

## Pierce, Brittany

---

**From:** Kelly Brandenburg <KBrandenburg@cliffberryinc.com>  
**Sent:** Monday, November 02, 2015 12:09 PM  
**To:** Pierce, Brittany  
**Subject:** RE: Cliff Berry, Inc. Compliance Inspection  
**Attachments:** Analytical on Used Oil Load to Miami Profile Highlighted.jpg

I put a box around the profile number. This is found in our system for each shipment.



Kelly Brandenburg  
Manager - Regulatory Affairs and Special Projects  
Fort Lauderdale, FL 33316  
(954) 648-5947 Cell  
(954) 763-3390 Office Ext 1005  
(954) 763-8375 Fax  
[KBrandenburg@cliffberryinc.com](mailto:KBrandenburg@cliffberryinc.com)  
[www.cliffberryinc.com](http://www.cliffberryinc.com)

**24 Hour Emergency Response (800) 899-7745**

*This message, and any attachments, is intended only for the addressee. It may contain information which is legally privileged, confidential and exempt from disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, use or any action or reliance on this communication is strictly prohibited by the Electronic Communication Privacy Act at 18 U.S.C. 2510 et seq. If you have received this correspondence in error, please notify the sender immediately by telephone (954-763-3390), return fax, or email then destroy the message and any attachments.*

---

**From:** Pierce, Brittany [mailto:Brittany.Pierce@dep.state.fl.us]  
**Sent:** Monday, November 02, 2015 12:06 PM  
**To:** Kelly Brandenburg <KBrandenburg@cliffberryinc.com>  
**Subject:** RE: Cliff Berry, Inc. Compliance Inspection

Hello Kelly,

Can you please identify where I could find the waste stream approval number? I do not see a response that addresses this question.

Thank you very much,  
Brittany Pierce

---

**From:** Kelly Brandenburg [mailto:KBrandenburg@cliffberryinc.com]  
**Sent:** Thursday, October 29, 2015 10:01 AM  
**To:** Pierce, Brittany <Brittany.Pierce@dep.state.fl.us>  
**Cc:** Phillips, Reggie <Reggie.Phillips@dep.state.fl.us>; Paul Meding <PMeding@cliffberryinc.com>; CBI Regulatory Compliance <compliance@cliffberryinc.com>  
**Subject:** RE: Cliff Berry, Inc. Compliance Inspection

Dear Brittany,

I apologize for the delay, but here are the responses to your additional inquiries:

1. The offload number is captured on the daily offload tickets from incoming trucks that offload into the tanks located in Canaveral. I attached June/July/August offload tickets.
2. I also attached a Used Oil Waste Manifest because the one you attached (named "Incoming Used Oil Acceptance") was for oily water pickup and I wanted to make sure you saw the Used Oil tickets, which are special because they trigger a Halogen testing process that is specific to the Used Oil Waste Stream.
3. I attached a manifest sample of a load that was shipped from CBI Canaveral to CBI Miami, which is our processor/re-refiner facility. I also attached the analysis the Miami Facility did on that load so you can see the corresponding data.
4. Notifications to authorities attached: (SPCCP 2013 distribution letter and labels, May 2014 mailing of CDs photo, Return receipts 2013)
5. Waste solids are characterized by generator knowledge and requiring customer to fill out a profile that asks several waste specific questions. If the customer does not know how the waste was generated, we require analysis through our disposal department.
6. The internal facility audit is done monthly and additionally, the facility performs a daily tank farm inspection.

I hope this answers all your questions and please get back to me if you need anything else.

Sincerely,

**CBI** CLIFF BERRY, INC.

Kelly Brandenburg  
Manager - Regulatory Affairs and Special Projects  
Fort Lauderdale, FL 33316  
(954) 648-5947 Cell  
(954) 763-3390 Office Ext 1005  
(954) 763-8375 Fax  
[KBrandenburg@cliffberryinc.com](mailto:KBrandenburg@cliffberryinc.com)  
[www.cliffberryinc.com](http://www.cliffberryinc.com)

**24 Hour Emergency Response (800) 899-7745**

*This message, and any attachments, is intended only for the addressee. It may contain information which is legally privileged, confidential and exempt from disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, use or any action or reliance on this communication is strictly prohibited by the Electronic Communication Privacy Act at 18 U.S.C. 2510 et seq. If you have received this correspondence in error, please notify the sender immediately by telephone (954-763-3390), return fax, or email then destroy the message and any attachments.*

---

**From:** Pierce, Brittany [<mailto:Brittany.Pierce@dep.state.fl.us>]  
**Sent:** Tuesday, October 20, 2015 8:42 AM  
**To:** Kelly Brandenburg <[KBrandenburg@cliffberryinc.com](mailto:KBrandenburg@cliffberryinc.com)>  
**Cc:** Phillips, Reggie <[Reggie.Phillips@dep.state.fl.us](mailto:Reggie.Phillips@dep.state.fl.us)>  
**Subject:** Cliff Berry, Inc. Compliance Inspection

Good morning Kelly,

I reviewed the information you last submitted, and I have a few other questions for you regarding the Cliff Berry - Canaveral facility.

Upon reviewing Cliff Berry's permit, within Part II – Used Oil Processing Conditions (under #1), the permit states:

a. Used oil processors/re-refiners must keep a record of each used oil shipment accepted for processing/re-refining. These records may take the form of a log, invoice, manifest, bill of lading or other shipping documents. Records for each shipment must include the following information:

- (1). The name, address and EPA identification number (if applicable) of the transporter who delivered the used oil to the processor/re-refiner, oil-burner or disposal facility;
- (2). The name, address and EPA identification number (if applicable) of the generator or processor/re-refinery from whom the used oil was received for processing/re-refining;
- (3). The quantities of each type of used oil accepted and date of acceptance; and
- (4). Waste stream approval number and the off load number.

In reference to the highlighted section above, where could I find the waste stream approval number or off load number on a used oil acceptance ticket? I have attached a picture above of an incoming acceptance of used oil.

Also stated within this part of the permit:

b. Used oil processor/re-refiners must keep a record of each shipment of used oil that is shipped to a used oil burner, processor/re-refiner, or disposal facility. These records may take the form of a log, invoice, manifest, bill of lading or other shipping documents. Records for each shipment must include the following information:

- (1). The name, address and EPA identification number (if applicable) of the transporter delivering the used oil to the receiving facility;
- (2). The name, address and EPA identification number (if applicable) of the oil-burner, processor/re-refinery or disposal facility receiving the shipment;
- (3). The quantities of used oil shipped and date of shipment; and
- (4). The laboratory analytical results.

What lab analytical results are completed for shipments of used oil as indicated above? If the facility does not have lab analytical results available for used oil shipments to Miami, this part of the permit may need to be revised.

At the time of the inspection, notifications to authorities were not available or provided to inspectors. The Department has not yet received the notifications that were sent out to local authorities for the 2013 contingency plan. Can you please provide these?

Please see the above attachment, labeled "Non-Haz Waste Manifest". On this non-hazardous waste manifest, one of the items incoming to the Canaveral facility is "Non-Hazardous Solid, (soil and debris)". Can you please explain how the facility ensures that soil or debris accepted are non-hazardous?

Additionally, how often are internal facility audits completed? Please see the example attached above.

I apologize for not getting back to you sooner. I hope to have the inspection report sent out within the next week.

Thank you very much,

Brittany Pierce  
Environmental Specialist I  
Compliance Assurance Program  
Florida Department of Environmental Protection, Central District  
(407) 897-2919





Cliff Berry, Incorporated  
Environmental Services  
P.O. Box 13079 Ft. Lauderdale, FL 33316  
1 800 899 7745

350218

IN CASE OF EMERGENCY  
CONTACT 3E@ 800-451-8346

## DISPATCH TICKET

Manifest Doc #: 68772

PO#: 70086

Generator's US EPA ID No.: FLR000119792

### 2. Generator Site:

CLIFF BERRY- COCOA  
5855 INDUSTRIAL DRIVE  
COCOA FL32927

### 3. Bill To:

CLIFF BERRY- USED OIL  
851 ELLER DRIVE  
FORT LAUDERDALE FL, 33316  
Contact Name: ,  
Contact Phone #: 954-763-3390

4. Generator Phone: 800-899-7745

Generator Contact:

5. Transporter Name/Phone: 772-249-6266

ENVIRONMENTAL SERVICES & LOGISTICS, INC.

EPA ID#: FLR000193854

6. Designated Facility/Phone: 800 899-7745

MIAMI PLANT  
3033 NW NORTH RIVER DRIVE  
MIAMI FL, 33142

EPA ID#: FLD058560699

7. Description of Service/Instructions: RECEIVED A LOAD OF USED OIL FROM THE COCOA FACILITY.

Department Location: FTL USED OIL Driver/Tech: Truck:   
Scheduled Date of Work: 08/13/2015 Scheduled Time: Method of Payment: CIA

### 8. Work Site Remarks:

Time Left Yard (Start): Time Arrived On Site: Date:   
Time Left Site: Time Arrived At Yard (Stop): Date:

A I M	9. PROPER SHIPPING NAME/DESCRIPTION	HAZ CLASS	I.D. #	PKG. GP	CONTAINERS		TOTAL QTY	UNIT Wt/Vol
					No.	TYPE		
a.	"Non-Hazardous Liquid, (Petroleum destined for recycling Halogens <1000 PPM)"	68772			1	TT	6627	G

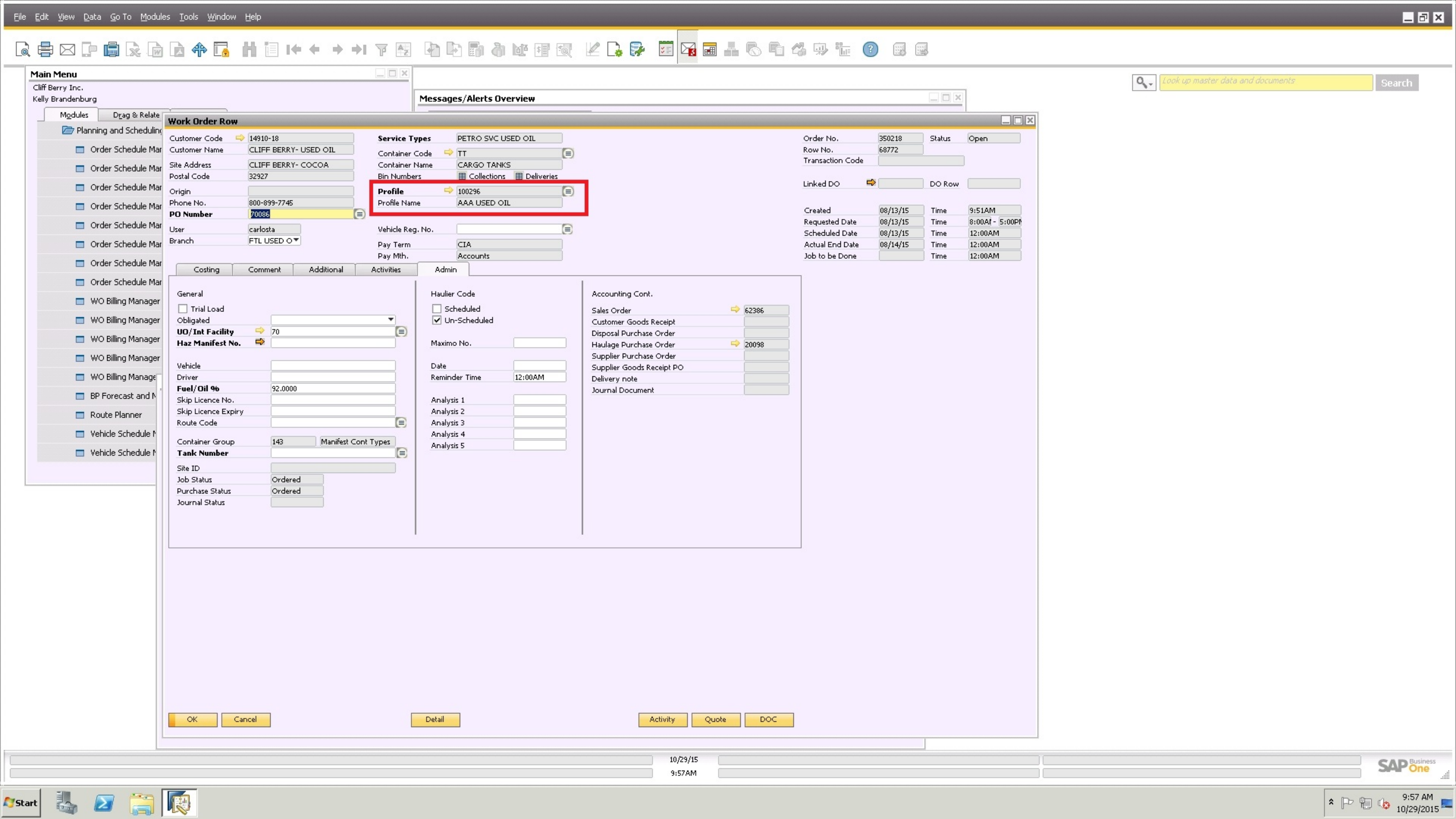
### 10. SPECIAL HANDLING INSTRUCTIONS:

Halogens are <1000ppm

11. CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulation of the Department of Transportation. I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

TERMS & CONDITIONS: Customer agrees that work has been performed satisfactorily. Payment is due upon completion of services. Where CBI extends credit, a charge of 1-1/2% per month, 18% per annum, will be added to balances unpaid 30 days after date of invoice. Collection costs and/or reasonable attorney's fees will be due in the event any collection process becomes necessary. This is not an invoice, but merely an estimate of charges. Applicable taxes, tariffs and fuel surcharges will be forwarded on invoice.

Printed/Typed Name	Signature	Month	Day	Year
Printed/Typed Name	Signature	Month	Day	Year
13. Facility Owner or Operator: Certification of receipt of materials covered by this manifest.				
Printed/Typed Name	Signature	Month	Day	Year





# Cliff Berry, Incorporated Environmental Services

## NON HAZARDOUS WASTE MANIFEST

GENERATORS US EPAID  
CESQG

MANIFEST #  
DOCUMENT

115439

PO#

TRUCK#

PT15

Send Invoice to \_\_\_\_\_

Job Location/Generator

Space Const, Hockley Davidson  
1440 Executive Cir NE.  
Palm Bay, FL.

### Designated Facilities

Check ☒ One

Cliff Berry Inc.  
5218 St. Paul St.  
Tampa, FL 33619  
800-899-7745  
EPA ID#FLR000013888

Cliff Berry Inc.  
5855 Industrial Dr.  
Cocoa, FL 32927  
800-899-7745  
EPA ID#FLR000119792

Cliff Berry, Inc.  
400 Angle Rd  
Ft. Pierce, FL 34946  
800-899-7745  
EPA ID#FLR000009266

Cliff Berry Inc.  
3400 SE 9th Ave  
Ft. Laud., FL 33316  
800-899-7745  
EPA ID#FLR000083071

Cliff Berry Inc.  
16880 Gator Rd.  
Ft. Myers, FL 33912  
800-899-7745  
EPA ID#FLR000083071

Cliff Berry, Inc.  
3033 NW N. River Dr.  
Miami, FL 33142  
800-899-7745  
EPA ID#FLR0058560699

Transporter/Cliff Berry, Inc./Ph.#1-800-899-7745/EPA ID FLR000083071

WASTE SHIPPING NAME	A	I	M	Container No Type	Quantity	Unit
Petroleum Oil (Used Oil) NON DOT Regulated Material	X			01 TT	142	9
Petroleum Oil (Oily Water) NON DOT Regulated Material						
Non Regulated Liquid (Spent Antifreeze / Coolant)						
Non Regulated Solid (Spent Oil Filters)	X			01 DM	300	P
Petroleum Contact Water NON DOT Regulated Material						
OTHER:						

IN CASE OF ANY EMERGENCY CALL CBI AT 1-800-899-7745

☒ <1,000 ppm total halogens per TIFF halogens  
Leak Detector (Law FDEP policy)

CBI PAY C.C. CHECK  
CBI BILLED

☐ <1,000 ppm total halogens per EPA method 9077

Price per Gallon \_\_\_\_\_

Time Departed \_\_\_\_\_ Time Arrived \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_

Completed \_\_\_\_\_ Time Returned \_\_\_\_\_

GENERATORS CERTIFICATION: I CERTIFY THE MATERIALS DESCRIBED ABOVE ON THIS MANIFEST ARE NOT SUBJECT TO  
FEDERAL REGULATIONS FOR REPORTING PROPER DISPOSAL OF HAZARDOUS WASTE

PRINT/TYPE NAME Online D. Missey SIGNATURE [Signature] MONTH 8 DAY 17 YEAR 15

TRANSPORTER 1 ACKNOWLEDGE OF RECEIPT OF MATERIALS

PRINT/TYPE NAME Mike D. SIGNATURE M.D. MONTH 8 DAY 17 YEAR 15

FACILITY OWNER OR OPERATOR: CERTIFICATION OF RECEIPT OF NON-HAZARDOUS WASTE MATERIALS COVERED BY THIS MANIFEST

PRINT/TYPE NAME Mike D. SIGNATURE M.D. MONTH 8 DAY 18 YEAR 15

Conditions of Sale: Payment is due within 30 days of this invoice date: A charge of 1 1/2% per month, 18% per annum will be added  
monthly to unpaid balances. Collection costs and attorney fees will be due in the event any collection process becomes necessary.



**Date:** October 11, 2013

**To:** Recipient – Emergency Response Planning

**Subject: Spill Prevention Control and Countermeasures Plan (SPCCP) and Contingency Plan and Emergency Procedures for Cliff Berry Inc. facilities**

Cliff Berry Inc. is forwarding an electronic copy of the combined plans noted in the subject line for each CBI facility. At least one of the plans indicates your organization may be in a position to respond to the facility during an emergency, may receive casualties, or may regulate activities at the facility.

Please note all CBI facilities, even those outside your area are included in the CD-ROM so it may be necessary to identify the closest facility to better understand how your organization is listed.

The intent in providing you an electronic copy is to facilitate easy access during an emergency. A paper copy may be printed if desired. The plans are updated for 2013 and older copies may be destroyed at your convenience.

If there are any questions please contact me at (954) 763-3390 ext. 1007 during normal business hours.

Best regards,

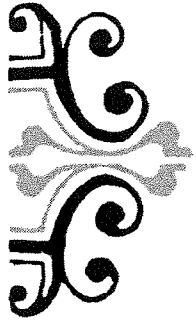
A handwritten signature in black ink that reads "Steve Collins". The signature is written in a cursive, flowing style.

Steve Collins  
Manager Health, Safety and Regulatory Affairs  
Cliff Berry Inc. (CBI)

**RECIPIENTS:**

Brevard County Department of Environmental Protection	
Brevard County Fire Department	Wuesthoff Medical Center
Broward County Depart. Of Planning & Environmental Protection	
Broward Sheriff's Office	Broward Sheriff's Fire Rescue
Broward General Medical Center	Brevard Sheriff's Department
City of Jacksonville Environmental Quality Division	
Duval County Sheriff's Office	Duval County Fire Department
FL Dept. of Environmental Protection	Miami-Dade County Police Dept.
Miami-Dade Dept. of Environmental Resources Management	
Miami-Dade County Fire Rescue	Jackson Memorial Medical Center
St. Lucie County Health Department	St. Lucie County Sheriff's Office
Lawnwood Regional Medical Center	Solantic Baptist Medical Center
Environmental Protection Commission of Hillsborough County	
Hillsborough County Police Depart.	Hillsborough County Fire Department
University Community Hospital	Northeast Fl. Regional Council

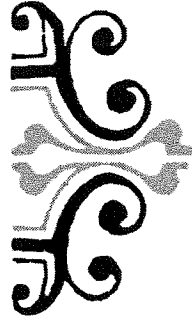




**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

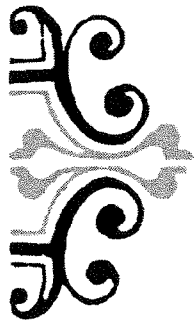
FL Dept. of Environmental Protection  
3900 Commonwealth Blvd.  
M.S. 49  
Tallahassee, FL 32399



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

Miami-Dade Dept. of Environmental  
Resources Management  
701 NW 1<sup>st</sup> Court, 4<sup>th</sup> Fl.  
Miami, FL 33136



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

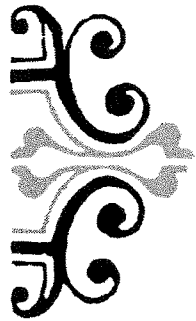
Miami-Dade County Police Dept.  
9105 NW 25<sup>th</sup> Street  
Doral, FL 33172



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

Miami-Dade County Fire Rescue  
9300 NW 41<sup>st</sup> Street  
Miami, FL 33178



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

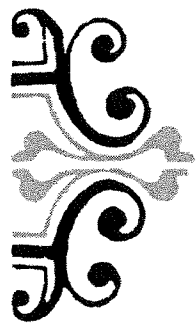
Jackson Memorial Medical Center  
1611 NW 12<sup>th</sup> Ave.  
Miami, FL 33136-1111



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

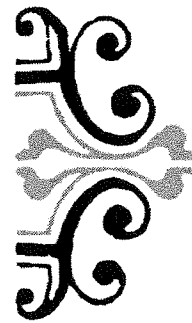
CBI Miami  
3033 N.W. North River Dr.  
Miami, FL 33142



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

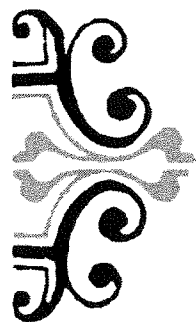
Broward County Depart. Of Planning &  
Environmental Protection  
1 North University Dr. Suite 102 A  
Plantation FL 33324



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

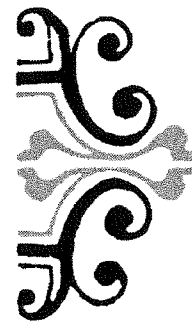
Broward Sheriff's Office  
2601 W. Broward Blvd.  
Fort Lauderdale, FL 33312



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

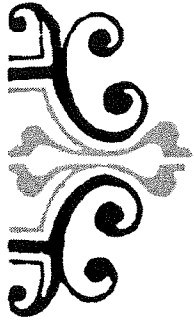
Broward Sheriff's Fire Rescue  
2601 W. Broward Blvd.  
Fort Lauderdale, FL 33312



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

Broward General Medical Center  
1600 S. Andrews Ave,  
Fort Lauderdale, FL 33316  
Attn: Facility Manager



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

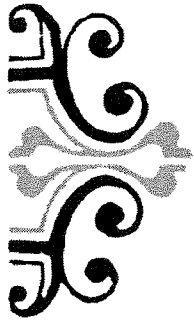
Brevard County Department of  
Environmental Protection  
2725 Judge Fran Jamieson Way  
Viera Fl. 329401



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

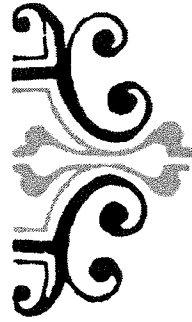
Brevard Sheriff's Department  
700 S. Park Ave  
Titusville, FL. 32780



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

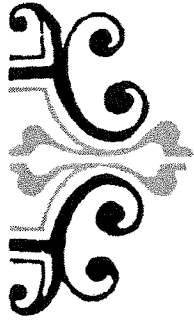
Brevard County Fire Department  
1040 S. Florida Ave  
Rockledge, FL. 32955



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

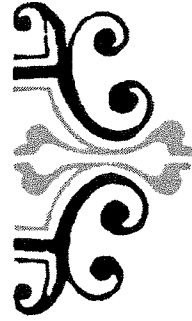
Wuesthoff Medical Center  
110 Longwood Ave  
Rockledge, FL. 32955



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

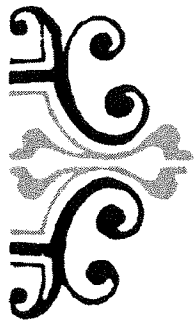
Canaveral Facility  
5855 Industrial Drive  
Cocoa, FL. 32927



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

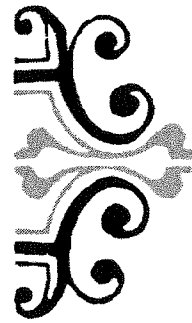
St. Lucie County Health Department  
5150 NW Milner Dr.  
Port St. Lucie FL. 34983



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

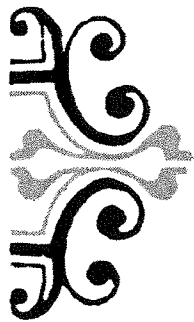
St. Lucie County Sheriff's Office  
4700 West Midway Rd.  
Ft. Pierce, FL. 34981



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

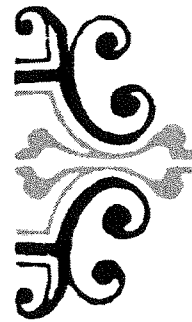
Lawnwood Regional Medical Center  
1700 S. 23 St.  
Fort Pierce, FL. 34950  
Attn: Tamay ,Angie



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

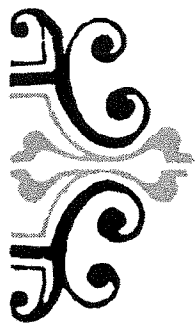
Fort Pierce Facility  
400 Angle Rd.  
Fort Pierce Fl. 34947



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

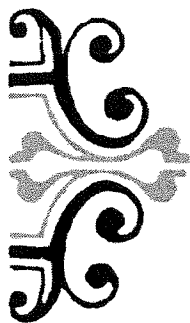
Tampa Facility  
5218 Saint Paul St.  
Tampa, FL. 33619



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

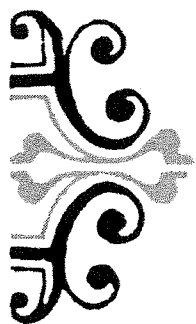
FL Dept. of Environmental Protection  
3900 Commonwealth Blvd.  
M.S. 49  
Tallahassee, FL 32399



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

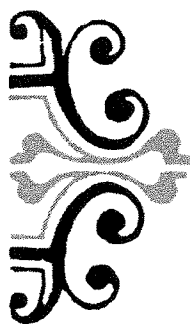
Miami-Dade Dept. of Environmental  
Resources Management  
701 NW 1<sup>st</sup> Court, 4<sup>th</sup> Fl.  
Miami, FL 33136



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

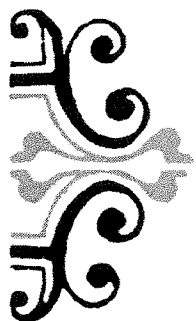
Miami-Dade County Police Dept.  
9105 NW 25<sup>th</sup> Street  
Doral, FL 33172



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

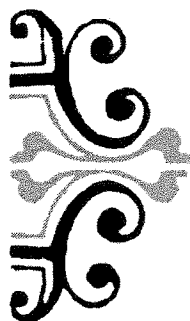
Miami-Dade County Fire Rescue  
9300 NW 41<sup>st</sup> Street  
Miami, FL 33178



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

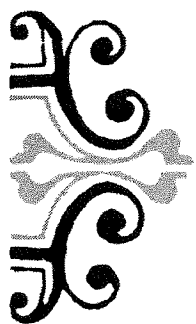
Jackson Memorial Medical Center  
1611 NW 12<sup>th</sup> Ave.  
Miami, FL 33136-1111



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

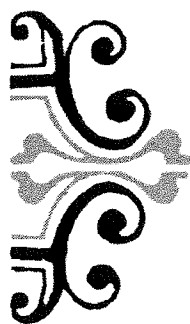
CBI Miami  
3033 N.W. North River Dr.  
Miami, FL. 33142



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

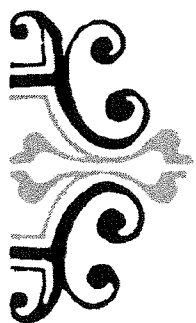
Broward County Depart. Of Planning &  
Environmental Protection  
1 North University Dr. Suite 102 A  
Plantation FL. 33324



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

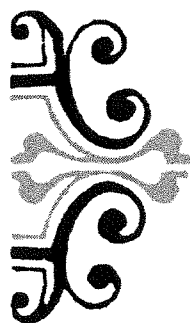
Broward Sheriff's Office  
2601 W. Broward Blvd.  
Fort Lauderdale, FL. 33312



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

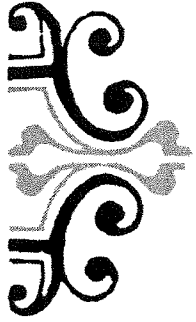
Broward Sheriff's Fire Rescue  
2601 W. Broward Blvd.  
Fort Lauderdale, FL. 33312



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

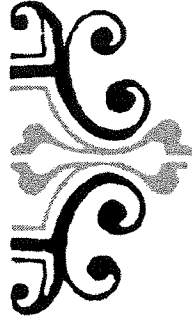
Broward General Medical Center  
1600 S. Andrews Ave,  
Fort Lauderdale, FL. 33316  
Attn: Facility Manager



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

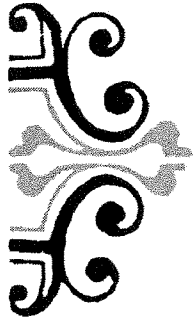
Brevard County Department of  
Environmental Protection  
2725 Judge Fran Jamieson Way  
Viera Fl. 329401



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

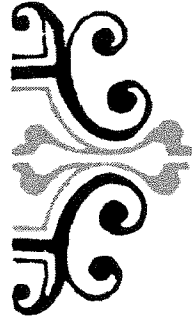
Brevard Sheriff's Department  
700 S. Park Ave  
Titusville, Fl. 32780



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

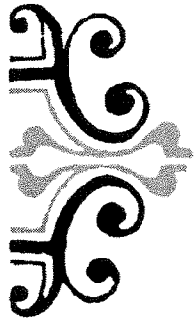
Brevard County Fire Department  
1040 S. Florida Ave  
Rockledge, FL. 32955



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

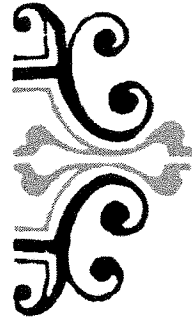
Wuesthoff Medical Center  
110 Longwood Ave  
Rockledge, FL. 32955



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

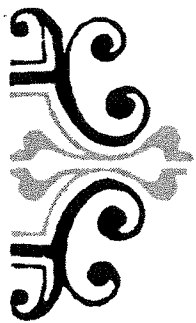
Canaveral Facility  
5855 Industrial Drive  
Cocoa, FL. 32927



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

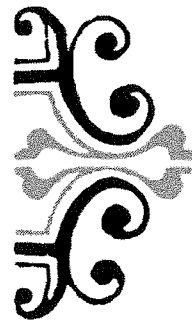
St. Lucie County Health Department  
5150 NW Milner Dr.  
Port St. Lucie FL. 34983



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

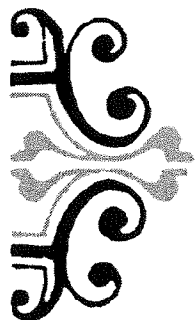
St. Lucie County Sheriff's Office  
4700 West Midway Rd.  
Ft. Pierce, FL. 34981



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

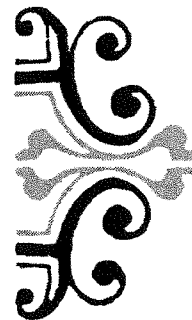
Lawnwood Regional Medical Center  
1700 S. 23 St.  
Fort Pierce, Fl. 34950  
Attn: Tamay ,Angie



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

Fort Pierce Facility  
400 Angle Rd.  
Fort Pierce Fl. 34947



**CBI**

Cliff Berry Inc.  
851 Eller Drive  
Fort Lauderdale, FL 33316

Tampa Facility  
5218 Saint Paul St.  
Tampa, FL. 33619



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5-8-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Broward General Medical Center 1600 S. Andrews Ave. Fort Lauderdale, FL 33316 Attn: Facility Manager</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0212</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5-9</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Northeast FL Regional Council 6850 Belfort Oaks Place Jacksonville, FL 32216 Attn: Eric Anderson</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0106</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5/9/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Duval County Sheriff's Office 50 East Bay St Jacksonville, FL 32202</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0113</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5-2-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Hillsborough County Police Dept. 2008 E. 8th Ave Tampa, FL 33605 Attn: Communication Bureau</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0038</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5/8</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Broward Sheriff's Office 2601 W. Broward Blvd. Fort Lauderdale, FL 33312</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0205</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5/9/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>St. Lucie County Sheriff's Office 4700 West Midway Rd. Ft. Pierce, FL 34981</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0243</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5/9/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Brevard County Sheriff's Department 1040 S. Florida Ave Rockledge, FL 32955</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0236</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5/9/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>University Community Hospital 3100 E. Fletcher Ave Tampa, FL 33613</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0045</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5-9-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Brevard Sheriff's Department 700 S. Park Ave Titusville, FL 32780</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0281</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5/9/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>St. Lucie County Health Department 5150 NW Milner Dr. Port St. Lucie, FL 34983</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0267</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5/6/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Broward County Dept. of Planning &amp; Environmental Protection 1 North University Dr. Suite 102 A Plantation, FL 33324</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0166</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>5-9-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Duval County Fire Department 515 North Julia St. Jacksonville, FL 32202</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <b>7014 0510 0001 0082 0076</b></p> <p>PS Form 3811, July 2013 Domestic Return Receipt</p>			





Cliff Berry, Incorporated  
Environmental Services

11216

DATE 27 AUG. 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☒

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS <1000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 3013

NET GALLON \_\_\_\_\_

GROSS GALLON H2O 132

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 4

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael Dintz

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

11215

DATE 22 AUG 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H<sub>2</sub>O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS <1000 PPM

INCHES BACK \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 3167

NET GALLON \_\_\_\_\_

GROSS GALLON H<sub>2</sub>O \_\_\_\_\_

RECEIVING FACILITY Cocora

FROM TANK \_\_\_\_\_

TOTANK 5

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. [Signature]

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

3806

11214

DATE 21 AUG 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H<sub>2</sub>O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS <1000 PPM

INCHES BACK \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 2013 NET GALLON \_\_\_\_\_

GROSS GALLON H<sub>2</sub>O \_\_\_\_\_

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 5

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael Cortel

FACILITY ATTENDANT \_\_\_\_\_





Cliff Berry, Incorporated  
Environmental Services

11213

DATE 18 AUG. 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☒

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS 1000 ppm

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1704

NET GALLON \_\_\_\_\_

ANTIFREEZE  
GROSS GALLON H2O 750

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 5

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael L. Smith

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

50-1

11212

DATE

14 AUG 15

MANIFEST#

SHIPPED



TRANSFER



RECEIVED



USED OIL



SPEC FUEL



PCW



OILY H2O



FUEL



OTHER WATERS



INCHES FRONT

H2O %

HALOGENS

<1000 PPM

INCHES BACK

H2O %

HALOGENS

GROSS GALLON OILS

2120

NET GALLON

GROSS GALLON H2O

RECEIVING FACILITY

Cocon

FROM TANK

TOTANK

4

TRUCK #

PT15

TRAILER#

DRIVER SIGNATURE

Michael D. Mitt

FACILITY ATTENDANT



Cliff Berry, Incorporated  
Environmental Services

4238

11211

DATE 12 Aug. 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS < 1000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1965

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY COCOA

FROM TANK \_\_\_\_\_

TOTANK 5

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. Mitt

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

11210

DATE 10 AUG 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS <1000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1915

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 4

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. Smith

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

11209

DATE 6 AUG 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS <1000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS

2161

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY

Cocoa

FROM TANK \_\_\_\_\_

TOTANK

4

TRUCK # PT 15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE

Michael D. White

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

11208

DATE 4 AUG 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS 21000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 2634

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY COCOA

FROM TANK \_\_\_\_\_

TOTANK 4.5

TRUCK # PT07

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. Hill

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

11207

① DATE 31 July 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS <1000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 2340

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY

Cocoa

FROM TANK \_\_\_\_\_

TOTANK 5

TRUCK # PT07

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE

Michael DIME

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

12549

DATE

28 July 15

MANIFEST#

SHIPPED



TRANSFER



RECEIVED



USED OIL



SPEC FUEL



PCW



OILY H<sub>2</sub>O



FUEL



OTHER WATERS



INCHES FRONT

H<sub>2</sub>O %

HALOGENS

<1000 PPM

INCHES BACK

H<sub>2</sub>O %

HALOGENS

GROSS GALLON OILS

1468

NET GALLON

GROSS GALLON H<sub>2</sub>O

RECEIVING FACILITY

COCOA

FROM TANK

TOTANK

5

TRUCK #

PT07

TRAILER#

DRIVER SIGNATURE

Michael Z. M. H.

FACILITY ATTENDANT





Cliff Berry, Incorporated  
Environmental Services

12548

DATE

23 July 15

MANIFEST#

SHIPPED



TRANSFER



RECEIVED



USED OIL



SPEC FUEL



PCW



OILY H2O



FUEL



OTHER WATERS



INCHES FRONT

H2O %

HALOGENS

<1000 ppm

INCHES BACK

H2O %

HALOGENS

GROSS GALLON OILS

1618

NET GALLON

GROSS GALLON H2O

RECEIVING FACILITY

Cocoa

FROM TANK

TOTANK

5

TRUCK #

PT15

TRAILER#

DRIVER SIGNATURE

Michael D. Mott

FACILITY ATTENDANT



Cliff Berry, Incorporated  
Environmental Services

12547

DATE 21 July 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H<sub>2</sub>O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

1000 PPM

INCHES BACK \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS \_\_\_\_\_

2005

NET GALLON \_\_\_\_\_

GROSS GALLON H<sub>2</sub>O \_\_\_\_\_

RECEIVING FACILITY \_\_\_\_\_

Cocora

FROM TANK \_\_\_\_\_

TOTANK \_\_\_\_\_

4

TRUCK # \_\_\_\_\_

PT 15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE \_\_\_\_\_

Michael D. Mitchell

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

12546

DATE 17 July 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H<sub>2</sub>O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS <1000 ppm

INCHES BACK \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1931

NET GALLON \_\_\_\_\_

GROSS GALLON H<sub>2</sub>O 527

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 4 Tote

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. Smith

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

12545

DATE 15 July 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS <1000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 2201

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY COLOA

FROM TANK \_\_\_\_\_

TOTANK 5

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael DiMatteo

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

1744

12544

DATE 14 July 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS 21000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1663

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY COCOA

FROM TANK \_\_\_\_\_

TOTANK 5

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael R. Smith

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

12543

DATE 13 July 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H<sub>2</sub>O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS 1500 PPM

INCHES BACK \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS \_\_\_\_\_

1912

NET GALLON \_\_\_\_\_

GROSS GALLON H<sub>2</sub>O \_\_\_\_\_

RECEIVING FACILITY

Cocoa

FROM TANK \_\_\_\_\_

TOTANK 4.5

TRUCK #

PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE

Michael D. Dittie

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

25-1

12542

DATE 9 July 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS <1000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1883

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 5

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. Mitt

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

12541

DATE 7 July 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H<sub>2</sub>O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS <100 PPM

INCHES BACK \_\_\_\_\_

H<sub>2</sub>O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1573

NET GALLON \_\_\_\_\_

GROSS GALLON H<sub>2</sub>O: \_\_\_\_\_

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 5

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. Smith

FACILITY ATTENDANT \_\_\_\_\_





Cliff Berry, Incorporated  
Environmental Services

3445

11206

DATE 29 June 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS 4000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1859

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 4

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael L. O'Neil

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

12540

DATE 24 June 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS <1000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1973

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 4

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. Smith

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

12539

DATE 22 JUNE 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS <1000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1931

NET GALLON \_\_\_\_\_

GROSS GALLON H2O 500 gal.

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 4, Tote

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. White

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

12538

DATE 18 June 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS <1000 ppm

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1210

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 4

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael DiNatale

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

2217

12537

DATE 18 June 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS <1000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1728

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 5

TRUCK # PTD7

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. Smith

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

12536

DATE 12 June 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☐

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS 41000 PPM

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 1924

NET GALLON \_\_\_\_\_

GROSS GALLON H2O \_\_\_\_\_

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 4.5

TRUCK # PT07

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. Mitchell

FACILITY ATTENDANT \_\_\_\_\_



Cliff Berry, Incorporated  
Environmental Services

12535

DATE

11 June 15

MANIFEST#

SHIPPED



TRANSFER



RECEIVED



USED OIL



SPEC FUEL



PCW



OILY H<sub>2</sub>O



FUEL



OTHER WATERS



INCHES FRONT

H<sub>2</sub>O %

HALOGENS

< 1000 PPM

INCHES BACK

H<sub>2</sub>O %

HALOGENS

GROSS GALLON OILS

1618

NET GALLON

GROSS GALLON H<sub>2</sub>O

RECEIVING FACILITY

Cocoa

FROM TANK

TOTANK

5

TRUCK #

PT15

TRAILER#

DRIVER SIGNATURE

Michael D. Melt

FACILITY ATTENDANT



Cliff Berry, Incorporated  
Environmental Services

12534

DATE 10 June 15

MANIFEST# \_\_\_\_\_

SHIPPED ☐

TRANSFER ☐

RECEIVED ☒

USED OIL ☒

SPEC FUEL ☐

PCW ☐

OILY H2O ☐

FUEL ☐

OTHER WATERS ☒

INCHES FRONT \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS <1000 ppm

INCHES BACK \_\_\_\_\_

H2O % \_\_\_\_\_

HALOGENS \_\_\_\_\_

GROSS GALLON OILS 3216

NET GALLON \_\_\_\_\_

GROSS GALLON H2O 23

Antifreeze

RECEIVING FACILITY Cocoa

FROM TANK \_\_\_\_\_

TOTANK 4

TRUCK # PT15

TRAILER# \_\_\_\_\_

DRIVER SIGNATURE Michael D. [Signature]

FACILITY ATTENDANT \_\_\_\_\_