



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

03/12/2009

John Bosek
Clean Harbors Florida LLC
170 Bartow Municipal Arprt
Bartow, FL 33830-9572

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **170 Bartow Municipal Arprt, Bartow, FL 33830-9572** has been registered through **March 1, 2010** with the following status:

Facility ID # **FLD980729610**
Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Large Quantity Handler Facility for Universal Waste Lamps and Devices

The registration form for the year **2010** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace
Environmental Specialist
Hazardous Waste Management Section

Enclosures



Clean Harbors Environmental Services, Inc.
PO Box 9149
42 Longwater Drive
Norwell, MA 02061-9149
781-792-5000
www.cleanharbors.com

February 25, 2009

Florida Department of Environmental Protection
2600 Blair Stone Rd.
Hazardous Waste Management Section, MS 4555
Tallahassee, FL 32399-3000

To Whom It May Concern:

Please find attached applications, for renewal of transporter authority for Universal Waste Lamp & Device and Handler Facility Registration in the state of Florida from Clean Harbors Environmental Services, Inc. I have included certificate of insurance, and our annual reports for Universal Waste Lamp & Device transportation and Facility activity, plus our Used Oil annual report.

****Please note that I have submitted two applications. The first is for transporter only authority, which is operated under MAD039322250 in Massachusetts, and the second is for our transfer facility which is located in Bartow, FL, operating under FLD980729610.**

Should you have any questions please contact me at (781) 792-5764.

Sincerely,

A handwritten signature in cursive script that reads "Rita Powers".

Rita Powers
Transportation Compliance Specialist

	Initials _____
	Date _____



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY
 DEP Waste Management Division-HWRS, MS4560
 2600 Blair Stone Rd. Tallahassee, FL 32399-2400
 (850) 245-8772

Date Received
 (For FDEP Official Use Only)

FEB 26 2011

EPA ID **F L D 9 8 0 7 2 9 6 1 0**

1. Reason for Submittal
 Mark 'X' in correct box:

To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

To provide **subsequent notification** (to update status and facility identification information).

Is this the **final notification** (see instructions) for the facility?

2. Facility or Business Name **CLEAN HARBORS FLORIDA LLC**

FEID No. **0 4 2 6 9 8 9 9 9**

3. Facility Operator (List additional Operators in the comments section).

Name of Operator: **CLEAN HARBORS FLORIDA LLC** **New Operator**
 Date became Operator: ___/___/___ mm dd yy

Street or P.O. Box: **170 BARTOW MUNICIPAL AIRPORT** **Phone Number:** **(863) 533-6111**

City or Town: **BARTOW** **State:** **FL** **Zip Code:** **33830**

Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information

Physical Street Address: **170 BARTOW MUNICIPAL AIRPORT**

City or Town: **BARTOW** **State:** **FL** **Zip Code:** **33830**

County: **Polk** **If available, please attach a map or sketch of the facility boundaries.**

Latitude: **27° 57' 05" N** **Longitude:** **81° 47' 09" W** **Method:** **GPS**
 dd mm ss.ssss dd mm ss.ssss Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)

A. **562211** B. _____
 C. _____ D. _____

6. Facility or Business Mailing Address

Street Address or P.O. Box: **170 BARTOW MUNICIPAL AIRPORT**

City or Town: **BARTOW** **State:** **FL** **Zip Code:** **33830**

7. Facility or Business Contact Person

First Name: **JOHN** **Last Name:** **BOSEK** **Title:** **GEN MGR**

Phone Number: **(863) 533-6111** **Extension:** **6331** **E-Mail:** **bosek.john@cleanharbors.com**

Street or P.O. Box: **170 BARTOW MUNICIPAL AIRPORT**

City or Town: **BARTOW** **State:** **FL** **Zip Code:** **33830**

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

Name of Real Property (Land) Owner: **CITY OF BARTOW MUNICIPAL AIRPORT AUTHORITY** **New Owner**
 Date became Owner: ___/___/___ mm dd yy

Street or P.O. Box: **P.O. BOX 650** **Phone Number:** **(863) 533-1195**

City or Town: **BARTOW** **State:** **FL** **Zip Code:** **338310650**

Owner Type: Private Federal Municipal State Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- 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
- c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- d. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

(2) Treater, Storer, or Disposer of Hazardous Waste

(at your facility) 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 Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: Commercial; Non-Commercial.
A permit is 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 Conditionally Exempt 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) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. a. For own waste only b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company ZURICH AMERICAN INSURANCE COMPANY

Address 60 STATE STREET

BOSTON, MA 02116

Contact ROBERT TONER Telephone 617 351 7566

Policy Number BAP668123102 Expiration date NOVEMBER 1, 2009

d. Transportation Mode Air Rail Highway Water Other - specify _____e. Hazardous Waste Transfer Facility: Storage Volume 2,099,600 Initial notification

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- Certification by a responsible corporate officer of the transporter 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'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.]
- Notification of changes in above items
- Annual update notification

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
 - Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
 - Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
 - Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
 - Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
 - Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
 - Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
 - Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	498,000
b. Pesticides	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	252,000
c. Pharmaceuticals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	252,000
d. Mercury Containing Devices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	252,000
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	252,000

(3) Mercury Recovery and/or Reclamation Facility Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
 [Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW **Pharmaceuticals** **Lamps** **Devices**

(5) 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.

C. Used Oil Activities:

(1) Used Oil Transporter - indicate type(s) of activity(ies):

- a. Transporter
- b. Transfer Facility
- (2) Collection Center
- (3) Used Oil Processor (A permit is required for this activity.)
- (4) Off-Specification Used Oil Burner
- (5) Used Oil Fuel Marketer
- (6) Used Oil Filter
 - a. Transporter
 - b. Transfer Facility
 - c. Processor
 - d. End User

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.
 A check is enclosed.

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.


 Signature of Authorized Person

John Bosek
 Print Name of Authorized Person

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- our mailing (business) address
- The site (facility) address

D. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

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, U112).

Hazardous waste transporters list codes routinely or usually transported. Use 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
22	23	24	25	26	27	28

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- (2) Waste generated by business has been delisted.
- (3) Other (explain) _____

B. Facility Closed

- (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.


Contact _____ Phone _____

Address _____

City, State, Zip _____

 C. Property Tax Default D. Petition for Bankruptcy Protection

12. 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 knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	John Bosek, General Manager	02/11/2009

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

STEVE BERMAN

8635196319

berman.stephen@cleanharbors.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

THIS ACTIVITY FORM IS BEING SUBMITTED IN CONJUNCTION WITH OUR CORPORATE TRANSPORTATION SUBMISSION MADE UNDER EPA ID# MAD039322250 IN WHICH ALL TRANSPORTATION ACTIVITY IS DONE NATIONWIDE.



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

CLEAN HARBORS FLORIDA LLC, 170 BARTOW MUNICIPAL AIRPORT, BARTOW, FL 33830

Facility Name	Street Address	City and State
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863-533-6111	863-519-6363	BERMAN.STEPHEN@CLEANHARBORS.COM
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Phone	Fax	E-mail
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Section 1: For all transporters and transfer facilities (in-state and out-of-state).
Complete all sections and check all boxes that apply.

1. Estimated number of LAMPS handled during the last calendar year. 150,958

Types: Fluorescent 148,426 HID 2,532

2. Estimated number of DEVICES handled during the last calendar year. 9,934

Types: Thermostats Electric Switches/Relays
Thermometers Manometers Other

3. Estimated weight of DEVICES handled during the last calendar year. 9,934 lb.

4. Estimated number of lamps or devices each facility received. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

SEE ATTACHED FORM

Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
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Number	L <input type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
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Print Name of Authorized Agent

Signature of Authorized Agent

Date

"More Protection, Less

www.dep.state.fl.us

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes xxx

No _____

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously xxx

Submitted in What Year? 2003

Print Name of Authorized Agent

Signature of Authorized Agent

Date

Complete, sign and return this checklist along with your registration form to:

Laurie Tenace, MS 4555
Hazardous Waste Management Section
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.

4. Estimated number of lamps or devices each facility received. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

LAMPS	DEVICES	DESIGNATED FACILITY
720	497	WIR000000356 MERCURY WASTE SOLUTIONS 21211 DURAND AVENUE UNION GROVE WI 53182-9711 262-878-2599
38,256		ARD069748192 CLEAN HARBORS EL DORADO, LLC 309 AMERICAN CIRCLE EL DORADO AR 71730 870-863-7173
2,282		AZ0000337360 ONYX ENVIRONMENTAL SERVICES 5736 WEST JEFFERSON STREET PHOENIX AZ 85043 602-233-2955
31,736		FLD984262782 AERC.COM, INC. 4317-J FORTUNE PLACE WEST MELBOURNE FL 32904 610-797-7608
47,280		ILD000608471 CLEAN HARBORS SERVICES INC 11800 SOUTH STONY ISLAND AVENUE CHICAGO IL 60617-7240 773-646-6202
4,972	8,737	NCD000648451 CLEAN HARBORS REIDSVILLE 208 WATLINGTON INDUSTRIAL DRIVE REIDSVILLE NC 27320 336-342-6106
25,712		PAD987367216 AERC COM 2591 MITCHELL AVENUE ALLENTOWN PA 18103-6609 610-797-7608
	700	OHD000816629 CLEAN HARBORS INC 4879 SPRING GROVE AVENUE CINCINNATI OH 45232 513-681-5738
150,958	9,934	TOTAL

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE
10/29/2008

PRODUCER 877-945-7378 Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191	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.	
	INSURERS AFFORDING COVERAGE	NAIC#
INSURED Clean Harbors Environmental Services, Inc. and its affiliates 42 Longwater Drive Norwell, MA 02061	INSURER A: Zurich American Insurance Company	16535-002
	INSURER B: American Guarantee and Liability Insuranc	26247-003
	INSURER C: Steadfast Insurance Company	26387-001
	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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GLO 9681229-02	11/1/2008	11/1/2009	EACH OCCURRENCE \$ 2,000,000
	<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"/> XCU				PERSONAL & ADV INJURY \$ 2,000,000
	<input checked="" type="checkbox"/> Contractual				GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPI/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	AUTOMOBILE LIABILITY	BAP 6681231-02	11/1/2008	11/1/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<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 type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	<input checked="" type="checkbox"/> MCS-90				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG \$
B	EXCESS/UMBRELLA LIABILITY	AUC4275262-04	11/1/2008	11/1/2009	EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 9681232-02	11/1/2008	11/1/2009	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 2,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
					E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C	OTHER Contractors Pollution Liability	PEC 3656681-13 CPL	11/1/2008	11/1/2009	\$10,000,000 Each Claim \$10,000,000 All Claims

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

Re: Renewal of hazardous waste transporter permits

Environmental Impairment Liability

Policy Number: PLC374393609

Carrier: Steadfast Insurance Company 26387

Policy Term: 11/1/08-11/1/09

Limits: \$10,000,000 Each Claim / \$10,000,000 Aggregate

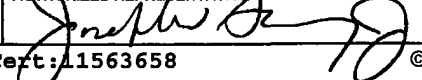
CERTIFICATE HOLDER

CANCELLATION

Florida Dept. of Environmental Protection
 Hazardous Waste Management
 2600 Blair Stone Road
 Tallahassee, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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





Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below]
 for reporting period January 1, 2008 through December 31, 2008
 Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: CLEAN HARBORS FLORIDA LLC 2. Telephone No. (863) 519 - 6319
 Site Address: 170 BARTOW MUNICIPAL AIRPORT, BARTOW, FL 33830
 3. EPA ID No. FLD 980 729 610

Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) STEVE BERMAN
 Title ENVIRONMENTAL MANAGER Phone number (if different from #2, above) ()

5. Type of operation (check as many as apply to your operations)
 Used Oil: Transporter Transfer Facility Collection Center/Aggregation Point Processor Marketer
 Burner (of off-specification used oil)
 Used Oil Filter: Transporter Transfer Facility Processor End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected	Automotive	Industrial	Mixed	Total
a. In Florida.....	300	87,204		87,504
b. From out of state.....	330	9,225		9,555
c. Beginning Inventory.....				0
d. Total (sum of totals from Lines a + b + c).....				97,059

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel

D - Disposed of
 Landfilled.....
 Treated at a wastewater treatment unit.....
 Incinerated.....

In State	Out of State
97,504	9,555
0	0

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)	CHECK COLUMN IF OUT OF STATE ↓	
1. Number of filters on hand from previous year.....	0	
2. Number of used oil filters collected.....	1750	
3. Total number of used oil filters to manage (1 plus 2).....	1750	
4. Disposition of used oil filters collected:	1750	
a. Transferred to another registered facility.....	0	
b. Burned for energy recovery at a Waste-To-Energy facility.....	0	
c. Transferred directly to a metal foundry for recycling.....	0	
d. TOTAL.....	1750	
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....	0	
6. Gallons of used oil collected as a result of filter processing.....	0	
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	N/A	
8. Volume of oily waste collected and managed as a result of filter processing.....	N/A	
9. Description of oily waste management.....		

DIRECTIONS FOR SECTION C

Conversion Table

One 55-gallon drum of crushed used oil filters = approximately 400 used oil filters
One 55 gallon drum of uncrushed used oil filters = approximately 250 used oil filters
One ton of drained used oil filters = approximately 2,350 used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d .
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: sebrina.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE
10/29/2008

PRODUCER Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191	877-945-7378	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.	
	INSURERS AFFORDING COVERAGE		NAIC#
INSURED Clean Harbors Environmental Services, Inc. and its affiliates 42 Longwater Drive Norwell, MA 02061	INSURER A: Zurich American Insurance Company		16535-002
	INSURER B: American Guarantee and Liability Insuranc		26247-003
	INSURER C: Steadfast Insurance Company		26387-001
	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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	GLO 9681229-02	11/1/2008	11/1/2009	EACH OCCURRENCE	\$ 2,000,000
	<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"/> XCU				PERSONAL & ADV INJURY	\$ 2,000,000
	<input checked="" type="checkbox"/> Contractual				GENERAL AGGREGATE	\$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COM/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY	BAP 6681231-02	11/1/2008	11/1/2009	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	<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 type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input checked="" type="checkbox"/> MCS-90					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
B	EXCESS/UMBRELLA LIABILITY	AUC4275262-04	11/1/2008	11/1/2009	EACH OCCURRENCE	\$ 10,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 10,000,000
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 9681232-02	11/1/2008	11/1/2009	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 2,000,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
C	OTHER Contractors Pollution Liability	PEC 3656681-13 CPL	11/1/2008	11/1/2009	\$10,000,000 Each Claim \$10,000,000 All Claims	

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

Re: Renewal of hazardous waste transporter permits

Environmental Impairment Liability

Policy Number: PLC374393609

Carrier: Steadfast Insurance Company 26387

Policy Term: 11/1/08-11/1/09

Limits: \$10,000,000 Each Claim / \$10,000,000 Aggregate

CERTIFICATE HOLDER

CANCELLATION

Florida Dept. of Environmental Protection
 Hazardous Waste Management
 2600 Blair Stone Road
 Tallahassee, FL 32399-2400

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

