



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blairstone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

January 29, 2009

Greg Massaro  
TCI of Alabama LLC  
101 Parkway E  
Pell City, AL 35125-2749

Re: Florida Hazardous Waste Transporter Approval

Dear Greg Massaro:

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, Florida Administrative Code(FAC), a copy of which is enclosed for your reference. 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 along with the two copies of the Hazardous Waste Transporter Status Form, copies of which are available upon request from the Department of Environmental Protection.
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 Hazardous Waste Transporter Status Form, complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transportation company.

Greg Massaro  
January 29, 2009  
Page Two

If you intend to operate a hazardous waste transfer facility, you must submit a Transfer Facility Form [Form 62-730.900(6)]. Notification also must include a contingency and emergency plan and a facility closure plan in accordance with Rule 62-730.171(3)(a), F.A.C. The owner or operator must also demonstrate to the satisfaction of the Department that the location complies with the relevant siting requirements listed in section 403.7211(2) Florida Statutes (F.S) before the location is used as a transfer facility.

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(6), F.A.C.

If you have any questions, please contact me at 850/245-8755.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Neves". The signature is fluid and cursive, with a large initial "R" and "N".

Richard Neves  
Hazardous Waste Management Section

RN

Enclosures: Hazardous Waste Transporter Approval Certificate  
Hazardous Waste Transporter Status Form (with insurance verification)  
Sections [62-730.170](#) and [62-730.171](#) , FAC



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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: TCI of Alabama LLC

FACILITY ID NO: ALD983167891

FACILITY ADDRESS: 101 Parkway E  
Pell City, AL 35125

INSURANCE CARRIER: ZURICH AMERICAN INSURANCE

INSURANCE POLICY#: BAP9435813

EFFECTIVE DATE: December 16, 2008

EXPIRATION DATE: December 16, 2009

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Richard Neves DATE: January 29, 2009

Richard Neves  
Hazardous Waste Management Section  
850/245-8755

RECEIVED

DEC 24 2008

Are your services commercially available? NO

STATE OF FLORIDA

BY: BSHW

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:

Transporter Name: TCI of Alabama LLC

Transporter EPA ID: ALD 983 167 891

Location Address: 101 Parkway East  
Pell City, Alabama 35125

Contact: Greg Massaro Telephone: 205-338-9997

Mailing Address: same

II. Insurance Information:

Insurance Company: Zurich American Insurance company

Address: 1400 American Lane  
Schaumburg, IL 60196

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy Number: BAP9435813

Expiration date: 12/16/09

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D008 D039

Comments: \_\_\_\_\_

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

George Jackson  
Print/Type Name

President  
Title

George Jackson  
Signature

12-22-08  
Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through 12/16/09.

Date

APPROVED by Sebreana L. Bolton, changes approved by the Certifier by phone 1/29/2009

Signature of Florida Department of Environmental Protection Representative Date Signed

## **62-730.170 Standards Applicable to Transporters of Hazardous Waste.**

(1) The Department adopts by reference 40 CFR Part 263 revised as of July 1, 2006.

(2) In addition to the requirements of subsection (1) of this rule, no person shall transport a hazardous waste within the state for which either a manifest is required under 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] or a reclamation agreement is entered between a generator and recycler pursuant to 40 CFR 263.20 [as adopted in subsection 62-730.170(1), F.A.C.] unless compliance with the following special requirements have been demonstrated.

(a) The transporter shall have and maintain financial responsibility for sudden accidental occurrences in a minimum amount of \$1,000,000 per occurrence for combined coverage of injury to persons and for damage to property and the environment from the spillage of hazardous waste while such wastes are being transported including the costs of cleaning up the spill. Such financial responsibility shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. Such financial responsibility shall be maintained at all times, be exclusive of legal defense costs, and be established by any one or a combination of the following:

1. Evidence of casualty/liability insurance on an occurrence basis with or without a deductible. With the deductible 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. Each insurance policy must be evidenced by a certificate of liability insurance or amended by attachment of an endorsement.

2. Surety bonds.

(b) Evidence of coverage shall include submittal of an originally signed copy of one or more of the following forms, which are hereby adopted and incorporated by reference:

1. Hazardous Waste Transporter Certificate of Liability Insurance, Form 62-730.900(5)(a), effective date January 29, 2006.

2. Hazardous Waste Transporter Liability Endorsement, Form 62-730.900(5)(b), effective date January 29, 2006

3. Hazardous Waste Transporter Liability Surety Bond, Form 62-730.900(5)(c), effective date January 29, 2006.  
Rule 62-730.900, F.A.C., contains information on obtaining a copy of these forms.

(c) The insurance policy, including all endorsements, or the liability surety bond must be maintained at the carrier's principal place of business.

(d) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection, the insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.

(e) The transporter shall annually submit to the Department two originally signed Transporter Status Forms, Form 62-730.900(5)(d), effective date January 5, 1995, which is hereby adopted and incorporated by reference. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form. The Department shall complete the approval part of the form and return one of the originally signed forms to the transporter after verifying that the transporter is complying with the financial responsibility requirements of this section. A copy of this form complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transporter. This approval is non-transferable and non-assignable.

(f) This subsection does not apply to any person who transports hazardous waste only on the site of a hazardous waste generator or a permitted hazardous waste treatment, storage, or disposal facility.

(g) States and the federal government are exempt from the requirements of this subsection.

(3) Evidence of financial responsibility, updated for the current year, shall be verified annually by the submission of the appropriate form described in paragraph (2)(b) of this section or by the submission of a certificate of insurance. A certificate of insurance shall include a certification by the insurer that the original insurance policy and all endorsements are still in full force and effect as evidenced on the original forms submitted to the Department.

*Specific Authority 403.704, 403.721, 403.724, 403.8055 FS. Law Implemented 403.704, 403.721, 403.724 FS. History--New 11-8-81, Amended 5-31-84, 9-13-84, Formerly 17-30.17, Amended 9-19-86, 3-31-87, 5-26-87, 6-28-88, Formerly 17-30.170, Amended 1-25-89, 8-13-90, 9-10-*

## CHAPTER 62-730 HAZARDOUS WASTE

### 62-730.171 Transfer Facilities.

(1) 40 CFR 263.12 [as adopted by reference in subsection 62-730.170(1), F.A.C.] provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for 10 days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than 10 days, the facility is subject to the permitting requirements for a hazardous waste storage facility.

(2) A transfer facility used for storage of hazardous waste for more than 24 hours but 10 days or less shall comply with the following requirements all as adopted by reference in subsection 62-730.180(2), F.A.C., except where otherwise noted:

(a) The owner or operator of the transfer facility shall comply with the requirements of 40 CFR Part 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13. The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10 [as adopted by reference in subsection 62-730.170(1), F.A.C.]. The 40 CFR Part 265 requirements referenced above shall apply to transfer facilities notwithstanding 40 CFR 265.1(c)(12). The owner or operator of the transfer facility shall submit the contingency and emergency plan to the Department with their first Transfer Facility Notification Form, Form 62-730.900(6), effective date January 5, 1995, which is hereby adopted and incorporated by reference. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form.

(b) The owner or operator of the transfer facility shall have a written closure plan to show that the facility will be closed in a manner which satisfies the requirements of the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115. The owner or operator of the transfer facility shall submit the closure plan to the Department with their first Transfer Facility Notification Form. Within 60 days of completion of closure, the owner or operator of the transfer facility, shall submit to the Department a certification that the facility has been closed in accordance with the specifications in the closure plan. The certification shall be signed by the owner or operator of the transfer facility, by the owner of the real property where the transfer facility is located, and by an independent registered, professional engineer.

(c) Records required in this section shall be maintained in permanent form and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.

(d) Hazardous waste stored in containers or vehicles at transfer facilities shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.

(e) The owner or operator of a transfer facility shall maintain a written record of when all hazardous waste enters and leaves the facility. This record shall include the generator's name, the generator's EPA/DEP identification number, and the manifest number. For conditionally exempt small quantity generators without an EPA/DEP identification number, the record shall include the name and address of the generator. This recordkeeping requirement applies to all hazardous wastes including hazardous waste generated by CESQGs.

(3) The owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but 10 days or less shall notify the Department on the Transfer Facility Notification Form. The owner or operator of a new facility shall submit a notification form at least 30 days before the storage of hazardous waste is to begin. The transfer facility shall annually update the information on the Transfer Facility Notification Form and send it to the Department with the transporter's evidence of financial responsibility as required under subsection 62-730.170(3), F.A.C.

(4) The owner or operator of a transfer facility shall obtain an EPA/DEP identification number for each transfer facility location. Any owner or operator who has not obtained an EPA/DEP identification number for each transfer facility location may obtain one by applying to the Department using Form 62-730.900(1)(b), 8700-12FL – Florida Notification of Regulated Waste Activity.

*Specific Authority 403.0877, 403.704, 403.721 FS. Law Implemented 403.0877, 403.704, 403.721 FS. History—New 3-2-86, Amended 6-28-88,*

*Formerly 17-30.171, Amended 8-13-90, 9-10-91, 10-14-92, Formerly 17-730.171, Amended 1-5-95, 1-29-06.*

RECEIVED

DEC 24 2008

Are your services commercially available? NO

STATE OF FLORIDA

BY: BSHW

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:

Transporter Name: TCT of Alabama LLC

Transporter EPA ID: ALD 983 167 891

Location Address: 101 Parkway EAST

Pell City, ALABAMA 35125

Contact: Greg Massano Telephone: 205-338-9997

Mailing Address: same

II. Insurance Information:

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D008 D039

Comments: \_\_\_\_\_

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

George JACKSON President  
Print/Type Name Title

George Jack 12-22-08  
Signature Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through \_\_\_\_\_ Date

Signature of Florida Department of Environmental Protection Representative Date Signed

JAN. 23. 2009 2:53PM

RECEIVED

NO. 5049 P. 2/7

JAN 28 2009

BY: BSHW

DEP Form # 17-730.900(5)(a)  
Form Title: HWE Transporter Certificate of  
Liability Insurance  
Effective Date: 1-29-06  
DEP Application #

STATE OF FLORIDA  
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY  
INSURANCE

1. ZURICH AMERICAN INSURANCE COMPANY  
(Name of Insurer)

(the "Insurer"), of 1400 AMERICAN LANE, SCHAUMBURG, IL 60196  
(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

TCI OF ALABAMA, LLC AND TCI OF NY, LLC  
(Name of Insured)

(the "Insured"), of 101 PARKWAY EAST, PELL CITY, AL. 35125  
(Address of Insured)

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

<u>EPA/DEP ID No.</u>	<u>Name</u>	<u>Location</u>
ALD983167891	TCI OF ALABAMA, LLC	101 PARKWAY EAST, PELL CITY, AL 35125
NYD986899912	TCI OF NY, LLC	39 FALLS INDUSTRIAL PARK ROAD, HUDSON, NY 12534

(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 BAP 9435813 issued on 01/23/2009.

The effective date of said policy is 12/16/2008 and the expiration date of said policy  
is 12/16/2009.  
(date) (date)

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

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.

Joseph F. Hollingsworth  
(Signature of Authorized Representative of Insurer)

JOSEPH F. HOLLINGSWORTH  
(Typed name)

BRANCH UNDERWRITING MANAGER  
(Title)

Authorized Representative of

ZURICH AMERICAN INSURANCE COMPANY  
(Name of Insurer)

1400 AMERICAN LANE, SCHAUMBURG, IL 60196  
(Address of Representative)

**ACORD CERTIFICATE OF LIABILITY INSURANCE**OP ID CT  
TCIOF-1DATE (MM/DD/YYYY)  
12/20/08

<b>PRODUCER</b>  United Assurance - Fair Lawn 16-00 Pollitt Drive Fair Lawn NJ 07410 Phone: 201-797-6600 Fax: 201-797-4455		<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b>  TCI of Alabama, LLC 101 Parkway East Pell City, AL 35125		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
		INSURER A Zurich American Ins. Co.	
		INSURER B	
		INSURER C	
		INSURER D	
		INSURER E	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A		<b>GENERAL LIABILITY</b>	GLO943630300	12/16/08	12/16/09	EACH OCCURRENCE	\$ 1,000,000	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000	
		<input checked="" type="checkbox"/> <b>BLANKET</b>				PERSONAL & ADV INJURY	\$ 1,000,000	
		<input type="checkbox"/> <b>ADDL INSURED</b>				GENERAL AGGREGATE	\$ 2,000,000	
		GENL AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
		A					<b>AUTOMOBILE LIABILITY</b>	BAP943581300
<input checked="" type="checkbox"/> ANY AUTO	BODILY INJURY (Per person)		\$					
<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per accident)		\$					
<input type="checkbox"/> SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)		\$					
<input checked="" type="checkbox"/> HIRED AUTOS								
<input checked="" type="checkbox"/> NON-OWNED AUTOS								
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$	
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EA ACC	\$	
						AGG	\$	
A		<b>EXCESS/UMBRELLA LIABILITY</b>	SEO594566400	12/16/08	12/16/09	EACH OCCURRENCE	\$ 10,000,000	
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 10,000,000	
							\$	
							\$	
							\$	
		<input type="checkbox"/> DEDUCTIBLE						
		<input checked="" type="checkbox"/> RETENTION \$ 10,000						
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATUTORY LIMITS	OTHER	
		FL EACH ACCIDENT				\$		
		EL DISEASE - EA EMPLOYEE				\$		
		EL DISEASE - POLICY LIMIT				\$		
A		<b>OTHER</b>	PEC594562300	12/16/08	12/16/09	ea. occur.	\$5,000,000	
		aggregate				\$10,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

FLOR012

Florida Department of  
Environmental Section  
2600 Blair Rd., MS-4555  
Tallahassee, FL 32399-2400

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 010 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.