



# FLORIDA DEPARTMENT OF Environmental Protection

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

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Shawn Hamilton**  
Interim Secretary

June 17, 2021

James Clark  
Clark Environmental Inc  
755 Prairie Industrial Pkwy  
Mulberry, FL 33860-6559

Re: Florida Hazardous Waste Transporter Approval

Dear James Clark:

Your Florida Hazardous Waste Transporter Approval Certificate is enclosed. The terms and conditions of approval are specified in Sections 62-730.170 and 62-730.171 of Chapter 62-730, Florida Administrative Code, <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=62-730>. Please note the following.

1. You must demonstrate proof of liability coverage on an annual basis, even if your insurance policy is issued on a multi-year basis. If no changes in status or insurance coverage have occurred, you can meet this requirement by submitting a certificate of liability coverage form.
2. A copy of your insurance policy, together with any endorsements, must be maintained at your principal place of business.
3. Your insurer can not terminate your coverage until 30 days after filing written notice with DEP, by Certified mail, that your policy has expired or has been canceled.
4. Any changes to the information specified on your approval certificate will render it null and void. It is your responsibility to advise DEP of any changes in liability coverage or status.
5. A copy of the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.
6. **RENEWAL DATE:** If you are also a registered used oil handler, you must submit the 8700-12FL – Florida Notification of Regulation Waste Activity [Form 62-730.900(1)(b)] and evidence of casualty/liability insurance by **March 1** of each year, with your annual used oil registration. If you are not a registered used oil handler, you must submit these documents by **September 1** of each year.

James Clark  
June 17, 2021  
Page Two

This letter does not authorize you to operate a hazardous waste transfer facility. Please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C.

If you have any questions, please contact me at 850/245-8778.

Sincerely,

A handwritten signature in cursive script that reads "Susan L. Horlick".

Susan Horlick  
Environmental Specialist III  
Hazardous Waste Regulation Section

SH

Enclosures: Hazardous Waste Transporter Approval Certificate  
Insurance Verification



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2600 Blair Stone Road  
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**Ron DeSantis**  
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Lt. Governor

**Noah Valenstein**  
Secretary

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## HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

\*\*\*\*\*

This is to certify that the carrier specified below has been approved as a hazardous waste transporter in Florida. The terms and conditions of this certificate require that the holder comply with all applicable portions of Chapter 62-730, Florida Administrative Code. This certificate shall be rendered null and void if any information contained within becomes obsolete. The certificate shall remain valid through the expiration date specified below.

TRANSPORTER: Clark Environmental Inc

FACILITY ID NO: FLD984206003

FACILITY ADDRESS: 755 Prairie Industrial Pkwy  
Mulberry, FL 33860-6559

EXPIRATION DATE: November 30, 2022

APPROVED TRANSFER FACILITY: NO *Susan L Horlick*

APPROVAL ISSUED BY: \_\_\_\_\_ DATE: June 17, 2021

Susan Horlick  
Environmental Specialist III  
Hazardous Waste Regulation Section  
850/245-8778



# 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

RECEIVED  
Date Received  
Florida Department of Environmental Protection  
For DEP Official Use Only

JAN 27 2021

Permitting & Compliance  
Assistance Programs

EPA ID:

F L D 9 8 4 2 0 6 0 0 3

Please use the instructions document to complete this form  
\* 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  
the correct box\*:

(must choose one  
if a notification)

- ☐ To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).
- ☒ To provide updated information for an EPA ID number (to update status and facility identification information).
- ☐ 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:\*

Clark Environmental, Inc.

## 3. Facility Physical Location Information: (No P.O. Boxes)

Physical Street Address\*:

755 Prairie Industrial Parkway

☐ Vessel

City or Town:

Mulberry

State:

FL

Zip Code:

33860

County\*:

Polk

Country (if not 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)

A. 5 6 2 1 1 2 (required)

B.            

C.            

D.            

## 6. Facility or Business RCRA Contact Person: ☒ Same address as # 3 above or:

First Name\*:

James W.

Last Name\*:

Clark, III

Title\*:

Vice President

Phone Number\*:

863-425-4884

Extension\*:

416

Fax\*:

863-774-2200

E-Mail\*:

jclark@clarkenv.com

Street or P.O. Box (or same address box is checked)\*:

City or Town\*:

State\*:

Zip Code\*:

Country (if not USA):

<b>RCRA Hazardous Waste Status Notification or Out of Business Notification</b>		EPA ID No.* <b>FLD984206003</b>	
<b>7. Real Property (FL Land) Owner of the Facility's Physical Location</b> (List additional owners in the comments section.)			
Name of Owner*: <b>Elizabeth G. Clark &amp; James W. Clark, III</b>		Date became Owner*: <u>12</u> / <u>28</u> / <u>93</u> <input type="checkbox"/> New Owner mm dd yy	
Street or P.O. Box (or same address box is checked)*: <b>6625 Manasota Key Road</b>		Phone Number*: <b>863-559-6158</b>	
City or Town*: <b>Englewood</b>	State*: <b>FL</b>	Zip Code*: <b>34223</b>	Country (if not USA):
E-Mail*: <b>bclark@clarkenv.com jclark@clarkenv.com</b>			
Owner Type*: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
<b>8. Facility Operator</b> (List additional Operators in the comments section). Same address as # <u>283</u> above or:			
Name of Operator*:		Date became Operator*: ____ / ____ / ____ <input type="checkbox"/> New Operator mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone Number*:	
City or Town*:	State*:	Zip Code*:	Country (if not USA):
E-Mail*:			
Operator Type*: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
<b>9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):</b>			
<b>(1) Generator of Hazardous Waste</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No (This does not include Universal Waste or Used Oil)			
If YES, Choose only one of the following three categories.			
<input type="checkbox"/> <b>a. Large Quantity Generator (LQG):</b>			
<ul style="list-style-type: none"> <li>- Generates in any calendar month (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or</li> <li>- Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or</li> <li>- Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.</li> </ul>			
<input type="checkbox"/> <b>b. Small Quantity Generator (SQG):</b>			
<ul style="list-style-type: none"> <li>- Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material.</li> </ul>			
<input type="checkbox"/> <b>c. Very Small Quantity Generator (VSQG):</b>			
<ul style="list-style-type: none"> <li>- Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste.</li> </ul>			
<b>In addition, indicate other generator activities that apply.</b>			
<input type="checkbox"/> <b>d. Short-Term Generator</b> (one-time, not on-going)			
<input type="checkbox"/> <b>e. Mixed Waste</b> (hazardous and radioactive) Generator			
<input type="checkbox"/> <b>f. United States Importer</b> of hazardous waste			
<input type="checkbox"/> <b>g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person</b> pursuant to 40 CFR 262.17(f). <b>(Addendum A Required)</b>			
<input type="checkbox"/> <b>h. Episodic:</b> Not lasting more than 60 days: <input type="checkbox"/> SQG <input type="checkbox"/> LQG <b>(Addendum B Required)</b>			
<input type="checkbox"/> <b>i. Electronic Manifest Broker</b> , as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.			

**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-Commercial TSD
- ☐ c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)

- (3) ☐ **Recycler of Hazardous Waste** (at your facility)

Specify: ☐ Commercial ☐ Non-CommercialSpecify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.

Note: A permit may be required for storage prior to recycling.

- (4) ☐ **Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

- (5) ☐ **Person Authorized to Manage 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.

- (6) ☐ **Receives Hazardous Waste from Off-Site**

- (7) ☐ **Underground Injection Control**

- (8) ☐ **Recognized Trader**— Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

- (9) ☐ **Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G**— Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

**10. Waste Codes for Federally Regulated Hazardous Wastes\*:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112).

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

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

**11. Other Status Changes** (If no longer handling waste or closed, items 9 and 10 should be left blank and items 12-16 skipped):**(A) Central Accumulation Area (CAA) or Facility Closed:**

- ☐ Central Accumulation Area (CAA)
- ☐ Facility Closed (Complete this section only if all business activities at this facility have ceased.)

**(B) Closure Dates:**

- ☐ (1) Expected closure date \_\_\_\_\_ (date in mm/dd/yyyy)
- ☐ (2) Requesting new closure date \_\_\_\_\_ (date in mm/dd/yyyy)
- ☐ (3) Date of closure: \_\_\_\_\_ (date in mm/dd/yyyy)
- ☐ a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)
- ☐ b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)

**(C) Property Tax Default** ☐**(D) Petition for Bankruptcy Protection** ☐

<b>Universal Waste Notification and Mercury Transporter/Handler Registration</b>		EPA ID No.*	FLD984206003
<b>12. Universal Waste (UW) Activities</b> (Mark 'X' and complete all that apply) :			
<b>A. Federal Notification</b>			
<input type="checkbox"/> <b>Federally Defined Large Quantity Handler (LQH)</b> = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps <input type="checkbox"/> <b>Destination Facility for UW</b> Note: For this activity, a facility must treat, dispose, or recycle a UW. A permit is required for storage prior to recycling.			
<b>B. Florida Universal Pharmaceutical Waste (UPW): one-time notification</b>			
<input type="checkbox"/> Pharmaceuticals <b>LQH</b> = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals <b>Acute LQH</b> = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated (at any one time) <input type="checkbox"/> <b>Reverse Distributor</b> of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR]) <input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter			
<b>C. Florida Annual Mercury Handler Registration:</b>			
<b>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</b> [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).  <b>If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.</b>			
<b>(1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Handler <u>for-hire</u> Activities</b> <input type="checkbox"/> 1st Annual Registration <input checked="" type="checkbox"/> Annual Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached			
<input checked="" type="checkbox"/> For-hire <b>Transporter</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> For-hire <b>Transfer Facility</b> of Universal Waste Mercury-Containing Lamps or Devices <input type="checkbox"/> Mercury-Containing Devices (thermostats, etc.) <b>SQH</b> = less than 100 kg accumulated by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler			Annual Registration Required
<input type="checkbox"/> Mercury-Containing Devices <b>LQH</b> = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-Containing Lamps <b>LQH</b> = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler			Annual Registration + one-time \$1,000 fee+ More Requirements (contact FDEP)
<b>(2) Mercury Recovery and/or Reclamation Facility</b> (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> 1st Annual Registration <input type="checkbox"/> Annual Renewal			Annual Registration Required
Briefly Describe your Universal Waste Activities: <input type="checkbox"/> We use Drum Top Bulb Crusher(s).			
Clark Environmental, Inc. is only the transporter.			
<b>13. Other State Regulated Waste Activities:</b> Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input checked="" type="checkbox"/> Transport [62-740 F.A.C.] Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)] F.A.C.			

<b>Hazardous Waste Transporter and Academic Laboratories</b>	EPA ID No.* <b>FLD984206003</b>																				
<b>14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)</b>																					
<p><b>Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration.</b> Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.</p> <p><b>Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.</b></p>																					
<p><b>A. HW Transporter Registration Information</b> (must be completed annually and when this information changes)</p> <p>This form is:   <input type="checkbox"/> Initial Registration   <input checked="" type="checkbox"/> Renewal   <input type="checkbox"/> Notification of changes   <input type="checkbox"/> Cancel Registration</p> <p><input type="checkbox"/> 1. For own waste only</p> <p><input checked="" type="checkbox"/> 2. For commercial purposes</p> <p><input type="checkbox"/> 3. Both commercial and own waste</p> <p>4. Transportation Mode   <input type="checkbox"/> Air   <input type="checkbox"/> Rail   <input checked="" type="checkbox"/> Highway   <input type="checkbox"/> Water   <input type="checkbox"/> Other - specify _____</p>																					
<p><b>B. HW Transfer Facility Registration Information</b> (must be completed annually and when this information changes)</p> <p><input type="checkbox"/> This facility is a Hazardous Waste Transfer Facility: (as listed in Item 3) Storage Volume _____</p> <p>This form is:   <input type="checkbox"/> Initial Registration   <input type="checkbox"/> Renewal   <input type="checkbox"/> Notification of changes   <input type="checkbox"/> Cancel Registration</p> <p><b>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.</b></p> <p>The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):</p> <p style="padding-left: 40px;"><input type="checkbox"/> Our mailing (business) address   <input type="checkbox"/> The site (facility) address</p> <p>Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><b>Please see 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:</b></p>																					
<p><b>C. The following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:</b></p> <p><input type="checkbox"/> Certification by a responsible corporate officer of the transporter facility that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]</p> <p><input type="checkbox"/> Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]</p> <p><input type="checkbox"/> A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]</p> <p><input type="checkbox"/> A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]</p> <p><input type="checkbox"/> A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]</p> <p><input type="checkbox"/> A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]</p>																					
<p><b>15. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K</b></p>																					
<p><input type="checkbox"/> 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories</p> <p style="padding-left: 40px;"><i>See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:</i></p> <p><input type="checkbox"/> a. College or University</p> <p><input type="checkbox"/> b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university</p> <p><input type="checkbox"/> c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university</p> <p><input type="checkbox"/> 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories</p>																					



**Used Oil and Hazardous Secondary Material**

EPA ID No.\*

FLD984206003

**16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)**

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

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

- ☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed. UO Collection Centers must check 16.(2) of this form (not as a registration).

(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)

(8) 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 transporting UO from noncontiguous operations within their own company.
- UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
- UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 19 (except those exempted by Rule 62-710.600(1), F.A.C.).

☐ The used oil annual report is attached

☐ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

**17. Notification of Hazardous Secondary Material (HSM) Activity**

(1) ☐ Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). **(Addendum C Required)**

(2) ☐ Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate. **(Addendum C Required)**

<b>Required signature page</b>	EPA ID No.*      FLD984206003
<b>18. Comments</b> (attach a page if more space is needed):	
<b>19. Certification:</b> I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.	
<input type="checkbox"/> <b>I certify as a Used Oil Transporter</b> that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..	
<b>Signature of owner, operator, or an authorized representative:</b> 	<b>Date Signed (mm-dd-yyyy):</b>
<b>Print Name (First, Middle Initial, Last):</b> <div style="text-align: center;">Elizabeth G. Clark</div>	<b>Title:</b> <div style="text-align: center;">President</div>
<b>Organization:</b> <div style="text-align: center;">Clark Environmental, Inc.</div>	<b>Used Oil</b> <input type="checkbox"/>
<b>Email:</b> <div style="text-align: center;">bclark@clarkenv.com</div>	
<b>Signature of owner, operator, or an authorized representative:</b>	<b>Date Signed (mm-dd-yyyy):</b>
<b>Print Name (First, Middle Initial, Last):</b>	<b>Title:</b>
<b>Organization:</b>	<b>Used Oil</b> <input type="checkbox"/>
<b>Email:</b>	
<b>If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:</b>	
<div style="text-align: center;">Terry Covert</div>	<div style="text-align: center;">863-425-4884</div>
<div style="text-align: center;">tcovert@clarkenv.com</div>	
(Name of person completing this form)	(Phone Number)
(E-mail Address)	

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

For assistance call: 850-243-8707  
RECEIVED  
Florida Department of Environmental  
Protection

MAY 21 2021

**STATE OF FLORIDA**  
**CERTIFICATE OF LIABILITY INSURANCE**  
**HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER**  
Hazardous Waste  
Management & Permitting

1. ACE American Insurance Company

(Name of Insurer)

(the "Insurer"), of 436 Walnut Street, Philadelphia, PA 19106

(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

Clark Environmental, Inc.

(Name of Insured)

(the "Insured"), of 755 prairie Industrial Parkway

(Physical Address of Insured)

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

EPA/DEP I.D. No.

Name

Physical Address

FLR98406003

Clark Environmental, Inc. 755 Prairie Industrial Parkway

Mulberry, FL 33860

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of  
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number H08457098 009, issued on 05/06/2021  
(date)

The effective date of said policy is 05/06/2021 and the expiration date of said policy  
(date)  
is 05/06/2022  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ \_\_\_\_\_ for each accident in excess of the underlying limit of  
\$ \_\_\_\_\_ for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number \_\_\_\_\_, issued on \_\_\_\_\_. The effective date of  
(date)  
said policy is \_\_\_\_\_ and the expiration date of said policy is 05/06/2022  
(date) (date)

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2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
  - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
  - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
  - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
  - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

Rita Emig 5/11/21  
(Signature of Authorized Representative of Insurer)

**Rita Emig**

(Typed name)

**Auto Product Line Manager, Westchester Environmental**

(Title)

Authorized Representative of

**ACE American Insurance Company**

(Name of Insurer)

**11575 Great Oaks Way, Suite 200, Alpharetta, GA 30022**

(Address of Representative)