



## 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

June 19, 2009

Elliott Paul  
Synergy Recycling  
105 Industrial Park Dr  
Kingsland, GA 31548

### BE IT KNOWN THAT

Synergy Recycling  
105 Industrial Park Dr  
Kingsland, GA 31548

### IS HEREBY REGISTERED AS A USED OIL

Transporter, Marketer, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **GAR000048009** on June 19, 2009  
Insurance Carrier: **XL SPECIALTY INSURANCE**

**This registration will expire on 06/30/2010**

This certificate documents receipt of your annual registration and annual report. It shall be displayed in a prominent place at your facility. This certificate and your cancelled check are your receipts.

**Aprilia Graves**  
**Environmental Specialist IV**  
**Hazardous Waste Regulation Permitting**

**Synergy Recycling, LLC**

P.O. Box 88-Sharpsburg, GA 30277

105 Industrial Park Drive-Kingsland, GA 31548 (866)492-6789 fax (912) 822-1670

RECEIVED

JUN 15 2009

BY: BSHW



The head space of each container of used oil is tested with the TEK-Mate. Should the TEK-Mate give an audible response indicating the possible presence of halogens, a Dexsil test is performed by removing a sample of the used oil from the container and following the directions on the Dexsil test kit.

Each of our manifests have blocks on them where the driver shows what method is used for testing...TEC-mate or Dexsil. Any customer account where the oil they generate is refused due to halogen exceedence is marked on the manifest and kept on file at the Winter Haven office or Kingsland office.



# 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)

JUN 15 2009

BY: BSHW  
RCRA Info

EPA ID 

G	A	R	0	0	0	0	4	8	0	0	9
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MTS

## 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

Synergy recycling, LLC

FEID No.

2	0	3	5	9	3	8	3	1
---	---	---	---	---	---	---	---	---

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

Name of Operator:

Synergy Recycling, LLC

☐ New Operator

Date became Operator: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box:

105 Industrial Park Dr

Phone Number:

866-492-6789

City or Town:

Kingsland

State:

GA

Zip Code:

31548

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other \_\_\_\_\_

## 4. Facility Physical Location Information

Physical Street Address:

105 Industrial Park Dr

City or Town:

Kingsland

State:

GA

Zip Code:

31548

County:

Choose \_\_\_\_

If available, please attach a map or sketch of the facility boundaries.

Latitude:

\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_  
d d m m s s . ssss

Longitude:

\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_  
d d m m s s . ssss

Method:

Datum:

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

A.

B.

C.

D.

## 6. Facility or Business Mailing Address

Street Address or P.O. Box:

P.O. Box 88

City or Town:

Sharpsburg

State:

GA

Zip Code:

30277

## 7. Facility or Business Contact Person

First Name:

Elliott

Last Name:

Paul

Title:

Managing Member

Phone Number:

866-492-6789

Extension:

E-Mail:

Street or P.O. Box:

105 Industrial Park Dr

City or Town:

Kingsland

State:

GA

Zip Code:

31548

## 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:

Synergy Recycling, LLC

☐ New Owner

Date became Owner: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box:

105 Industrial Park Dr

Phone Number:

City or Town:

Kingsland

State:

GA

Zip Code:

31548

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other \_\_\_\_\_

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

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

**(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

**(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 \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Telephone \_\_\_\_\_

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

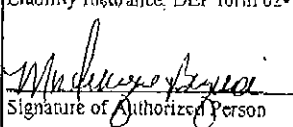
Expiration date \_\_\_\_\_

**d. Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify \_\_\_\_\_**e. ☐ Hazardous Waste Transfer Facility:** Storage Volume \_\_\_\_\_☐ **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



EPA ID No. <b>GAR000048009</b>			
<b>B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):</b>			
<input type="checkbox"/> Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated <input type="checkbox"/> Small Quantity Handler (SQH) = always less than 5,000 kg accumulated			
<input type="checkbox"/> Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler <input type="checkbox"/> Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler			
<input type="checkbox"/> Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler <input type="checkbox"/> 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)]			
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated <input type="checkbox"/> Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated			
<b>(1) For those Managing</b>	<b>Generate/ Accumulate</b>	<b>Transport (see note in instructions)</b>	<b>(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.</b>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(3) Mercury Recovery and/or Reclamation Facility</b>		<input type="checkbox"/>	Note: A hazardous waste permit is required for this activity. [R 62-737.800, F.A.C.]
<b>(4) Reverse Distributor of UW</b>		<input type="checkbox"/>	Pharmaceuticals <input type="checkbox"/> Lamps <input type="checkbox"/> Devices <input type="checkbox"/>
<b>(5) Destination Facility for UW</b>		<input type="checkbox"/>	Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.
<b>C. Used Oil Activities:</b>			
<b>(1) Used Oil Transporter - indicate type(s) of activity(ies):</b> <input checked="" type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> c. Collection Center		<b>(8) Specific Certification to be signed by all Used Oil Transporters</b> I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.500, 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.  <div style="text-align: center;">             Signature of Authorized Person         </div> <div style="text-align: center;"> <u>MONTINIQUE BIQUADI</u>            Print Name of Authorized Person         </div>	
<b>(3) <input type="checkbox"/> Used Oil Processor (A permit is required for this activity.)</b> <b>(4) <input type="checkbox"/> Off-Specification Used Oil Burner</b> <b>(5) <input checked="" type="checkbox"/> Used Oil Fuel Marketer</b> <b>(6) Used Oil Filter</b> <input checked="" type="checkbox"/> a. Transporter <input checked="" type="checkbox"/> b. Transfer Facility <input type="checkbox"/> c. Processor <input type="checkbox"/> d. End User			
<b>(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.</b> <input type="checkbox"/> A check is enclosed.			
		<b>(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):</b> <input type="checkbox"/> our mailing (business) address <input checked="" type="checkbox"/> The site (facility) address	

EPA ID No.

GAR000048009

**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.

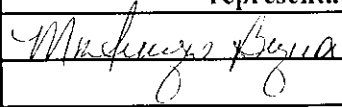
Contact \_\_\_\_\_ Phone \_\_\_\_\_

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)
	Montinique Buquoi	06-10-2009

If the person who 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)

**13. Comments:**



Department of Environmental Protection  
Post Office Box 3070 Tallahassee, Florida 32399-2400

DEP Form #62-710.901(1)  
Form Title Application for Registration  
Used Oil & Oil Filter Handlers  
Effective Date June 9, 2005

**Application for Registration  
Used Oil and Oil Filter Handlers\***

496705 MAY 11 2009

\*Handlers are any persons subject to the registration requirements of Rule 62-710.500 and 62-710.850, F.A.C. (see item 4b below)  
For registration period July 1, 2008 through June 30, 2009

Please print or type

1. Business Name Synergy Recycling FEID No. 20-3593831  
DBA (Doing Business As) \_\_\_\_\_ Telephone No. 770-486-0727  
Business Mailing Address: P.O. Box 88  
City: Sharpsburg County Coweta State GA Zip Code: 30277  
Site Address: 105 Industrial Park Drive  
City: Kingsland County Landen State GA Zip Code: 31548
2. Name of Contact Person (if different from owner/operator) MONTINIQUE BUQUOI  
Telephone No. (770) 486-0727 email: \_\_\_\_\_

3. The records required under the provisions of Rule 62-710.510, F.A.C. are kept (check one):  
☒ at our mailing (business) address ☐ at the site (facility) address

4. Include the registration fee of \$100.00, in the form of a check or money order payable to Florida Department of Environmental Protection. Permitted Used Oil Processing Facilities are exempt from this fee.

4a. Registration Status: \_\_\_\_\_ New ☒ Renewal EPA ID No. GA000048009

4b. Check boxes which apply to your used oil/used oil filter activity(ies).

Used Oil: ☒ Transporter ☐ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Marketer ☐ Processor  
☐ Burner of off-spec used oil

Used Oil Filter: ☒ Transporter ☐ Transfer Facility ☐ Processor ☐ End User

	Initials _____
	Date _____

5. Certification

5a. General Certification to be signed by all Registrants:

To the best of my knowledge and belief I certify the information provided in this application is true, accurate and correct.

MONTINIQUE BUQUOI  
Name of Authorized Person (Print or Type)

Montinique Buquoi  
Signature of Authorized person

May 7, 09  
Date

5b. Specific Certification to be signed by all Used Oil Transporters

(Except those exempted by Rule 62-710.600(1), F.A.C.)

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.

MONTINIQUE BUQUOI  
Name of Authorized Person (Print or Type)

Montinique Buquoi  
Signature of Authorized person

May 7, 09  
Date



Department of Environmental Protection  
FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)  
Form Title Annual Report by Used Oil  
and Used Oil Filter Handlers  
Effective Date June 9, 2005

## 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: Synergy Recycling 2. Telephone No. (912) 882-1111  
Site Address: 105 Industrial Park Drive  
Kingsland, GA 31548 3. EPA ID No. GAR 0000 48009
- ☐ Check box if any of the above items (1-3) have changed since your last registration
4. Name of person preparing report (please print) MONTINIQUE BUQUOI  
Title OFFICE MANAGER Phone number (if different from #2, above) (770) 486-0727
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)

	Automotive	Industrial	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected				
a. In Florida.....	1,532,302			1,532,302
b. From out of state.....				
c. Beginning Inventory.....				15048
d. Total (sum of totals from Lines a + b + c).....				1,547,350

	In State	Out of State
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.....		1384206
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.....		
3. Total amount (in gallons) of used oil managed.....		
4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....		163144



**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.....
2. Number of used oil filters collected.....
3. Total number of used oil filters to manage (1 plus 2).....
4. Disposition of used oil filters collected:
  - a. Transferred to another registered facility.....
  - b. Burned for energy recovery at a Waste-To-Energy facility.....
  - c. Transferred directly to a metal foundry for recycling.....
  - d. TOTAL.....
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....
6. Gallons of used oil collected as a result of filter processing.....
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....
8. Volume of oily waste collected and managed as a result of filter processing.....
9. Description of oily waste management.....

300	✓
5536	✓
5836	
5756	
80	✓

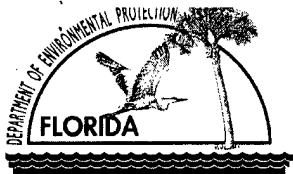
**DIRECTIONS FOR SECTION C**

Conversion Table

One 55-gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55 gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One ton of drained used oil filters = approximately <b>2,350</b> 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: [sebreana.bolton@dep.state.fl.us](mailto:sebreana.bolton@dep.state.fl.us), OR Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us)



## Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. XL Specialty Insurance Company, (the Insurer), P.O. Box 636, Exton, Pa 19341-0636  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: Synergy Recycling, LLC (the Insured),  
(Name of the Insured)

105 Industrial Dr., Kingsland, Ga 31548 whose EPA Identification number is 000 120 188  
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida  
Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000. less the deductible or  
retention of \$ N/A for each accident exclusive of legal defense costs. If a deductible or retention is applied,  
its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number AEC 0027415, issued on 10/10/08  
(Date)

The expiration date of said policy is 10/10/09 or the annual renewal date is October 10th.  
(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 this 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 or by any other termination of the insurance (e.g. expiration or 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 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 or more States, including Florida.

Thomas E Bishop  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Tom Bishop  
(Type Name)

XL Specialty Insurance Company  
(Name of Insurer)

Producer  
(Title)

P.O. Box 1948, Albany, Ga 31702  
(Address of Representative)

**Chapter 62-710.600(2)(e), Florida Administrative Code  
Certification Program for Used Oil Transporters**

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

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: [sebrena.bolton@dep.state.fl.us](mailto:sebrena.bolton@dep.state.fl.us) , OR Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us)

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
10/08/08

## PRODUCER

J Smith Lanier & Co of Albany  
P O Box 1948  
Albany, GA 31702  
229 883-2424

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.

## INSURED

Synergy Recycling, LLC &  
Synergy Recycling of Central Florida LLC  
P.O. Box 88  
Sharpsburg, Ga 30277

## INSURERS AFFORDING COVERAGE

## NAIC #

INSURER A: Greenwich Insurance Company

22322

INSURER B: Indian Harbor Ins. Co.

36940

INSURER C: Commerce &amp; Industry Ins. Co.

19410

INSURER D: Steadfast Insurance Company

26387

INSURER E: XL Specialty Insurance

37885

## 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	GEC0027414	10/10/08	10/10/09	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
E		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS - 90 <input checked="" type="checkbox"/> Auto Pollution	AEC0027415	10/10/08	10/10/09	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ \$10,000	UEC0027416	10/10/08	10/10/09	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$ \$ \$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC6625610	03/24/08	03/24/09	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000
D		OTHER Pollution Li Remediation Liability	PLC922104100	09/22/06	09/22/09	Each Claim: \$2,000,000 Total Claim: \$2,000,000 Deductible: \$10,000

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

Blanket Waiver of Subrogation & additional insured applies to the General Liability &  
Auto Liability policies listed as required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

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

## **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.

05/07/2009	2009	Registration Used Oil Handlers	100.00	0.00	100.00
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CHECK:	006929	05/07/2009	Florida D.E.P.	100.00
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