Eckoff, Michael

From: Victor San Agustin <VSanAgustin@mdindustrialservices.com>
Sent: Wednesday, February 16, 2022 11:58 AM
To: Eckoff, Michael
Cc: Briana Pragle; Roger Pragle; Fred Portofe
Subject: FDEP Certificates of Liability Insurance for M&D Industrial Services, LLC
Attachments: M D Industrial Services LLC_Port Orange.pdf

Michael,

As requested, pages 11 to 14 in the attached document shows M&D's most recent certificates of liability insurance.
We are already working with IOAUSA towards issuing newer certificates and will send you a pdf shortly after we receive it.
Any questions, please call or email.

Victor L. San Agustin, P.E., C.H.M.M.
Senior Engineer
M & D Industrial Services, LLC
5896 Azalea Street
Port Orange, FL 32127
Land 386-238-9658
Cell 813-842-5520
Email – vsanagustin@mdindustrialservices.com
Website – www.mdindustrialservices.com

From: Victor San Agustin
Sent: Wednesday, February 16, 2022 9:46 AM
To: 'Eckoff, Michael' <Michael.Eckoff@FloridaDEP.gov>
Cc: Briana Pragle <bpragle@mdindustrialservices.com>; Roger Pragle <rpragle@mdindustrialservices.com>; Fred Portofe <fportofe@mdindustrialservices.com>
Subject: FDEP HW Inspection

Hello Again Michael:

I need to correct my email below regarding the drums sitting outside. After checking the drums, 5 drums contain clean sand/gravel.

1 drum contains kitty litter and some soil from cleaning up a small spill from a truck's hydraulic oil hose.
The rest of the drums sitting outside are empty.

Sorry for the inconvenience. Any questions, please call or email.

Victor L. San Agustin, P.E., C.H.M.M.
Senior Engineer
M & D Industrial Services, LLC
5896 Azalea Street
Port Orange, FL 32127
Land 386-238-9658
Cell 813-842-5520
Email – vsanagustin@mdindustrialservices.com
Website – www.mdindustrialservices.com

From: Victor San Agustin
Sent: Wednesday, February 16, 2022 9:06 AM
To: Eckoff, Michael <Michael.Eckoff@FloridaDEP.gov>
Cc: Briana Pragle <bpragle@mdindustrialservices.com>; Roger Pragle <rpragle@mdindustrialservices.com>; Fred Portofe <fportofe@mdindustrialservices.com>
Subject: RE: FDEP HW Inspection

Hello Michael:

Good Morning Michael:

Sorry for the delayed response. Was catching up on paperwork after being in Georgia all week last week.

I have asked the office to pull the manifests you requested. I will get with Briana regarding the current liability insurance.
We do not have wastes stored onsite.
The drums and totes sitting outside are all empty.

Any other questions, please call or email.

Victor L. San Agustin, P.E., C.H.M.M.
Senior Engineer
M & D Industrial Services, LLC
5896 Azalea Street
Port Orange, FL 32127
Land 386-238-9658
Cell 813-842-5520
Email – vsanagustin@mdindustrialservices.com
Website – www.mdindustrialservices.com

From: Eckoff, Michael <Michael.Eckoff@FloridaDEP.gov>
Sent: Thursday, February 10, 2022 1:48 PM
To: Victor San Agustin <VSanAgustin@mdindustrialservices.com>
Cc: Briana Pragle <bpragle@mdindustrialservices.com>; Roger Pragle <rpragle@mdindustrialservices.com>; Fred Portofe <fportofe@mdindustrialservices.com>
Subject: RE: FDEP HW Inspection

Hi Victor,

In lieu of another site visit, would you be willing to provide a copy of records by email? I'd need the past six months of manifests/disposal records for wastes you've transported and a copy of the current liability insurance. Also, are any wastes stored at the site? If so, what? How long is it stored? Where is it stored? What are in the drums and totes stored outside?

I may have more questions.

Let me know if you want me to come back to the site.

Thank you,
Michael

From: Victor San Agustin <VSanAgustin@mdindustrialservices.com>
Sent: Wednesday, February 9, 2022 7:15 PM
To: Eckoff, Michael <Michael.Eckoff@FloridaDEP.gov>
Cc: Briana Pragle <bpragle@mdindustrialservices.com>; Roger Pragle <rpragle@mdindustrialservices.com>; Fred Portofe <fportofe@mdindustrialservices.com>
Subject: FDEP HW Inspection

Hello Michael,

As of this email, I am at a landfill site in Atlanta this week. Can we schedule the inspection next week any day except Wednesday Feb 16? Pls reply to all on this email. Thanks.

Victor San Agustin
M&D
813-842-5520

Sent from my T-Mobile 4G LTE Device
Get Outlook for Android

From: Briana Pragle <bpragle@mdindustrialservices.com>
Sent: Wednesday, February 9, 2022, 1:42 PM
To: Victor San Agustin
Cc: Roger Pragle
Subject: Phone Message

Victor,
There was a phone message today from a Michael Eckoff (?) from the FL EPA, he was at the office today before anyone was here. His message says he was here to do a site inspection for the haz waste transportation services we provide. His phone number is 407-897-4308

Briana Pragle
Office Manager
M & D Industrial Services, LLC
5896 Azalea Street
Port Orange, FL 32127
Office: 386-238-9658
Cell: 585-519-7416
Fax: 407-540-9307

FLORIDA DEPARTMENT OF
Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

June 01, 2021

Victor San Agustin
M & D Industrial Services LLC
5896 Azalea St
Port Orange, FL 32127-6302

Re: Florida Hazardous Waste Transporter Approval

Dear Victor San Agustin:

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 occured, 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.

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,

Susan L Horlick

Susan Horlick
Environmental Specialist III
Hazardous Waste Regulation Section

SH

Enclosures: Hazardous Waste Transporter Approval Certificate
Insurance Verification

FLORIDA DEPARTMENT OF
Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

****

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: M & D Industrial Services LLC

FACILITY ID NO: FLR000233148

FACILITY ADDRESS: 5896 Azalea St
Port Orange, FL 32127-6302

EXPIRATION DATE: June 30, 2022

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Susan L Horlick _____ DATE: June 01, 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
Florida Department of Environmental Protection
Date Received (for FDEP Official Use Only)
MAR 16 2021
Permitting & Compliance Assistance Program

EPA ID: FLR000233148

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:* M & D Industrial Services, LLC

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

Physical Street Address*: 5896 Azalea Street ☐ Vessel

City or Town:	State:	Zip Code:
Port Orange	FL	32127

County*:	Country (if not USA)*:
Volusia	

4. Facility or Business Mailing Address:

☑ Same address as #__ 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. 562112 (required)	B.
C.	D.

6. Facility or Business RCRA Contact Person: ☑ Same address as #___above or:

First Name*:	Last Name*:	Title*:
Victor	San Agustin	Senior Engineer

Phone Number*:	Extension*:	Fax*:
386-238-9658	n/a	n/a - pls use email

E-Mail*: vsanagustin@mdindustrialservices.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 Business Notification	EPA ID No.* FLR000233148

7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)

Name of Owner*:		Date became Owner*: 06/05/87 ☐ New Owner mm dd yy	
Krueger Gatti, LLC			
Street or P.O. Box (or same address box is checked)*: 2321 Spicewood Court		Phone Number*: 727-736-2935	
City or Town*: Dunedin	State*: Florida	Zip Code*: 34698	Country (if not USA):
E-Mail*: —			
Owner Type*: ☑ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other_____			
Comments:			

8. Facility Operator (List additional Operators in the comments section). Same address as # 3 above or:

Name of Operator*:		Date became Operator*: 02/25/19 ☐ New Operator mm dd yy	
M&D Industrial Services, LLC			
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*: vsanagustin@mdindustrialservices.com			
Operator Type*: ☑ Private ☐ Federal ☐ Municipal ☐ State ☐ County ☐ Other_____			
Comments:			

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

(1) Generator of Hazardous Waste

☑ Yes ☐ No (This does not include Universal Waste or Used Oil)

If YES, Choose only one of the following three categories.

☐ **a. Large Quantity Generator (LQG):**
- Generates in any calendar month (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
- Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or
- Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material.

☐ **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 and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material.

☑ **c. Very Small Quantity Generator (VSQG):**
- 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.

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
☐ g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). **(Addendum A Required)**
☐ h. Episodic: Not lasting more than 60 days: __SQG__LQG **(Addendum B Required)**
☐ i. Electronic Manifest Broker, 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.

RCRA Hazardous Waste Status Notification or Out of Business Notification	EPA ID No.* FLR000233148

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-Commercial

Specify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.
Note: A permit maybe 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
D001	D002	D003	D004	D005	D006	D007
8	9	10	11	12	13	14
D008	D009	D010	D011	D012	D013	D014
15	16	17	18	19	20	21
D015	D016	D017	D018	D019	D020	D021

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 <u>all</u> 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** ☐

Universal Waste Notification and Mercury Transporter/Handler Registration	EPA ID No. FLR000233148

12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :

A. Federal Notification

☐ **Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)**

Accumulates: ☐ **a. UW Batteries** ☐ **b. Pesticides** ☐ **c. Pharmaceuticals**

☐ **d. Mercury Containing Devices** ☐ **e. Mercury Containing Lamps**

☐ **Destination Facility for UW** Note: For this activity, a facility must treat, dispose, or recycle a UW. A permit is required for storage prior to recycling.

B. Florida Universal Pharmaceutical Waste (UPW): one-time 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) accumulated (at any one time)

☐ **Reverse Distributor** of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Business and Professional Regulation [DBPR])

☑ 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/Handler for-hire Activities

☐ 1st Annual Registration ☑ Annual Renewal ☐ One-time $1,000 fee for Mercury for-hire first time LQH registration is attached

☑ For-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices ☐ For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices ☑ Mercury-Containing Devices (thermostats, etc.) **SQH** = less than 100 kg accumulated by for-hire handler ☑ Mercury-Containing Lamps **SQH** = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required
☐ Mercury-Containing Devices **LQH** = 100 kg (220 lb) or more accumulated at any one time by for-hire handler ☐ Mercury-Containing Lamps **LQH** = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + one- time $1,000 fee+ More Requirements (contact FDEP)
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) ☐ 1st Annual Registration ☐ Annual Renewal	Annual Registration Required

Briefly Describe your Universal Waste Activities: ☐ We use Drum Top Bulb Crusher(s).

M&D requests a permit to transport only small quantities of mercury containing lamps and devices.

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)] F.A.C.

Hazardous Waste Transporter and Academic Laboratories	EPA ID No. FLR000233148

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

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.

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 and when this information changes)

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

☐ 1. For own waste only

☑ 2. For commercial purposes

☐ 3. Both commercial and own waste

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

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

☐ **This facility is a Hazardous Waste Transfer Facility:** (as listed in Item 3) Storage Volume _____

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

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

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

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

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

Please see 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.)]:

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.)] :

__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.]

__Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]

__A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]

__A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]

__A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]

__A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

15. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

☐ 1. **Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**

See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

☐ a. College or University

☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

☐ 2. **Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**

Used Oil and Hazardous Secondary Material	EPA ID No.* FLR000233148

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)**

Required signature page	EPA ID No.* FLR000233148

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

Additional waste codes handled - D022,D023,D024,D025,D026,D027,D028,D029,D030,D031,
0032,0033,0034,0035,0036,0037,0038,0039,0040,0041,0042,0043,F001,F002,F003,F004,F005,F006,
F007,F008,F009,F010,F011,F012,F019,F020,F021,F022,F023,F024,F025,F026,F027,F028,F032,F034,F035,
F037,F038,F039,U001, U002,U003,U004, U005,U006, U007,U008,U009,U01 O,U011, U012, U014,U015,U016,
U017,U018,U019,U020,U021,U022,U023,U024,U025,U026,U027,U028,U029,U030,U031,U032,U033,U034,
U035,U036,U037,U038,U039,U040,U041,U042,U043,U044,U045,U046,U047,U048,U049,U050,U051,U052,
U053,U055,U056,U057,U058,U059,U060,U061,U062,U063,U064,U066,U067,U068,U069,U070,U071,U072,
U073,U074,U075,U076,U077,U078,U079,U080,U081,U082,U083,U084,U085,U086,U087,U088,U089,U090,
U091, U092, U093, U094, U095, U096, U097, U098, U099, U 101, U 102, U 103, U 105, U 106, U 107, U 108, U 109, U 110,
U111,U112,U113,P001,P002,P003,P004,P005,P006,P007,P008,P009.P010,P011,P012,P013,P014,P015,
P016,P017,P018,P020,P021,P022,P023,P024,P026,P027,P028,P029,P030,P031,P033,P034,P036,P037,
P038,P039,P040,P041,P042,P043,P044,P045,P046,P047,P048,P049,P050,P051,P054,P056,P057,P058,
P059,P060,P062,P063,P064,P065,P066,P067,P068,P069,P070,P071,P072,P073,P074,P075,P076,P077,
P078, P081, P082, P084, P085, P087, P088, P089,P092,P093, P094,P095, P096,P097, P098, P099, P101,P102,
P103,P104,P105,P106,P108,P109,P110,P111,P112,P113,P114,P115,P116,P117,P118,P119,P120,P121, ...

19. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.

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

Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-yyyy):
Roger S Pragle	3-15-21
Print Name (First, Middle Initial, Last): Roger Pragle	**Title:** Vice President
Organization: M&D Industrial Services, LLC	**Used Oil** ☒
Email: rpragle@mdindustrialservices.com	
Signature of owner, operator, or an authorized representative:	**Date Signed (mm-dd-yyyy):**
Print Name (First, Middle Initial, Last):	**Title:**
Organization:	**Used Oil** ☐
Email:	

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

(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: 850-245-8707

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

1. Progressive Express Insurance Company
(Name of Insurer)

(the "Insurer"), of 6300 Wilson Mills Rd, Mayfield Village, OH 44143
(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

M&D Industrial Services LLC
(Name of Insured)

(the "Insured"), of 5896 Azalea St, Port Orange FL 32127
(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
FLR000233148	M&D Industrial Services LLC	5896 Azalea St
		Port Orange FL 32127

(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 $ 2,000,000 for each accident, exclusive of legal defense costs. The coverage is provided under policy number 00406415-2, issued on 2/5/2021 (date).

The effective date of said policy is 2/5/2021 (date) and the expiration date of said policy is 2/5/2022 (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_____ (date). The effective date of said policy is _____ (date) and the expiration date of said policy is _____ (date).

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

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

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.

DocuSigned by:
J. Bryan Yoho
CD1FCEB2F6574D0...
(Signature of Authorized Representative of Insurer)

J. Bryan Yoho
(Typed name)

Vice President
(Title)

Authorized Representative of

Progressive Express Insurance Company
(Name of Insurer)

4915 W Cypress St, Tampa FL 33607
(Address of Representative)

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

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

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

1. Beazley Insurance Company, Inc.
(Name of Insurer)

(the "Insurer"), of 1120 6th Ave 21st Floor, New York NY 10036
(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

M&D Industrial Services LLC
(Name of Insured)

(the "Insured"), of 5896 Azalea St, Port Orange FL 32127
(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
FLR000233148	M&D Industrial Services LLC	5896 Azalea St Port Orange FL 32127

(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 ENC000412202, issued on 2/5/2021 (date).

The effective date of said policy is 2/5/2021 (date) and the expiration date of said policy is 2/5/2022 (date).

This insurance is excess and the company shall not be liable for amounts in excess of $ 1,000,000.00 for each accident in excess of the underlying limit of $ 1,000,000.00 for each accident, exclusive of legal defense costs. The coverage is provided under policy number ENX000412302, issued on 2/5/2021 (date). The effective date of said policy is 2/5/2021 (date) and the expiration date of said policy is 2/5/2022 (date).

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13

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

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.

DocuSigned by:
Cindy Worthington
CD1FCEB2F6574D0...

(Signature of Authorized Representative of Insurer)

Cindy Worthington

(Typed name)

Senior VP

(Title)

Authorized Representative of

Beazley Insurance Company, Inc.

(Name of Insurer)

7535 E Hampden Ave, Ste 400, Denver, CO 80231

(Address of Representative)

DEP FORM 62-730.900(5)(a), incorporated in Rule 62-730.170(2)(b), and 62-710.600(2)(e), F.A.C., Effective Date 4-23-13