

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used
Oil and Used Oil Filter Handlers
Effective Date ____
Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710 500 and 62-710.850, F.A.C. See Section A, Box 5 below)

For the reporting period January 1, 2000 through December 31, 2000 through December 31

Use the information recorded in your Record Keeping Form SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS	n [62-710.901(2)] or equiv	alent to c	omplete th	nis document.
		4			
1 Company Name: Electrical Engineering Ent.		· (8B) 7	40-9	601	
Site Address: 5316 E. Henry Ave. Tampa F	-1 33610				
	3 EPA ID No.	FLRO	00215	376	
☐ Check box if any of the above items (1-3) have changed since your last registration	on				
4 Name of person preparing report (please print) Wayne Ellis					
Title President Phone number (if diffe	rent from #2, above)	()			
5 Type of operation (check as many as apply to your operations) Used Oil: Transporter Transfer Facility Collection Center/Aggregation Used Oil Filter Transporter Transfer Facility	Point Processor Processor	Marketer	End User		
SECTION B USED OIL (TO BE COMLETED BY ALL REGISTERED USED OIL	L HANDLERS, USI	ED OIL FILT	ER HAND	LERS SEE S	SECTION C)
1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)	Automotive	Industr	ial	Mixed	Total
a In Florida		937	5		9375
b. From out of State					
c Beginning Inventory					
d. Total (sum of totals from Lines $a + b + c$)					9375
2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)			In Sta	te	Out of State
N - Transferred to another facility (not an end use)					9375
O - Marketed as an on-specification used oil fuel		4			
F - Marketed as an off-specification used oil fuel.					
1 - Marketed for an industrial process					
B - Burned as an off-specification used oil fuel					
D. Disposed of Landfilled					
Treated at a wastewater treatment of	ınıt				
Incinerated					
3 Total amount (in gallons) of Used Oil managed					9375
4. End of year, on hand estimate (difference between 1 ine 1d and 1 me 3).					9375

Ple	ase print or type.						Form A	pproved. ON	/IB No. 2050-	-0039
1	WASTE MANIFEST	1. Generator ID Number	2. Page 1 of 3	3. Emergency Respons	e Phone	4. Manifest	Tracking Num	ber 4437	FL	Ε
П	5. Generator's Name and Mailin	ng Address	1 to the G	enerator's Site Address	s (if different th	an mailing addres	ss) (57		
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П		APPROX -	1375 gal.		had been	7	4 4 4			
		, ,	*							
	15. GENERATOR'S/OFFEROI	R'S CERTIFICATION: I hereby declare that	the contents of this consignment are	fully and accurately de	escribed above	by the proper shi	pping name, ar	nd are classifie	d, packaged,	\neg
П	Exporter, I certify that the c	rded, and are in all respects in proper condition contents of this consignment conform to the	on for transport according to applicat erms of the attached EPA Acknowled	ole international and nat diment of Consent.	tional governm	ental regulations.	If export shipm	ent and I am ti	ne Primary	
	I certify that the waste mini	imization statement identified in 40 CFR 262	27(a) (if I am a large quantity general	tor) or (b) (ifI am a sm	all quantity ger	nerator) is true.				
	Generator's/Offeror's Printed/Typ	ped Name	Signal	ure				Month	25.0	ear
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崖	16. International Shipments	Import to U.S.	Export from U.S							_
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DE	Facility's Phone: 18c. Signature of Alternate Facility	ity (or Congrator)								
ATE	100. Signature of Alternate Facili	ity (or Generator)						Month	Day Y	rear
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	20. Designated Facility Owner or	Operator: Certification of receipt of hazardo	ous materials covered by the manifest	except as noted in Iter	n 18a					1860) 87505
	Printed/Typed Name	21location of toocipi of hazardi	Signat		100			Month	Day Ye	ear
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1		FORM HAZARDOUS /ASTE MANIFEST	Generator ID Number		2. Page 1 of 3. En	ergency Respons		4. Manifest	Tracking Nu			
		enerator's Name and Maili	ing Address			ator's Site Address	s (if different t	han mailing addre	cc)			
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	15. (GENERATOR'S/OFFERO	OR'S CERTIFICATION: I hereby declare	that the contents of this co	onsignment are fully	and accurately de	escribed abov	e by the proper sh	ipping name,	and are classified	l, packaged	,
	E	Exporter, I certify that the o	rded, and are in all respects in proper cor contents of this consignment conform to t imizaţion statement identified in 40 CFR	he terms of the attached E	PA Acknowledgme	nt of Consent.		1941	If export ship	oment and I am th	e Primary	
		rator's/Offeror's Printed/Ty		de de la companya de	Signature	(b) (ii) ail a 3iii	di quantity ge	interactifies true.	ta control	Month	Day	Year
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		signated Facility Owner or	r Operator: Certification of receipt of haza	rdous materials covered t	by the manifest exc Signature	ept as noted in Iter	n 18a	1 10		Month	Day \	Year
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П		5316 East Henry Tampa FL 33610	Ave								ave	DR K	Char
		erator's Phone:				1				51	3 - 31	3-7	002
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П	8. De:	signated Facility Name an	d Site Address						₹U.S. EPA ID I	Number			
П		Clean Harbors Pl						2.0		Tumber			
П		1875 Forge Street Tucker, GA 3008	反 14										
П		ty's Phone:				(770)	934-0902		GAD	9808	3918	7	
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	15. G	GENERATOR'S/OFFERO	R'S CERTIFICATIO	N: I hereby declare the	at the contents of this consign	ment are fully an	d accurately des	cribed above	by the proper shi	ipping name,	and are clas	sified, packa	iged,
Ш	E	Exporter, I certify that the c	contents of this cons	signment conform to the	ition for transport according to terms of the attached EPA A	cknowledament o	f Consent.			If export ship	ment and I a	m the Prima	ıry
Ш		certify that the waste mini- rator's/Offeror's Printed/Typ		identified in 40 CFR 26	2.27(a) (if I am a large quant		b) (if I am a smal	l quantity gen	erator) is true.				
		ators/Onerors Printed/Typ	leu Name			Signature					Mon I	th Day	Year I
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DESIGNATED FACILITY	19. Haz	zardous Waste Report Ma	nagement Method (Codes (i.e., codes for h	azardous waste treatment, di	sposal, and recyc	ling systems)			W- W-			
DE	1.			2.		3.			4.			**	
	00 D												
		signated Facility Owner or I/Typed Name	Operator: Certificat	ion of receipt of hazard	dous materials covered by the	manifest except Signature	as noted in Item	18a			Man	h Day	V
$ \downarrow $, milou	rrypod ramo				Jignature					Moni 1	th Day	Year
											- 1		



February 6, 2020

Dave Baker Electrical Engineering ENT 5316 East Henry Ave Tampa, FL 33610

RE: Sales Order: 00018719

Dear: Mr. Baker

Enclosed please find a signed copy of your shipping document, which indicates acceptance of your waste at our Clean Harbors PPM facility in Tucker, Georgia.

Shipping Document Number:

014222992FLE

Date Received:

2/28/20

In accordance with 40 CFR 264.12(b), Clean Harbors PPM, LLC-Tucker Facility has the appropriate state and federal permits to accept, store, and/or treat the waste you shipped to our facility. This letter should be kept on file with your copy of the signed manifest.

As of June 30, the Transformer Services division of Clean Harbors has been sold to Emerald Transformer. Emerald Transformer is a full-service transformer company with over 40 years of expertise. In the coming weeks, we will continue to transition to the Emerald Transformer brand.

We appreciate your business. If you have any questions, please contact me at (770) 206-1361.

Sincerely,

Carol Ramsay Compliance Guard



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3) Form Title Annual Report by Used Oil and Used Oil Filter Handlers Effective Date Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710 500 and 62-710.850, F.A.C. See Section A, Box 5 below.)

For the reporting period January 1,2019 through December 31, 2019

Use the information recorded in your R		m [62-710.901(2)] or equiv	alent to c	omplete thi	s document.
SECTION A TO BE COMPLETED BY ALL REGISTER			00 5	110 0	1 01	THE RESERVE OF THE PARTY OF THE
1 Company Name: Electrical Engine			0 (013 1	40-9	601	· ·
Site Address 5316 E. Henry Ave	. Tampa					
		3. EPA ID No	FLRO	00215	376	
Check box if any of the above items (1-3) have change	d since your last registrat	ion.				
4 Name of person preparing report (please print) _ Wa	yne Ellis					
Tille President	Phone number (if diff	erent from #2, above)				
5. Type of operation (check as many as apply to your oper Used Oil: Transporter Transfer Facility Colle Used Oil Filter: Transporter Trans	ction Center/Aggregation asfer Facility	Processor		End User		
SECTION B USED OIL (TO BE COMPETED BY ALL	REGISTERED USED OF	I HANDLERS. USI	DOILTILI	EK HANL	LEKS SEE SI	ECHON C)
1. Amount (in gallons) of Used Oil and Oily Wastes collect	ted (type code)	Automotive	Industr	ial	Mixed	Total
a In Florida			25, 59	0		25,590
b. From out of State						
c Beginning Inventory						
d. Total (sum of totals from L	ines a + b + c)					25,590
2. Amount (in gallons) of Used Oil and Oily Wastes manag	ed (end use code)			In Sta	ite	Out of State
N - Transferred to another fa	acibty (not an end use).				6	15,590
() - Marketed as an on-spec	ification used oil fuel					
F · Marketed as an off-spec	ification used oil fuel.					
1 - Marketed for an industria	al process					
B - Burned as an off-specifi	cation used oil fuel					
D. Disposed of Landfille	ed					
Treated :	at a wastewater treatment	unit				
Incineral	ed					
3 Total amount (in gallons) of Used Oil managed					2	5,590
4. End of year, on hand estimate (difference between Line I	d and Line 3)				2	5 590



February 28, 2019

Dave Baker Electrical engineering Ent 5316 East Henry Avenue Tampa, FL 33610

RE: Sales Order #00008395

Dear: Mr. Baker

Enclosed please find a signed copy of your shipping document, which indicates acceptance of your waste at our Clean Harbors PPM facility in Tucker, Georgia.

Shipping Document Number:

012676443FLE

Date Received:

2/26/19

In accordance with 40 CFR 264.12(b), Clean Harbors PPM, LLC-Tucker Facility has the appropriate state and federal permits to accept, store, and/or treat the waste you shipped to our facility. This letter should be kept on file with your copy of the signed manifest.

As of June 30, the Transformer Services division of Clean Harbors has been sold to Emerald Transformer. Emerald Transformer is a full-service transformer company with over 40 years of expertise. In the coming weeks, we will continue to transition to the Emerald Transformer brand.

We appreciate your business. If you have any questions, please contact me at $(770)\ 206-1361$.

Sincerely,

Carol Ramsay Compliance Guard



July 31, 2019

Dave Baker EEE 5316 East Henry Ave Tampa, FL 33610

RE: Sales Order #00011566

Dear: Mr. Baker

Enclosed please find a signed copy of your shipping document, which indicates acceptance of your waste at our Clean Harbors PPM facility in Tucker, Georgia.

Shipping Document Number: 013466916FLE

Date Received: 7/25/19

In accordance with 40 CFR 264.12(b), Clean Harbors PPM, LLC-Tucker Facility has the appropriate state and federal permits to accept, store, and/or treat the waste you shipped to our facility. This letter should be kept on file with your copy of the signed manifest.

As of June 30, the Transformer Services division of Clean Harbors has been sold to Emerald Transformer. Emerald Transformer is a full-service transformer company with over 40 years of expertise. In the coming weeks, we will continue to transition to the Emerald Transformer brand.

We appreciate your business. If you have any questions, please contact me at (770) 206-1361.

Sincerely,

Carol Ramsay Compliance Guard

Ple	ase pri	nt or type.	E \$146)	1/ELEN	14711	. 8	000	0 80 8	20	Form	Approved.	OMB No.	2050-0039
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		nerator's Name and Maili	mine thi			Genera	tor's Site Address	(if different tha	an mailing addres	Dave			
		Tampa, FL 3361	G		*	ï	Bartow, FL 813-625-0	THE SERVER.		-363			
	6. Tra	rator's Phone:	ne		7		913-023-0	200	U.S. EPA ID N		25 13 Ft 14		
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	8. De:	signated Facility Name ar	nd Site Address			0	Wellson - Vine - U		U.S. EPA ID N	lumber			
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	100	ly's Phone:	lio.fl			(77))) 934-0902		CAD	9008	39101	Ý	
	9a. HM	9b. U.S. DOT Descripti and Packing Group (if		Shipping Name, Hazar	d Class, ID Number,		10. Contair No.	ners Type	11. Total Quantity	12. Unit Wt./Vol.	13. V	/aste Code	es
OR -		1. NEW LICH H	EGULATED	IATERIAL (ST.L.	H PCB)			-	C 2000				
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	14. S	pecial Handling Instruction	ns and Additional Info	ormation									
	1	st Gallon									parents.		
	15. (GENERATOR'S/OFFERO	OR'S CERTIFICATIO	N: I hereby declare that									
	1	Exporter, I certify that the certify that the waste mir	nimization statement	identified in 40 CFR 26	2,27(a) (if I am a large	quantity generator)	or (b) (if I am a sma		nerator) is true.				
ļ	Gener	ator's/Offeror's Printed/Ty	ped Name	10000		Signature	SOM	11	1501	rel	Mont	h Day	Year
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· LITY	18b. A	Illernate Facility (or Gene		7,10	1 1 1 1	20.00	Manifest Reference	Number:	U.S. EPA ID N	umber			
FACII	Facility	y's Phone:			1				I				
DESIGNATED FACILITY	18c. S	ignature of Alternate Faci	ility (or Generator)					_			Mon	th Da	y Year
ESIG	19. Ha	zardous Waste Report M	lanagement Method	Codes (i.e., codes for h	azardous waste treatn	nent, disposal, and r	ecycling systems)		4.				
_		H039											
		signated Facility Owner of Typed Name	or Operator: Certifica	tion of receipt of hazard	dous materials covered	Signature	- //	1	111		Mont	h Day	Year
↓ EPA	Form	8700-22 (Rev. 12-17)	Previous edition	s are obsolete.			any 1	Mah	DESIGNA	TED FA	CILITY TO	O GEN	ERATOR
					87	247						1611	4



February 15, 2019

Dave Baker Electrical Engineering Ent 5316 East Henry Avenue Tampa, FL 33610

RE: Sales Order #00008020

Dear: Mr. Baker

Enclosed please find a signed copy of your shipping document, which indicates acceptance of your waste at our Clean Harbors PPM facility in Tucker, Georgia.

Shipping Document Number:

012676389FLE

Date Received:

2/8/19

In accordance with 40 CFR 264.12(b), Clean Harbors PPM, LLC-Tucker Facility has the appropriate state and federal permits to accept, store, and/or treat the waste you shipped to our facility. This letter should be kept on file with your copy of the signed manifest.

As of June 30, the Transformer Services division of Clean Harbors has been sold to Emerald Transformer. Emerald Transformer is a full-service transformer company with over 40 years of expertise. In the coming weeks, we will continue to transition to the Emerald Transformer brand.

We appreciate your business. If you have any questions, please contact me at (770) 206-1361.

Sincerely,

Carol Ramsay Compliance Guard

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	15.	GENERATOR'S/OFFERO marked and labeled/placar	PR'S CERTIFICATION: I hereby declare rded, and are in all respects in proper corcontents of this consignment conform to t	that the contents of this edition for transport acc	s consignment are fu cording to applicable	lly and accurately d international and na	escribed abov					
		I certify that the waste mini	imization statement identified in 40 CFR	262:27(a) (if I am a larç	ge quantity generato Signatur	r) or (b) (if I am a sn	nall quantity ge	nerator) is true.		Monti	n Day	Year
Ų.		nternational Shipments	BKKALL	an fa	20-	aka yil halli lavo, ti qirat qirat qira esperiment				12	125	19
TRANSPORTER INT'L		sporter signature (for expor	Import to U.Srts only):		Export from U.S.		ntry/exit: ving U.S.:	, , , , , , , , , , , , , , , , , , ,	1		State 1	
TER	10.110.000	ransporter Acknowledgment sporter 1 Printed/Typed Nar	The state of the s		Signature			W-W-13		Month	n Day	Year
POR	Tranc	Kelly k	2. Baggett	to and		Commission	K R		A	12	125	5119
RAN	Trans	sporter 2 Printed/Typed Nar	me		Signatur			, ,		Monti	n Day	Year
<u> </u>	18. D	Discrepancy					-					
	18a.	Discrepancy Indication Spa	ace Quantity	Туре		Residue		Partial Rej	ection		Full Reje	ction
ĺ	W	Koe'd	5416015	1846	4 Kas	Manifest Reference	ce Number:					
ILITY.	18b.	Alternate Facility (or General	rator)		1			U.S. EPAID N	Number			
) FAC		ity's Phone:					-					
IATEI	18c.	Signature of Allernate Facil	lity (or Generator)							Moni	lh Day	Year
DESIGNATED FACILITY		lazardous Waste Report Ma	anagement Method Codes (i.e., codes fo	r hazardous waste trea	atment, disposal, and	recycling systems)						
- 0	1.	4039	2.		3.			4.				
		esignated Facility Owner of	or Operator: Certification of receipt of haza	ardous materials cover			em 18a	,	14	Adams	h D-:	Vacu
		1 11 /	motell		Signatur	and I	Tank	M		Mont O 2	e se ee Mar	Year 19
EPA	Forn		Previous editions are obsolete.				The state of the s	DESIGNA	ATED EAC			DATOR

	1										
Plea	ase print or type. ELL	E Ø1468			0001			Form A	Approved. O	MB No.	2050-003
1	UNIFORM HAZARDOGS	1. Generator ID Number	2. Page 1 o		gency Response		4. Manifest	Tracking Num	ber		-, -
	WASTE MANIFEST	NONFREGUIRED	1		844-576	5-1321	U	346	PAT	o h	<u>-LE</u>
П	5. Generator's Name and Mailin	g Address		Generato	r's Site Address	(If different tha	n mailing addres	ss)			
П	Electrical Engineer 5316 East Henry	aring Ent Dave Baker			Electrical E 5316 East Tampa, FL	Henry Au	B mire				
П	Tampa, FL 33610	0 / 2 3 10 7 11 11	02								
	Generator's Phone: 313-5 6. Transporter 1 Company Name	73-0700			813-625-0	206	U.S. EPA ID I	Mumher			
	Emerald Transfor						cars Thomas and and	10016	R 2 A 3		
П	7. Transporter 2 Company Name						U.S. EPAID N		m et av 15		
П							1				
П	8. Designated Facility Name and	d Site Address					U.S. EPAID N	Number			
П	1875 Forge Stree										
П	Tucker, GA 3008	4									
Ш	Facility's Phone:			(770)	934-0902		GAD	98083	9187		
П		on (including Proper Shipping Name, Hazard Class, ID Numb	ber,		10. Contair	ners	11, Total	12. Unit	12 \\	ste Code	
П	HM and Packing Group (if a	***			No.	Туре	Quantity	Wt./Vol.	13. VVa	ste Code:	5
2	1. NON DOT RE	EGULATED MATERIAL (<1 LB PCB)								-	
ATC					001	-11	1000	レント			
IER	2.				00'	[1	18130	,			
GENERATOR	2									-	
Ī											
П	3.										
П								_			
	4.										
								_			***************************************
П	14. Special Handling Instruction	s and Additional Information									
	1) PPMA31D	s and Additional Information									
	Est Gallons	5500									
П	15. GENERATOR'S/OFFERO	R'S CERTIFICATION: I hereby declare that the contents of	f this consignmer	nt are fully a	nd accurately de	scribed above	by the proper sh	ipping name, a	and are classif	ed, packa	aged,
	marked and labeled/placar Exporter, I certify that the o	rded, and are in all respects in proper condition for transport contents of this consignment conform to the terms of the atta	t according to app ached EPA Ackno	plicable inte owledgment	rnational and nati of Consent.	onal governme	ntal regulations.	If export shipn	nent and I am	the Prima	ary
П	I certify that the waste mini	imization statement identified in 40 CFR 262.27(a) (if I am a	large quantity ge	enerator) or		all quantity gene	erator) is true.				
Н	Generator's/Offeror's Printed/Typ	ped Name	S	Signature	1	111	// _		Month	Day	Year
₩.	16. International Shipments	RUWIIS	$\overline{}$		7 60	ww	1			21	17
I.L		Import to U.S.	Export from	n U.S.	Port of en						
	Transporter signature (for expor 17. Transporter Acknowledgment				Date leavi	ng 0.0					
TRANSPORTER	Transporter 1 Printed/Typed Nar		S	Signature		-	6-		Month	Day	Year
PO	1+ HECK	m Dowell	1		-/	- Y	YELL	militari reaggest de	7	125	119
NS	Transporter 2 Printed/Typed Nar		S	Signature	/				Month	Day	Year
TR											
1	18. Discrepancy										
	18a Discrepancy Indication Spa	ace Quantity Type			Residue		Partial Reje	ection		Full Reje	ection
	Par 1 5	616915 19145K									
_	18b. Alternate Facility (or General	ator)	7>	M	anifest Reference	Number:	U.S. EPA ID N	lumber			
FACILITY											
FA										1	
田田	18c. Signature of Alternate Facil	ity (or Generator)							Month	Day	Year
SNA	10.11										
DESIGNATED	19. Hazardous Waste Report Ma	anagement Method Codes (i.e., codes for hazardous waste 2.	treatment, dispo		cycling systems)		4.	***			
-	H039	ļ-]3.	100			7.				
		r Operator: Certification of receipt of hazardous materials co	overed by the ma	anifest exce	pt as noted in Iter	m 18a					
	Printed/Typed Name	C-1-11		Signature/	1/		111		Month	Day	Year
1	1/11211	(umplet)		LLI	MI	LAY	une!		07	126	19
EPA	4 Form 8700-22 (Rev. 12-17)	Previous editions are obsolete.	110	211		an 1885 (1887)	DESIGNA	ATED FAC	ILITYTO	GENE	RATOR
			112) 1 (e e						



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3) Form Title Annual Report by Used Oil and Used Oil Filter Handlers

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710 500 and 62-710.850, F.A.C. See Section A, Box 5 below.)

For the reporting period January 1,2018 through December 31, 2018

Use the information recorded in your Record Keeping Form SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS	[62-710.901(2)] or equivalent t	o comple	te this	document.
1 Company Name: Electrical Engineering Ent.	2 Tolonhous N	83 740-	91001		
Site Address 5316 E. Henry Ave. Tampa F		(012 110	1001		
Site Address 3010 L. Tier 5		FLR0002	16371		
	3. EPA ID No	LEKOVOZ	13316	<i>p</i>	
Check box if any of the above items (1-3) have changed since your last registration	n.				
4 Name of person preparing report (please print) Wayne Ellis					
Title President Phone number (if differ	rent from #2, above)				
	Processor	☐ End l	Jser		
SECTION B USED OIL (TO BE COMLETED BY ALL REGISTERED USED OIL	. HANDLERS. USI	ED OIL FILTER HA	NDLERS S	EE SEC	TION C)
1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)	Automotive	Industrial	Mixe	ed	Total
a In Florida		4899			4899
b. From out of State					
c Beginning Inventory			l		
d. Total (sum of totals from Lines a + b + c)					4899
				1	
2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)		In	State	- (Out of State
N - Transferred to another facility (not an end use)	status annin			4	799
O - Marketed as an on-specification used oil fuel		- 8-s			
F - Marketed as an off-specification used oil fuel.		9.1			
1 - Marketed for an industrial process					
B - Burned as an off-specification used oil fuel		224 2			
D- Disposed of Landfilled					
Treated at a wastewater treatment u	ınıI				
Incinerated					
3 Total amount (in gallons) of Used Oil managed			OFFICE OF A PROGRAMMA AND A THE OWNER.	4	899
4. End of year, on hand estimate (difference between Line 1d and Line 3)			The second secon	4	899

Plea	se p	orint or type. (Form desig	ned for use on elite (12-pito	h) typewriter.)			71 -	oc a	L Ent.		Approved. OMB No. 2050-0039
\uparrow	HIN	IIFORM HAZARDOUS	Generator ID Number				gency Response		4. Manifest	Fracking Nu	9603 FLE
	5. 0	Generator's Name and Mailin	ng Address	900		Generat			an mailing addres		
	- (00200	The stand	5216601	Icon and						
		2,6-03-0074	A STATE OF THE STA	- > 10 ELVER N	Day save						
	Gei	nerator's Phone:	F1-33641	TOUDU	for I						
	6.7	ransporter 1 Company Nam	ne						U.S. EPA ID N		
		Emeral.	transicame	r		84	18 80P as	566	FIFC	10016	8203
	7.1	ransporter 2 Company Nam	ie /						U.S. EPA ID N	lumber	
										No.	
	8. [Designated Facility Name an	d Site Address						U.S. EPA ID N	lumber	
	1	1875 Ruge 3	A(1) m								
		tuches du 3	20084		A 2 C B		5090		1 / ATN	00.0	maios
	Fac	cility's Phone:		. A SHILL BE HER WARREN	1747	34	0400		(341)	1800	39187
	9a.		on (including Proper Shipping N	ame, Hazard Class, ID Numbe	er,		10. Contain		11. Total	12. Unit	13. Waste Codes
	HM						No.	Туре	Quantity	Wt./Vol.	
8		NonDoT	Regulated ma	Jer, W. (2/6/3	PCB)						
ATC							01	77"	17272	Ku	
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GENERATOR		2.									
1											3.400
	-	3									
						6					
П		4.									
		Special Handling Instruction	ns and Additional Information								
		T. C. C. W. (4.5) D.									
			Commen	4 6 -			· ·	0	1.10		
			EST Volune) - 5			inning game	and are placeified popleaged
П	15.	GENERATOR'S/OFFERO marked and labeled/placa	OR'S CERTIFICATION: I hereb rded, and are in all respects in p	y declare that the contents of t proper condition for transport a	nis consignment according to appl	t are fully a licable inte	ind accurately des rnational and nati	onal governn	e by the proper sh nental regulations.	ipping name. If export shi	pment and I am the Primary
		Exporter, I certify that the	contents of this consignment co	nform to the terms of the attac	hed EPA Acknow	wiedgmeni	of Consent				
	Ge	rerator's/Offeror's Printed/Ty	nimization statement identified in roed Name	140 CFR 262.27(a) (II Falli a la		gnature	(U) (II I alli a Sina	ii quantity ge	nerator) is true.	- 1	Month Day Year
		/\	1 V		1	/			01	1	05 00 10
 	16.	International Shipments	1 UF:			3-7	5				
INT'L		ansporter signature (for expo	Import to U.S.		Export from	1 U.S.	Port of en				
_		Transporter Acknowledgmer			****		Date loavi	g 0.0			
TRANSPORTER		nsporter 1 Printed/Typed Na			Si	gnature	Contract the Contract of Contr	ī	1		Month Day Year
<u>S</u>		1	side Ide	15/2 V		k	and the second	- /d	eur	السا	Q50918
NS	Tra	nsporter 2 Printed/Typed Na	ime		Ŝi	ignature				5	Month Day Year
TR											
1	18.	Discrepancy									
Ш	188	a. Discrepancy Indication Sp	ace Quantity	Туре			Residue		Partial Re	jection	Full Rejection
		O + V	duantity		, /						
1		Kee of	4499aks	16701	K05	M	anifest Reference	Number:			
Ţ	181	o. Alternate Facility (or Gene	rator)		1				U.S. EPA ID I	Number	
팅									1		
D F		cility's Phone:	ility (as Consister)								Month Day Year
門	180	c. Signature of Alternate Faci	ility (or Generator)								I I I
DESIGNATED FACILITY	10	Hamaday W. C	Incompany 11-4-20 1 2	andon for hereads	rontment diss	ol and -	auding austress				
ESI	-	Hazardous Waste Report M	lanagement Method Codes (i.e.	, codes for nazardous waste tr	earment, dispos	ai, and rec	yoling systems)		4.		
ā	1.		2.		3.				1		
	20	Designated Equition Over-	οτ Operator: Certification of rece	int of hazardous materials as-	vered by the man	nifeet even	nt as noted in Itan	n 18a /1			
		nted/Typed Name	or Operator. Certification of fect	apt of Hazardous Haterials COV		ignature	bras noted in Itel	11/	11	1 1	Month Day Year
1		Muc No	(ample)	1		/	Legast	1	work	1.00	105/0/18



May 15, 2018

David Baker EEE 5316 East Henry Avenue Tampa, FL 33610

RE: Sales Order #: 00001311

Dear: Mr. Baker

Enclosed please find a signed copy of your shipping document, which indicates acceptance of your waste at our Clean Harbors PPM facility in Tucker, Georgia.

Shipping Document Number:

010299603FLE

Date Received:

5/10/18

In accordance with 40 CFR 264.12(b), Clean Harbors PPM, LLC-Tucker Facility has the appropriate state and federal permits to accept, store, and/or treat the waste you shipped to our facility. This letter should be kept on file with your copy of the signed manifest.

As of June 30, the Transformer Services division of Clean Harbors has been sold to Emerald Transformer. Emerald Transformer is a full-service transformer company with over 40 years of expertise. In the coming weeks, we will continue to transition to the Emerald Transformer brand.

We appreciate your business. If you have any questions, please contact me at $(770) 934-0902 \times 6562$.

Sincerely,

Carol Ramsay

Compliance Guard



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707 Date Received (for FDEP Official Use Only)

EPA ID: Please use the instructions document to complete this form F 0 2 R 0 0 5 3 6 mandatory fields 1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable) Mark 'X' in To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities). the correct box#: To provide updated information for an EPA ID number (to update status and facility identification information). (must choose one if a notification) To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7) To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities. Submitting new or revised notification for Part A for permitted facilities. FL Registration(s) UW Mercury (see page 4) HW Transporter (see page 5) Used Oil (see page 6) 2. Facility or Business Name: ELECTRICAL ENGINEERING ENTERPRISES INC 3. Facility Physical Location Information: (No P.O. Boxes) Physical Street Address*: Vessel 5316 E. HENRY AVE. City or Town: State: Zip Code: TAMPA FL 33610 County*: Country (if not USA)*: HILLSBOROUGH USA 4. Facility or Business Mailing Address: Same address as #3 above or*: City or Town*: State*: Zip/Postal Code*: Country (if not USA): 5. Facility North American Industry Classification System (NAICS) Code(s)*: (at least 5 digits) 2 3 8 2 1 0 (required) C. D. Same address as # 2 above or: 6. Facility or Business RCRA Contact Person: Last Name*: Title": First Name*: **ELLIS** WAYNE PRESIDENT Phone Number*: Fax*: Extension*: 813.740.9601 813.740.9360 E-Mail*: ELLIS@ELECTENG.COM Street or P.O. Box (or same address box is checked)*: City or Town*: State*: Zip Code*: Country (if not USA):

RCRA Hazardous Waste Status Notification or Out of E	n	EPA ID No.*	FLR000215376	
7. Real Property (FL Land) Owner of the Facility's Physical I	ocation (List additional	owners	in the comments sect	tion.)
Name of Owner*:		Date b	ecame Owner*:	
Street or P.O. Box (or same address box is checked)*:		Phone	Number*:	
City or Town*:	State*:	Zip Co	ode*:	Country (if not USA):
E-Mail*:				
Owner Type*: Private Federal Municipal S	State County O	ther		
Comments:				
8. Facility Operator (List additional Operators in the comments section	on). Same address as #_	abo	ve or:	
Name of Operator [‡] :		Date b	oecame Operator*: New Operator	
Street or P.O. Box (or same address box is checked)*:		Phone	Number*:	
City or Town*:	State*:	Zip Co	ode*:	Country (if not USA):
E-Mail*:				
Operator Type*: Private Federal Municipal	State County	Other_		_
Comments:				
9. RCRA Hazardous Waste Activities at this Facil	ity: (Mark 'X' in	all tha	t apply):	
(1) Generator of Hazardous Waste				
Yes No (This does not include Universal Waste or Used	f Oil)			
If YES, Choose only one of the following three categories.				
a. Large Quantity Generator (LQG):			School Control States States	
 Generates in any calendar month (includes quanti (2,200 lbs/mo.) of non-acute hazardous waste; or 		rter site)) 1,000 kilograms o	or greater per month (kg/mo)
- Generates in any calendar month, or accumulates	at any time, more than			
 Generates in any calendar month, or accumulates material. 	at any time, more than	100 kg	/mo (220 lb/mo) o	f acute hazardous spill cleanup
b. Small Quantity Generator (SQG):				
 Generates in any calendar month greater than 100 waste and/or 1 kg (2.2 lbs) or less of acute hazard cleanup material. 	okg/mo but less than 1,0 dous waste and/or no m	000 kg/1 nore tha	mo (>220 to <2,20 n 100 kg (220 lbs)	0 lbs.) of non-acute hazardous of any acute hazardous spill
c. Very Small Quantity Generator (VSQG):				
 Generates in any calendar month 100 kg/mo or le hazardous waste. 	ss (220 lbs.) of non-act	ute haza	ardous waste and/o	r 1 kg (2.2 lbs) or less of acute
In addition, indicate other generator activities that apply.				
d. Short-Term Generator (one-time, not on-going)				
e. Mixed Waste (hazardous and radioactive) Generator				
f. United States Importer of hazardous waste	to a l a Cala a Carra Dana		40 CEP 242	17/0 / 11 1
g. LQG notifying of VSQG Hazardous Waste Under Con			ant to 40 CFR 262.	17(1). (Addendum A Required)
h. Episodic: Not lasting more than 60 days: SQG LQ i. Electronic Manifest Broker, as defined in 40 CFR 260.			omlo monifost	
transmit an electronic manifest under a contractual rel-				m to obtain, complete, and

RCRA Hazardous Waste Status I	Notification or Ou	t of Business N	otificatio	n	EPA ID No.* FLR00	0215376		
9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply):								
For Items 3 through 9, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste (at your facility—Choose Only One) Note: A hazardous waste permit may be required for this activity. a. Operating Commercial TSD								
b. Operating Non-Com	mercial TSD							
c. Non-Operating: Post	closure or Corrective	e Action Permit o	r Order (H	SWA, etc.)				
Specify: Commercial Specify: Stores prior	Specify: Commercial Non-Commercial							
<u> </u>	ndustrial Furnace n-site Burner Exemp g, and Refining Furn							
Choose this management EITHER a copy of your (6) Receives Hazardous W	(5) Person Authorized to Manage Very Small Quantity 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.							
(7) Underground Injection (8) Recognized Trader— M a. Importer b. Exporter	Mark all that apply							
(9) Importer/Exporter of a. Importer a. Exporter b. Exporter	Spent Lead-Acid Ba	atteries (SLABs)	under 40	CFR subpart G— M	ark all that apply			
 Waste Codes for Federal your facility. List them in the of Hazardous waste transporters must 	order they are presen	ted in the regulati	ons (e.g., I	0001, D003, F007, K	019, P012, U112).			
2	3	4		5	5	7		
8 9	10	11		12	13	14		
15 16	17	18		19	20	21		
11. Other Status Changes (f no longer handling	g waste or closed,	items 9 an	d 10 should be left bl	ank and items 12-16	skipped).		
(A) Central Accumulation Area Central Accumulation Area Facility Closed (Complete (B) Closure Dates:	ea (CAA) e this section only if	all business activ						
(1) Expected closure dat								
(2) Requesting new clos								
(3) Date of closure:								
	vith the closure perfo nce with the closure							
(C) Property Tax Default	The state of the s			for Bankruptcy Pr	otection 🗌			

Universal Marta Natification and Manager Towns at 11 11 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15										
	R000215376									
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):										
A. Federal Notification										
Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of of UW accumulated (at any one time)	any combination									
Accumulates: a. UW Batteries b. Pesticides c. Pharmaceuticals	Accumulates: a. UW Batteries b. Pesticides c. Pharmaceuticals									
d. Mercury Containing Devices e. Mercury Containing Lamps										
Destination Facility for UW Note: For this activity, a facility must treat, dispose, or recycle a UW. A permit is required for storage prior to recycling.										
B. Florida Universal Pharmaceutical Waste (UPW): one-time notification										
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)										
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW one time)	/) accumulated (at any									
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Busing Regulation [DBPR])	ness and Professional									
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.,F.A.C. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.										
(1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Han Activities Ist Annual Registration Annual Renewal One-time \$1,000 fee for Mercury for-hire first time LQH re										
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices										
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual									
Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	Registration Required									
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler										
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one- time \$1,000 fee+									
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)									
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) Ist Annual Registration Annual Renewal	Annual Registration Required									
Briefly Describe your Universal Waste Activities: We use Drum T	op Bulb Crusher(s).									
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transpo Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62]	rt [62-740 F.A.C.] -740.300(5)] F.A.C.									

Hazardous Waste Transporter and Academic Laboratories	EPA ID No.* FLR000215376							
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 F renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.1 Transporters and transfer facilities may only begin operations after receiving approval from	70(2)(a) is required as part of this registration							
Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.								
A. HW Transporter Registration Information (must be completed annually	y and when this information changes)							
This form is: Initial Registration Renewal Notification of c	berren							
1. For own waste only								
2. For commercial purposes								
3. Both commercial and own waste								
4. Transportation Mode Air Rail Highway Water Oth								
4. Transportation Mode Air Kair Aignway Water Oir	ner - specify							
B. HW Transfer Facility Registration Information (must be completed an	nnually and when this information changes)							
This facility is a Hazardous Waste Transfer Facility: (as listed in It	em 3) Storage Volume							
This form is: Initial Registration Renewal Notification of c	hanges Cancel Registration							
Note: Hazardous Waste transfer facilities must comply with the requirements of Ru	le 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 Our mailing (business) address The site (facility) a								
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Tr								
Please see 14.C for additional items to be submitted for registration of a Hazardous Florida Administrative Code (F.A.C.):	Waste Transfer Facility [Rule 62-730.171(3),							
C. The following items are required to be submitted with the initial notification for a tran submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative								
Certification by a responsible corporate officer of the transporter facility that the proposection 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]	osed location satisfies the criteria of							
Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)1., F.A.C.]	FACI							
A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4.	· · · · · · · · · · · · · · · · · · ·							
A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]	, r.n.e.j							
_A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]								
_A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]								
15. Eligible Academic Entities with Laboratories—Notification for optillaboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K	ng into or withdrawing from managing							
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the man	ogoment of heroud							
See the item-by-item instructions for definitions of types of eligible acader								
a. College or University								
b. Teaching Hospital that is owned by or has a formal written affiliation agr	reement with a college or university							
c. Non-profit Institute that is owned by or has a formal written affiliation ag								
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous	s wastes in laboratories							

Used Oil and Hazardous Secondary Material	EPA ID No.*	FLR000215376
16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that ap		
Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-spannually register with the Department using this form. An annual \$100 registration fee is requested collection centers.	pecification burners, juired for all, except u	and/or marketers must sed oil (UO) Processors and
This form is: Initial Registration Renewal Notification of c	hanges Canc	el Registration
If applicable, a check or money order, in the amount of \$100, payable to Florida Dep UO Collection Centers must check 16.(2) of this form (not as a registration).	partment of Environm	ental Protection is enclosed.
(1) Used Oil Transporter - mark 'X' in all that apply: (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) Used Oil Re-refiner (A permit is required.)		
(5) Off-Specification Used Oil Burner Utility Boiler Industrial Boiler Industrial Furnace		
(6) Used Oil Fuel Marketer On-Spec Off-Spec		
(7) Used Oil Filter Management (must annually register)		
a. Transporter b. Transfer Facility		
c. Processor (Annual Report Required)		
d. End User (see instructions for definition) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check)	one):	
Our mailing (business) address (as listed in Item 4)		
The site (facility) address (as listed in Item 3)		
 (9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4)) ALL registered UO transporters must submit an annual report except generators 	s transporting LIO from	m noncontiguous operations
within their own company.		
 UO transporters transporting off-site over public highways only within their ow UO transporters transporting more than 500 gallons/year must submit proof of i 		
submission as a certified used oil transporter in section 19 (except those exempt		
The used oil annual report is attached Evidence of Liability Insurance pursua	ant to 62-710.600(2)(e	e)., F.A.C. is attached.
17. Notification of Hazardous Secondary Material (HSM) Activity		
(1) Notifying under 40 CFR 260.42 that you will begin managing, are managing, or with under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required	37 7000 7000	irdous secondary material
(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process comparable to or unable to be compared to a legitimate product or intermediate but (Addendum C Required)		

Addendum A: LQG Consolidation of VSQG Hazardous Was	EPA ID No.*	FLR000215376	
Only fill out this form if:			
You are the LQG receiving hazardous waste from VSQGs under the transfer of the transfer o	he control of the same pe	erson. Use additional	pages if more space is needed.
VSQG 1 New	Update	10,500.0	Delete
1 New	Dopusite	L	Delete
A. EPA ID Number (if assigned)	B. Facility Name		
C. Facility Street Address			
D. City	E. State	F. Zi	ip Code
G. Contact Phone Number	H. Contact Name		
I. Contact Email			
VSQG 2 New	Update		Delete
A. EPA ID Number (if assigned)	B. Facility Name	<u> </u>	
C. Facility Street Address			
D. City	E. State	F. Zi	ip Code
G. Contact Phone Number	H. Contact Name		
I. Contact Email			
VSQG 3 New	Update	TOO STORY	Delete
A. EPA ID Number (if assigned)	B. Facility Name		
C. Facility Street Address			
D. City	E. State	F. Zi	p Code
G. Contact Phone Number	H. Contact Name		
I. Contact Email			

Addendum B: Episo	dic Generator			EPA ID No.*	FLR0	00215376	
days that mayor t	f: or VSQG generating hat he generator to a highe e year; otherwise, you	r generator category 1	Note: Only one bla	nned and one unn	lanned eni	sodic event are	
Episodic Event							
A. Planned			B. Unplanned				
Excess chemic	al inventory removal		Accidental	spills			
Tank Cleanout	s		Production	process upsets			
Short-term con	struction or demolition		Product re	calls			
Equipment ma	intenance during plant sh	utdowns	"Acts of na	ature" (Tornado, Hu	rricane, Flo	ood, etc.)	
Other			Other				
C. Emergency Contact			D. Emergency Con	ntact Name			
E. Beginning Date	(mm/	dd/yyyy)	F. End Date	(m:	m/dd/yyyy))	
Waste 1							
G. Waste Description			H. Estimated Quantity (in pounds)				
I. Federal Hazardous W	aste Codes						
Waste 2			1				
G. Waste Description				H. Estimated (Quantity (ir	pounds)	
I. Federal Hazardous W	aste Codes						
Waste 3	<u> </u>						
G. Waste Description				H. Estimated	Quantity (in	n pounds)	
I. Federal Hazardous W	Vaste Codes						

Addendum C: Notificat	ion of Hazardous Secondary Mat	erial Activity	EPA ID No.*	R000215376					
Only fill out this form if:	BERTHANNEN FOR BESTANDER (1994) THE OTHER CONTROL OF THE PROPERTY WAS A SECURITY OF THE SECURI								
You are or will be managing excluded hazardous secondary material (HSM) in compliance with 40 CFR 260.30, 261.4(a)(23), (24), or (27) or have stopped managing excluded HSM in compliance with the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section. Note: if your facility was granted a solid waste variance under 40 CFR 260.3 prior to July 13, 2015, your management of HSM under 40 CFR 260.30 is grandfathered under the previous regulation and you are not required to notify for the HSM management activity excluded under 40 CFR 260.30.									
every March 1 of each material in accordance exclusions(s) for at leas	You must submit a completed 8700-12FL, including this Addendum, prior to operating under the exclusion(s) and by every March 1 of each even-numbered year to the department pursuant to 40 CFR 260.42. If you stop managing hazardous secondary material in accordance with the exclusions(s) and do not expect to manage any amount of hazardous secondary material under the exclusions(s) for at least one year, you must again submit a completed 8700-12FL, including this Addendum, within thirty (30) days pursuant to 40 CFR 260.42.								
Notifying that the facility will managing hazardous secondary material as of (mm/dd/yyyy) Re-notifying that the facility is still managing hazardous secondary material. Notifying that the facility has stopped managing hazardous secondary material as of (mm/dd/yyyy)									
describe your hazardous	2. Description of hazardous secondary material (HSM) activity. Please list the appropriate codes and quantities in short tons to describe your hazardous secondary material activity ONLY (do not include any information regarding your other hazardous wastes in this section). Use additional pages if more space is needed.								
a. Facility Code (answer using codes listed in the Code List section of the instructions) b. Waste code(s) for hazardous secondary material (HSM) codes listed in the Code List section of the instructions) code List section of the instructions code(s) for hazardous secondary material (HSM) code managed annually c. Estimated short tons of HSM that was managed during the most recent odd-numbered year listed in the Code List section of to instructions)									
facilities managing ha	3. Facility has financial assurance pursuant to 40 CFR 261 Subpart H. (Financial assurance is required for reclaimers and intermediate facilities managing hazardous secondary material under 40 CFR 261.4(a)(24) and (25)) Y Does this facility have financial assurance pursuant to 40 CFR 261 Subpart H?								
4. Notifying under 40 Cl	FR 260.43(a)(4)(iii) that the product of your recycling pro								
Comments:			, and a second s						

Required signature page		EPA ID No."	FLR000215376
18. Comments (attach a page if more space is needed):			
		The second secon	
19. Certification: I certify under penalty of law that this daccordance with a system designed to assure that qualified submitted is, to the best of my knowledge and belief, true, false information, including the possibility of fine and imp	personnel properly gather ar accurate, and complete. I am	nd evaluate the informal a aware that there are sign	tion submitted. The information
I certify as a Used Oil Transporter that I am familia			ules governing used oil transpor-
tation and have an annual and new employee training prog bility is demonstrated by the Used Oil Transporter Certific	ram in place covering the ap	plicable used oil rules.	Evidence of financial responsi-
Signature of owner, operator, or an authorized representat	ive: Date Signed (mm-dd-yyyy):	
Print Name (First, Middle Initial, Last):	Title:		
WAYNE ELLIS		PRESID	ENT
Organization:	Used Oil		
ELECTRICAL ENGINEERING ENTERP	RISES		
Email:		**************************************	
1	@ELECTENG.COM		
Signature of owner, operator, or an authorized representat		mm-dd-yyyy):	
Caega Wille		8/2021	
Print Name (First, Middle Initial, Last):	Title:		
Organization:	Used Oil		
Email:			
If the person that filled in this form is not the Facility Con-	tact or Operator, please con	mplete the information	below:
	37409601	WILSON@ELE	CTENG.COM
(Name of person completing this form (Pho	ne Number)	(E-mail Address)	

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 designce) 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 confify 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 Plorida.

Charlie,	Salyer	
(Signature of Authorized Repre-	sentative of insurer)	
Charles R. Salyer		
(Typed name)		
Commercial Agent FL A2	30442	
(Tide)		
Authorized Representative of		
Auto Owners Insurance Cor	mpany - Commercial Auto	
(Name of Insurer)	Approximately word a sub-section from the contraction of the contracti	
11470 N 53rd St. Temple To	errace, Fl. 33617	ьуглууда зыйга дамагтаны камбаг
(Address of Representative)	Charlie@Associatesins.com	813-988-1234

Mail original completed form to: Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707

The Insurer shall not be liable for the payment of any judgment or judgments against the (e) 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.

Attached to and forming part of policy No issued by	
Lloyds of London , herein called the Insurer, of [Name of Insurer]	
30 Batterson Park Dr., Farmington, CT. 06032 (attn claims)	
[Address of Insurer]	to
Electrical Engineering Enterprises, Inc.	of
[Name of Insured] 5316 E. Henry Ave., Tampa, Fl. 33610	01
[Physical Address of Insured]	
this $\frac{10\text{th}}{\text{(Day)}}$ day of $\frac{10\text{th}}{\text{(Month)}}$, $20\frac{20}{\text{(Year)}}$.	
The effective date of said policy is 5th day of October (Day) (Month), 20 (Year)	
The expiration date of said policy is $\frac{5\text{th}}{(\text{Day})}$ day of $\frac{\text{October}}{(\text{Month})}$, $\frac{20}{(\text{Year})}$	
hereby certify that the Insurer is licensed to transact the business of insurance, or eligorovide insurance as an excess or surplus lines insurer, in one or more states including [Signature of Authorized Representative of Insurer]	ble to Florida
Charles R. Salyer (A230442)	
Type Name]	
Commercial Agent	
Title]	
Authorized Representative of	
Lloyds of London	
Name of Insurer]	
11470 N. 53rd St. Temple Terrace, Fl. 33617 / Charlie@Associatesins.com	
Address of Representative]	



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8707

Date Received (for FDEP Official Use Only)

EPA ID: F L	R 0 0 0 2	2 1 5 3 7	7 6	Please	se use the instru	uctions	document	to comple	ete this fo	m	AND PROPERTY AND PROPERTY AND PROPERTY AND
1. Reason for Submittal	Mark 'X' in the correct box:	To provide in waste, universa	nitial notif al waste, u	fication sed oil	n (to obtain an l activities, or PC	EPA ID	Number for vities).	hazardou	S		
(all submitters must complete pages 1 and 2	(must choose one	☐ To provide su	ubsequent	t notific	cation (to upda	ate statu	s and facility	y identifica	ation infor	mation).	
and sign page 5. Pages 3 and 4, - com-	if a notification)	☐ To provide th	ne final no	otificat	tion (closing) fo	or the fac	cility. (see in	istructions	-must co	mplete pa	ages 1,2,5)
plete as applicable)	FL Registration(s)	UW Merc	cury (see	page 3	3) H W	/ Trans	porter (see	page 4)	■ Use	ed Oil (s	sec page 4)
2. Facility or Business Name	THE RESERVE OF THE PARTY OF THE	RICAL E	ENC	SIN	IEERI	NG	EN.	TPE	ERIS	SES	INC
3. Facility Operator	Name of Operator: WAYNE ELLIS Date became Operator: 1 /16 /1999										
(List additional Opera- tors in the comments section)	Street or P.O. Box: 5316 E. HE						Phone Nu 813.7		601		
	City or Town: TAMPA				State: FL		Zip Code: 33610		Country (i	if not US	A):
	Operator Type:	Private Fee	ederal [Muni	icipal Stat	te 🔲	County \square				Marie Control
4. Facility Physical	Physical Street Addr	ress:									Vessel
Location Information (No P.O. Boxes)	City or Town:	City or Town: State: Zip Code:									
Same address as #3 above or:	County:				Country (if	not USA	A):				
5. Facility North An Classification Sys		A. <u>2 3</u>	8 8 2	11	O (required)) В.					
Code(s) (at least 5		C. _				D.				1	
6. Facility or	Same address as	; #3 above or: Str	reet or P.C). Box:			The state of the s			remain I	
Business Mailing Address	City or Town:				State:	Zip/Pc	ostal Code:		Country (if	not USA	·):
7. Facility or Business	First Name: WAYNE		Last Nat	me:			Title:				
RCRA Contact Person	Phone Number: 96	01	Extensio	m:	E-Mail:	-			Fax:		
	Street or P.O. Box:				1				<u></u>	200	-
Same address as #3 above or:	City or Town:		Bird Philosophic Constitution (Constitution		State:		Zip Code:		Country	(if not U	SA):
8. Real Property (FL Land) Owner	Name of Owner:			ACTION CO. MAN CO.			Date becam	ne Owner	:/_	/	
of the Facility's	Street or P.O. Box:							w Owner	mm	n dd	уу
Physical Location (List additional		Page 100 and 1				Pho	one Numbe	r:			
owners in the com- ments section.)	City or Town:				State:	2	Zip Code:		Country	(if not US	SA):
Same address as #_3_ above or:	Owner Type:	Private DFedera	al ON		pal State	□C ₀	ounty DO	her			

				The second of th	THE RESERVE OF THE PARTY OF THE PARTY OF	And the second s	Charles and the second	
RCRA Hazardous Waste Status Notification or Out of Business Notification				EPA ID No. F	LR000	215376		
9. RCRA Hazardo	us Waste A	ctivities at this Fa	acilit	y: (Mark 'X'	in all tha	t apply):		
(A) (1)Generator of H	azardous Was	ste		For Item	2 through	7, mark 'X' in a	ll that apply	
☐Yes ☐ No (□	o not include Ui	niversal Waste or Used C	Oil)	(2) Tre	ater, Store	r, or Disposer of	Hazardous	Waste
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)			s or	(□ a, Op □ b. Op □ c. No	perating Commerco perating Non-Com on-Operating: Post	ial TSD amercial TSD	or this activity.
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)			,200		Recycler of Specify: Note: A pe Exempt I a. Sn	e: A permit is required for storage prior to recycling xempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption		
(220 lbs.) of (2.2 lbs) or l In addition, indicate	any calendar r non-acute hazi ess of acute ha	month 100 kg/mo or le ardous waste and 1 kg zardous waste or activities that appl		(5)	Person Au Waste G Choose t EITHER	athorized to Man enerated at Othe his management a	age Condition or Facilities ctivity ONLY	onally Exempt Y if you attach such authorization
e. Episodic: Not	nore than one- nporter of haz	me, not on-going) time per year:SQG ardous waste radioactive) Generato		G		Hazardous Wasto		ite
10. Waste Codes for your facility. List the Hazardous was	nem in the orde	Regulated Hazar er they are presented in list codes routinely or	n the r	egulations (e.g.,	D001, D00	3, F007, K019, P0	112. U112).	
1 2	- Hamperton	3	4	- Tansported.	5	6	ai page ii mo	re spaces are needed
8 9		10°	11		12	13		14
15 16		17	18		19	20		21
(B) Facility Closed (C	egulated Was o longer general omplete this so his location and	te at This Facility (Sates, transports, treats, ection only if all busind moved or moving to	store:	ns 9, 10 and 12-1 s, disposes of, or ctivities at this fa	6 should be otherwise l cility have o	e blank.) handles any regula ceased.) 00-12FL for the ne	ted waste.	
(C) Property Tax	W	33 crosed on		D (D) Pet		<u> </u>		
12-14 — Registration		Contact Informa	tio-			ankruptcy Protec		
	First Name	:		Last Name	mission is a	registration or reg		
Same as Facility RCRA Contact on page 1 or ente	: -	First Name: WAYNE		Last Name: ELLIS			PRI	ESIDENT
Contact for:		81374096		Extension:		ELLIS@EL		
HW Transporter Used Oil Handler		^{O. Box:} 5316 E.	HE	NRY AVE				
Universal Waste	City or Tov	City or Town: TAMPA			State:(Co	untry): FL	Zip Code:	33610

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLR00	00215376				
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :					
A. Federal Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)					
Accumulates: a. UW Batteries D. Pesticides C. Pharmace	uticals				
d. Mercury Containing Devices e. Mercury Containing	ining Lamps				
Destination Facility for UW Note: For this activity, a facility must treat, dispose or recycle a L A permit is required for storage prior to recycling.	JW.				
B. Florida Universal Pharmaceutical Waste (UPW): one-time registration					
Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time))				
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	V) accumulated				
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Hea	lth [DOH])				
C. Florida Annual Mercury Handler Registration:					
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.					
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached					
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices					
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual				
Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Registration				
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler				
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one- time \$1,000 fee+				
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)				
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) Annual Registration Required					
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s).					
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport [62-740 F.A.C.] Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]					

Hazardous Waste and Used Oil Transporter Registration	ens EPA ID No. FLR000215376				
14. HW Transporter Activities: (Mark 'X' and complete all th	at apply if you need to register your HW Transporter activities)				
Transporters of and Transfer Facilities for Hazardous Was renew their registration. Evidence of casualty/liability insurance Transfer facilities must submit several additional documents as detaile changes. Registered transporters and transfer facilities may only begin Generators of hazardous waste who transport waste only within the	operations after receiving approval from the Department.				
A. HW Transporter Registration Information (must be	completed annually and when this information changes)				
This facility is a registered transporter of hazard	ous waste.				
This form is: Initial Registration Renewal	Notification of changes				
1. For own waste only 2. For commercial p	ourposes 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 Face	ility: (at this location) Storage Volume				
This form is: Initial Registration Renewal	Notification of changes				
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 provis Our mailing (business) address	ions of Rule 62-730.171(6), F.A.C., are kept at (check one): The site (facility) address				
Please enter the EPA ID Number of the HW Transporter who carries the	e 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 comp	plete all that apply if you need to register your used oil activities).				
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facil annually register with the Department using this form. All except Flo \$100 registration fee.	ities, processors, off-specification burners, and/or marketers <u>must</u> rida used oil (UO) Processors and collection centers must pay an annual				
This form is: 🔲 Initial Registration 🗎 Renewal 🕻	Notification of changes				
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)	(6) Used Oil Filter Management (must annually register)				
a. Transporter (off-site) and noncontiguous locations	a. Transporter				
■ b. Transfer Facility	☐ b. Transfer Facility				
(2) Collection Center (From businesses, no more than 55 gal per	C. Processor (Annual Report Required)				
shipment)	☐ d. End User				
(3) Used Oil Processor (A permit is required.)	(7) The records required under the provisions of Rule 62-710.510,				
(4) Off-Specification Used Oil Burner	FAC, are kept at (check one):				
(5) Used Oil Fuel Marketer	Our mailing (business) 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 requiren	nents and required signature page	EPA ID No.		
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the in subsequent submission [Rule 62-730.171(3), Florida Ad	itial notification for a transfer facility a	d for Transfer Facilities on nd any changed items must	Page be su	4, Section 14, the bmitted with any
Certification by a responsible corporate officer	of the transporter that the proposed loc tes (F.S.) [Rule 62-730.171(3)(a)1., F.A			
_Evidence of the transporter's financial responsi				
A brief general description of the transfer facil				
A copy of the facility closure plan [Rule 62-73		,		
A copy of the contingency and emergency plan				
A map or maps of the transfer facility [Rule 62	POST CONTRACTOR CONTRA			
(15 cont.) Used Oil Transporters: (Exemptions in In addition to the requirements on Page 4 Sect	5/40 E/70 S100			
ALL registered UO Handlers must submit their own company.		nsporting UO from noncon	tiguoi	us operations within
UO transporters transporting off-site over	r public highways only within their own	n company must submit pro-	of of	insurance.
 UO transporters transporting more than 5 submission as a certified used oil transpo 	00 gallons/year must submit proof of in	nsurance annually, and must	sign	
The used oil annual report is attached	Evidence of Liability Insurance pu	rsuant to 62-710.600(2)(e).,	F.A.	C. is attached.
17. Certification: I certify under penalty of law tha	at this document and all attachments we	re prepared under my direct	ion o	r supervision in
accordance with a system designed to assure that question submitted is, to the best of my knowledge and belie false information, including the possibility of fine a	f, true, accurate, and complete. I am av	are that there are significan	mitter t pen:	d. The information alties for submitting
I certify as a Used Oil Transporter that I am tation and have an annual and new employee training bility is demonstrated by the Used Oil Transporter (ng program in place covering the applic	able used oil rules. Evidence	e of f	g used oil transpor- inancial responsi-
Signature of owner, operator, or an authorized representative	Print Name and		Jsed Oil	Date Signed (mm-dd-yyyy)
Caz lille	WAYNE EL	LIS	5	8/19/19
)		Į.		
		Į.	5	
If the person that filled in this form is not the Facilit	y Contact or Operator, please compl	ete the information below:	-	
NICOLE WILSON 8	137409601 WIL:	SON@ELECTENG	.CN	1
(Name of person completing this form)	(Phone Number)	(E-mail Address)		

For assistance call: 850-245-8707

STATE OF FLORIDA HAZARDOUS WASTE TRANSPORTER LIABILITY ENDORSEMENT

resto	lity insurance covering bo ration for sudden acciden	dily injury and property tal occurrences in connect	nich the endorsement is attached provides damage including environmental tion with the insured's obligation to inistrative Code Rule 62-730.170.
The	coverage applies at:		
<u>EPA</u>	DEP I.D. No.	Name	Physical Address
FLR	000215376 Electrical En	igineering Enterpirses, In	c. 5316 E. Henry Ave., Tampa, Fl. 3361

terrorrate/hauman			
(If co	verage is for multiple fac	ilities, identify each facil	ity insured.)
This i \$	insurance is <u>primary</u> and t 1,000,000 for	he company shall not be each accident, exclusive	liable for amounts in excess of of the legal defense costs.
This \$ N/A \$	for e	ne company shall not be leach accident in excess of accident, exclusive of	iable for amounts in excess of the underlying limit of of legal defense costs.
subse	tions of the policy; provid	ed, however, that any pro-	urrences is subject to all of the terms and ovisions of the policy inconsistent with amended to conform with subsections (a)
(a) under	Bankruptcy or insolven the policy to which this e	cy of the insured shall no ndorsement is attached.	ot relieve the Insurer of its obligations
(b) policy	The Insurer is liable for with a right of reimburse	the payment of amounts ement by the insured for	within any deductible applicable to the any such payment made by the Insurer.
(c) Enviro Iuplic	Whenever requested by onmental Protection (FDE ate original of the policy a	P), the Insurer agrees to	ee) of the Florida Department of furnish to the Department a signed
d)	Cancellation of this end	orsement, whether by the	e Insurer or the insured and any other

termination of this endorsement (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.

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

We	stchester Suplus Lines I	nsurance Company
Service Statute plus for about circl distributability dispetitually to the control data of the decrease and de-	(Name of Insurer)	
(the "Insurer"), of	1575 Great Oaks Way, (Address of Insurer)	Ste 200 , Alpharetta, GA ,30022
	has issued liability insurance co- ion for sudden accidental occurr	vering bodily injury and property damage including rences to
Ele	ectrical Engineering Ente	erprises, Inc.
ура уна оны того опции и ун обосновувания физикования в того об того об текстовой уделда. Ме	(Name of Insured)	Milliands (Among Africanise) (1 HT 4) (188
(the "Insured"), of	5316 E. Henry A (Physical Address of Insure	ve., Tampa, Fl. 33610 ed)
	insured's obligation to demonstr Rule 62-710.600(2) and 62-730.	rate financial responsibility under Florida 170. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
FIR 000215376 F	lectrical Engineering Enterpir	ses, Inc. 5316 E. Henry Ave., Tampa, Fl. 330
Notal di aguaning alle dia timbe qui particol di considerato von Competino Competino		والمساورة والمراورة والمرا
(If coverage is for mul	tiple facilities, identify each faci	lity insured.)
\$ 1,000,000		e liable for amounts in excess of of legal defense costs. The coverage is provided 09/27/2019 (date)
	ald policy is 10/05/2019 (date)	and the expiration date of said policy
is 10/05/2020 (date	The same of the sa	
This insurance is <u>exces</u> \$	s and the company shall not be larger for each accident in excess	llable for amounts in excess of of the underlying limit of
S	for each accident, exclusive	e of legal defense costs. The coverage is provided
under policy number	, issued c	on The effective date of (date)
said policy is	and the expiration	on date of said policy is
(date)		(date)

The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

Tallahassee, Florida 32399-2400

- (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, whother 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.
- (c) 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.

Markie	Jolan	
(Signature of Authorized Repta	esentative of Insurer)	the control of the same of
Charles R. Salyer		
(Typed name)	оне 1 минять до до дострук обходори обходори на 1-р. ветруптин висели и бого по дост девого д	made Springer (Linguist or granding or granding or men
Commercial Agent FL A	230442	
(Title)	од на применя до применя для на референтент, о общение не поделение на пред поставление под до реализация пост На применения до применения на применения до общения поставления поставления поставления поставления поставлен	
Authorized Representative of		
Westchester Suplus Lines	Insurance Company	
(Name of Insurer)		
11470 N 53rd St. Temple *	Terrace, Fl. 33617	namelikishin usera dendikumanin dalah s
(Address of Representative)	Charlie@Associatesins.com	813-988-1234