-2014</p>						
<p>If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Barry Fernandez</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">954-791-9588</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">barry@clean-fuels.net</td> </tr> <tr> <td style="font-size: 0.8em;">(Name of person completing this form)</td> <td style="font-size: 0.8em;">(Phone Number)</td> <td style="font-size: 0.8em;">(E-mail Address)</td> </tr> </table>				Barry Fernandez	954-791-9588	barry@clean-fuels.net	(Name of person completing this form)	(Phone Number)	(E-mail Address)
Barry Fernandez	954-791-9588	barry@clean-fuels.net							
(Name of person completing this form)	(Phone Number)	(E-mail Address)							

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FLD984171256 CLEAN FUELS

FLD984171256

IX. Description of Regulated Wastes (Continued; Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13 -	14	15	16	17	18
D 0 0 1	D 0 0 2	D 0 0 3	D 0 0 4	D 0 0 5	D 0 0 6
19	20	21	22	23	24
D 0 0 7	D 0 0 8	D 0 0 9	D 0 1 0	D 0 1 1	D 0 1 2
25 -	26	27	28	29	30
D 0 1 3	D 0 1 4	D 0 1 5	D 0 1 6	D 0 1 7	D 0 1 8
31 -	32	33	34	35	36
D 0 1 9	D 0 2 0	D 0 2 1	D 0 2 2	D 0 2 3	D 0 2 4
37 -	38	39	40	41	42
D 0 2 5	D 0 2 6	D 0 2 7	D 0 2 8	D 0 2 9	D 0 3 0
43 -	44	45	46	47	48
D 0 3 1	D 0 3 2	D 0 3 3	D 0 3 4	D 0 3 5	D 0 3 6
49 -	50	51	52	53	54
D 0 3 7	D 0 3 8	D 0 3 9	D 0 4 0	D 0 4 1	D 0 4 2
55 -	56	57	58	59	60
D 0 4 3	F 0 0 1	F 0 0 2	F 0 0 3	F 0 0 4	F 0 0 5
61 -	62	63	64	65	66
F 0 0 6	F 0 0 7	F 0 0 8	F 0 0 9	F 0 1 0	F 0 1 1
67 -	68	69	70	71	72
F 0 1 2	F 0 1 9	F 0 2 4	F 0 2 5	F 0 2 7	F 0 3 2
73	74	75	76	77	78
F 0 3 4	F 0 3 5	F 0 3 7	F 0 3 8	F 0 3 9	K 0 0 1
79 -	80	81	82	83	84
K 0 0 2	K 0 0 3	K 0 0 4	K 0 0 5	K 0 0 6	K 0 0 7
85 -	86	87	88	89	90
K 0 0 8	K 0 0 9	K 0 1 0	K 0 1 1	K 0 1 3	K 0 1 4
91 -	92	93	94	95	96
K 0 1 5	K 0 1 6	K 0 1 7	K 0 1 8	K 0 1 9	K 0 2 0
97 -	98	99	100	101	102
K 0 2 1	K 0 2 2	K 0 2 3	K 0 2 4	K 0 2 5	K 0 2 6
103 -	104	105	106	107	108
K 0 2 7	K 0 2 8	K 0 2 9	K 0 3 0	K 0 3 1	K 0 3 2
109	110	111	112	113	114
K 0 3 3	K 0 3 4	K 0 3 5	K 0 3 6	K 0 3 7	K 0 3 8
115	116	117	118	119	120
K 0 3 9	K 0 4 0	K 0 4 1	K 0 4 2	K 0 4 3	K 0 4 5

FLD 984171256 CLEAN FUELS

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FLD 984171256

IX. Description of Regulated Wastes (Continued; (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	K 0 4 7
19	K 0 6 0
25	K 0 7 1
31	K 0 8 6
37	K 0 9 4
43	K 1 0 0
49	K 1 0 6
55	K 1 1 2
61	K 1 1 8
67	K 1 3 2
73	K 1 4 5
79	K 1 5 6
85	P 0 0 1
91	P 0 0 7
97	P 0 1 3
103	P 0 2 1
109	P 0 3 1
115	P 0 4 0
14	K 0 4 8
20	K 0 6 1
26	K 0 7 3
32	K 0 8 7
38	K 0 9 5
44	K 1 0 1
50	K 1 0 7
56	K 1 1 3
62	K 1 2 3
68	K 1 3 6
74	K 1 4 7
80	K 1 5 7
86	P 0 0 2
92	P 0 0 8
98	P 0 1 4
104	P 0 2 2
110	P 0 3 3
116	P 0 4 1
15	K 0 4 9
21	K 0 6 2
27	K 0 8 3
33	K 0 8 8
39	K 0 9 6
45	K 1 0 2
51	K 1 0 8
57	K 1 1 4
63	K 1 2 4
69	K 1 4 1
75	K 1 4 8
81	K 1 5 8
87	P 0 0 3
93	P 0 0 9
99	P 0 1 5
105	P 0 2 4
111	P 0 3 4
117	P 0 4 2
16	K 0 5 0
22	K 0 6 4
28	K 0 8 4
34	K 0 9 0
40	K 0 9 7
46	K 1 0 3
52	K 1 0 9
58	K 1 1 5
64	K 1 2 5
70	K 1 4 2
76	K 1 4 9
82	K 1 5 9
88	P 0 0 4
94	P 0 1 0
100	P 0 1 7
106	P 0 2 3
112	P 0 3 6
118	P 0 4 3
17	K 0 5 1
23	K 0 6 5
29	K 0 8 5
35	K 0 9 1
41	K 0 9 8
47	K 1 0 4
53	K 1 1 0
59	K 1 1 6
65	K 1 2 6
71	K 1 4 3
77	K 1 5 0
83	K 1 6 0
89	P 0 0 5
95	P 0 1 1
101	P 0 1 8
107	P 0 2 6
113	P 0 3 8
119	P 0 4 4
18	K 0 5 2
24	K 0 6 6
30	K 0 8 5
36	K 0 9 3
42	K 0 9 9
48	K 1 0 5
54	K 1 1 1
60	K 1 1 7
66	K 1 3 1
72	K 1 4 4
78	K 1 5 1
84	K 1 6 1
90	P 0 0 6
96	P 0 1 2
102	P 0 2 0
108	P 0 3 0
114	P 0 3 9
120	P 0 4 5

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FLD 984171256 CLEAN FUELS

FLD 984171256

IX. Description of Regulated Wastes (Continued; Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
P 0 4 6	P 0 4 7	P 0 4 8	P 0 4 9	P 0 5 0	P 0 5 1
19	20	21	22	23	24
P 0 5 4	P 0 5 6	P 0 5 7	P 0 5 8	P 0 5 9	P 0 6 0
25	26	27	28	29	30
P 0 6 2	P 0 6 3	P 0 6 4	P 0 6 5	P 0 6 6	P 0 6 7
31	32	33	34	35	36
P 0 6 8	P 0 6 9	P 0 7 0	P 0 7 1	P 0 7 2	P 0 7 3
37	38	39	40	41	42
P 0 7 4	P 0 7 5	P 0 7 6	P 0 7 7	P 0 7 8	P 0 8 1
43	44	45	46	47	48
P 0 8 2	P 0 8 4	P 0 8 5	P 0 8 7	P 0 8 8	P 0 8 9
49	50	51	52	53	54
P 0 9 2	P 0 9 3	P 0 9 4	P 0 9 5	P 0 9 6	P 0 9 7
55	56	57	58	59	60
P 0 9 8	P 0 9 9	P 1 0 1	P 1 0 2	P 1 0 3	P 1 0 4
61	62	63	64	65	66
P 1 0 5	P 1 0 6	P 1 0 8	P 1 0 9	P 1 1 0	P 1 1 1
67	68	69	70	71	72
P 1 1 2	P 1 1 3	P 1 1 4	P 1 1 5	P 1 1 6	P 1 1 8
73	74	75	76	77	78
P 1 1 9	P 1 2 0	P 1 2 1	P 1 2 2	P 1 2 3	P 1 2 7
79	80	81	82	83	84
P 1 2 8	P 1 8 5	P 1 8 8	P 1 8 9	P 1 9 0	P 1 9 1
85	86	87	88	89	90
P 1 9 2	P 1 9 4	P 1 9 5	P 1 9 6	P 1 9 7	P 1 9 8
91	92	93	94	95	96
P 1 9 9	P 2 0 1	P 2 0 2	P 2 0 3	P 2 0 4	P 2 0 5
97	98	99	100	101	102
U 0 0 1	U 0 0 2	U 0 0 3	U 0 0 4	U 0 0 5	U 0 0 6
103	104	105	106	107	108
U 0 0 7	U 0 0 8	U 0 0 9	U 0 1 0	U 0 1 1	U 0 1 2
109	110	111	112	113	114
U 0 1 4	U 0 1 5	U 0 1 6	U 0 1 7	U 0 1 8	U 0 1 9
115	116	117	118	119	120
U 0 2 0	U 0 2 1	U 0 2 2	U 0 2 3	U 0 2 4	U 0 2 5

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IX. Description of Regulated Wastes (Continued; Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U 0 2 6	U 0 2 7	U 0 2 8	U 0 2 9	U 0 3 0	U 0 3 1
19	20	21	22	23	24
U 0 3 2	U 0 3 3	U 0 3 4	U 0 3 5	U 0 3 6	U 0 3 7
25	26	27	28	29	30
U 0 3 8	U 0 3 9	U 0 4 1	U 0 4 2	U 0 4 3	U 0 4 4
31	32	33	34	35	36
U 0 4 5	U 0 4 6	U 0 4 7	U 0 4 8	U 0 4 9	U 0 5 0
37	38	39	40	41	42
U 0 5 1	U 0 5 2	U 0 5 3	U 0 5 5	U 0 5 6	U 0 5 7
43	44	45	46	47	48
U 0 5 8	U 0 5 9	U 0 6 0	U 0 6 1	U 0 6 2	U 0 6 3
49	50	51	52	53	54
U 0 6 4	U 0 6 6	U 0 6 7	U 0 6 8	U 0 6 9	U 0 7 0
55	56	57	58	59	60
U 0 7 1	U 0 7 2	U 0 7 3	U 0 7 4	U 0 7 5	U 0 7 6
61	62	63	64	65	66
U 0 7 7	U 0 7 8	U 0 7 9	U 0 8 0	U 0 8 1	U 0 8 2
67	68	69	70	71	72
U 0 8 3	U 0 8 4	U 0 8 5	U 0 8 6	U 0 8 7	U 0 8 8
73	74	75	76	77	78
U 0 8 9	U 0 9 0	U 0 9 1	U 0 9 2	U 0 9 3	U 0 9 4
79	80	81	82	83	84
U 0 9 5	U 0 9 6	U 0 9 7	U 0 9 8	U 0 9 9	U 1 0 1
85	86	87	88	89	90
U 1 0 2	U 1 0 3	U 1 0 5	U 1 0 6	U 1 0 7	U 1 0 8
91	92	93	94	95	96
U 1 0 9	U 1 1 0	U 1 1 1	U 1 1 2	U 1 1 3	U 1 1 4
97	98	99	100	101	102
U 1 1 5	U 1 1 6	U 1 1 7	U 1 1 8	U 1 1 9	U 1 2 0
103	104	105	106	107	108
U 1 2 1	U 1 2 2	U 1 2 3	U 1 2 4	U 1 2 5	U 1 2 6
109	110	111	112	113	114
U 1 2 7	U 1 2 8	U 1 2 9	U 1 3 0	U 1 3 1	U 1 3 2
115	116	117	118	119	120
U 1 3 3	U 1 3 4	U 1 3 5	U 1 3 6	U 1 3 7	U 1 3 8

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F L D 9 8 4 1 7 1 2 5 6

IX. Description of Regulated Wastes (Continued; Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
U 1 4 0	U 1 4 1	U 1 4 2	U 1 4 3	U 1 4 4	U 1 4 5
19	20	21	22	23	24
U 1 4 6	U 1 4 7	U 1 4 8	U 1 4 9	U 1 5 0	U 1 5 1
25	26	27	28	29	30
U 1 5 2	U 1 5 3	U 1 5 4	U 1 5 5	U 1 5 6	U 1 5 7
31	32	33	34	35	36
U 1 5 8	U 1 5 9	U 1 6 0	U 1 6 1	U 1 6 2	U 1 6 3
37	38	39	40	41	42
U 1 6 4	U 1 6 5	U 1 6 6	U 1 6 7	U 1 6 8	U 1 6 9
43	44	45	46	47	48
U 1 7 0	U 1 7 1	U 1 7 2	U 1 7 3	U 1 7 4	U 1 7 6
49	50	51	52	53	54
U 1 7 7	U 1 7 8	U 1 7 9	U 1 8 0	U 1 8 1	U 1 8 1
55	56	57	58	59	60
U 1 8 2	U 1 8 3	U 1 8 4	U 1 8 5	U 1 8 6	U 1 8 7
61	62	63	64	65	66
U 1 8 8	U 1 8 9	U 1 9 0	U 1 9 1	U 1 9 2	U 1 9 3
67	68	69	70	71	72
U 1 9 4	U 1 9 6	U 1 9 7	U 2 0 0	U 2 0 1	U 2 0 2
73	74	75	76	77	78
U 2 0 3	U 2 0 4	U 2 0 5	U 2 0 6	U 2 0 7	U 2 0 8
79	80	81	82	83	84
U 2 0 9	U 2 1 0	U 2 1 1	U 2 1 3	U 2 1 4	U 2 1 5
85	86	87	88	89	90
U 2 1 6	U 2 1 7	U 2 1 8	U 2 1 9	U 2 2 0	U 2 2 1
91	92	93	94	95	96
U 2 2 2	U 2 2 3	U 2 2 5	U 2 2 6	U 2 2 7	U 2 2 8
97	98	99	100	101	102
U 2 3 4	U 2 3 5	U 2 3 6	U 2 3 7	U 2 3 8	U 2 3 9
103	104	105	106	107	108
U 2 4 0	U 2 4 3	U 2 4 4	U 2 4 6	U 2 4 7	U 2 4 8
109	110	111	112	113	114
U 2 4 9	U 2 7 1	U 2 7 7	U 2 7 8	U 2 7 9	U 2 8 0
115	116	117	118	119	120
U 3 2 8	U 3 5 3	U 3 5 9	U 3 6 4	U 3 6 5	U 3 6 6

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FLD984M12SG CLEAN FUELS

FLD984171256

IX. Description of Regulated Wastes (Continued; Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13 U 3 6 7	14 U 3 7 2	15 U 3 7 3	16 U 3 7 5	17 U 3 7 6	18 U 3 7 7
19 U 3 7 8	20 U 3 7 9	21 U 3 8 1	22 U 3 8 2	23 U 3 8 3	24 U 3 8 4
25 U 3 8 5	26 U 3 8 6	27 U 3 8 7	28 U 3 8 9	29 U 3 9 0	30 U 3 9 1
31 U 3 9 2	32 U 3 9 3	33 U 3 9 4	34 U 3 9 5	35 U 3 9 6	36 U 4 0 0
37 U 4 0 1	38 U 4 0 2	39 U 4 0 3	40 U 4 0 4	41 U 4 0 7	42 U 4 0 9
43 U 4 1 0	44 U 4 1 1	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1. Admiral Insurance Company
(Name of Insurer)
(the "Insurer"), of 901314 East Atlantic Blvd, Pompano Beach, FL 33060
(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

Clean Fuels of Florida, Inc.
(Name of Insured)
(the "Insured"), of 2635 NE 4th Ave. Pompano Bch, FL 33064
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

EPA/DEP I.D. No.	Name	Physical Address
FLD984171256	Clean Fuels of Florida	2635 NE 4th Ave Pompano Beach, FL 33064

(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 FEIECC1095102, issued on 11/3/2014.
(date)

The effective date of said policy is 11/3/2014 and the expiration date of said policy is 11/3/2015.
(date) (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)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

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.

Cynthia White
(Signature of Authorized Representative of Insurer)

Cynthia White
(Typed name)

Sr. VP- Underwriting
(Title)

Authorized Representative of

Admiral Insurance Company
(Name of Insurer)

FET - 2000 S. Colorado Blvd Suite 800
(Address of Representative)
Denver CO 80222