



# 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 30, 2009

Carolyn Payne  
Action Resources, Inc  
355 County Rd 513  
Hanceville, AL 35077

## BE IT KNOWN THAT

Action Resources, Inc  
40 County Rd 517  
Hanceville, AL 35077

## IS HEREBY REGISTERED AS A USED OIL

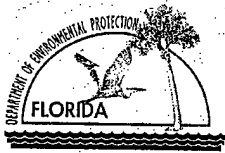
Transporter, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **ALR000007237** on June 30, 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**



RECEIVED

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

MAR 30 2009
BY: BSHW

Application for Registration
Used Oil and 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 item 4b below)
For registration period July 1, 2009 through June 30, 2010
Please print or type

1. Business Name Action Resources, Inc FEID No. 63-1148994
DBA (Doing Business As) Same Telephone No. 850-352-2114
Business Mailing Address: 140 Co Rd 517
City: Wanceville County Cullman State AL Zip Code: 35077
Site Address:
City: County State Zip Code:

2. Name of Contact Person (if different from owner/operator) Carolyn Payne
Telephone No. (256) 352-2114 email: cpayne@action-resources.com

3. The records required under the provisions of Rule 62-710.510, F.A.C. are kept (check one):
[ ] at our mailing (business) address [x] 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. AIR 000 00 7237

4b. Check boxes which apply to your used oil/used oil filter activity(ies).
Used Oil: [x] Transporter [ ] Transfer Facility [ ] Collection Center/Aggregation Point [ ] Marketer [ ] Processor
[ ] Burner of off-spec used oil
Used Oil Filter: [x] Transporter [ ] Transfer Facility [ ] Processor [ ] End User

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.

Carolyn Payne Carolyn Payne 3-19-09
Name of Authorized Person (Print or Type) Signature of Authorized person Date

Poor Original

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.

Carolyn Payne Carolyn Payne 3-19-09
Name of Authorized Person (Print or Type) Signature of Authorized person Date

Initials \_\_\_
Date \_\_\_

## Sullivan, Theresa A.

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**From:** doug [dcarothers@action-resources.com]  
**Sent:** Tuesday, June 30, 2009 3:19 PM  
**To:** Sullivan, Theresa A.  
**Cc:** cpayne@action-resources.com  
**Subject:** Halogen test

Ms. Sullivan,

Action Resources, Inc. will occasionally pick up used oil from aggregation points and transport it to one of our customers who is in the used oil processing business in another State. Prior to picking up and aggregating the used oil, samples are tested with a PID "sniffer" and if halogens are detected, a DEXSIL test kit is used to quantify the level of halogens present. All used oils must have < 1,000 ppm total halogens before they are picked up.

Please don't hesitate to contact me if I may provide you with additional information or be of further assistance in this matter.

Douglas R. Carothers  
Action Resources, Inc.  
Manager, EHS Compliance Programs  
256.352.7082  
256.352.2165 fax  
[dcarothers@action-resources.com](mailto:dcarothers@action-resources.com)

**CHECKLIST: This sheet must be signed and returned with your renewal registration.**

Email Contact Name and address (if you would like to be included in our listserver):

- Registration Form. Please be sure that it is signed.
- Registration Fee. \$100.00. Please make checks payable to the Florida Department of Environmental Protection. (*Permitted Processors are not required to remit fee*)
- This company is a Used Oil Processor, Used Oil Permit Number: HLR000007237 and is exempt from the registration fee.
- This company is a Used Oil Burner (off-spec), Air Permit Number: \_\_\_\_\_
- This company transports *only used oil filters and is exempt* from the certification, insurance, record keeping and reporting requirements of Rule 62-710, F.A.C.

**Used Oil Transporter Training Certification: Rule 62-710, Florida Administrative Code (F.A.C.), Used Oil Management, was amended, effective June 9, 2005. To maintain Certification through this Department, ALL Used Oil Transporters who have previously submitted a Used Oil training program to this Department MUST provide evidence that their training program currently addresses the amendments. In particular, the updates should include:**

1. The procedure used to ensure that a copy of the shipping papers for a load of used oil is left with the generator as required in Rule 62-710.510(2), F.A.C.
2. Evidence of compliance with Rule 62-710.600(2)(b)(3), F.A.C., which requires a Used Oil Transporter Training Program to include "A detailed description of the company's standard operating procedure for halogen screening at each pick up location. This description shall include instrument specifications and capabilities, calibration methods and frequency, procedures addressing the handling of loads which indicate halogen levels in excess of 1,000 ppm, and record keeping procedures for all loads accepted or refused."
3. Evidence of liability insurance for the minimum amount of \$1 million, which covers pollution liability, in accordance with the requirements of Rule 62-710.600(2)(e), F.A.C.
4. Evidence that company employees are made aware of the circumstances under which a Department Certification can be revoked, which are described in Rule 62-710.600(4), F.A.C.

**Proof of Insurance: (Indicate which response applies.)**

- Certificate of Liability Insurance Form 62-710.901(4) signed by insurance company.
- Certificate of Insurance (ACORD) signed by insurance company for the renewal of an existing policy previously filed on a Certificate of Liability Insurance Form.

**Poor Original**

DEAN FLINT  
Name (Printed)

Signature

Date

3/19/09



### Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. XL Specialty Insurance Co., (the Insurer), 70 Seaview Avenue Stamford, CT 06902  
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: ACTION RESOURCES, INC. (the Insured),  
(Name of the Insured)

40 County Road 517 Hanceville, AL 35077 whose EPA Identification number is ALR000007237.  
(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 \$25,000 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 AEC002070302, issued on 6/30/08

The expiration date of said policy is 6/30/09 or the annual renewal date is 6/30/09  
(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.

Frank Soldano  
(Signature)

Authorized Representative of (Signature of Insurer or  
Authorized Representative)

Frank Soldano  
(Type Name)

XL Specialty Insurance Company  
(Name of Insurer)

Property and Casualty Underwriting Manager  
(Title)

505 Eagleview Blvd, Exton PA 19341  
(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.



# 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: Action Resources, Inc. 2. Telephone No. (256) 352-7081  
 Site Address: HO County Road 517  
Hanceville, AL 35077 3. EPA ID No. A1R DDDDD 7237

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

4. Name of person preparing report (please print) Carolyn Payne  
 Title Human Resources / Safety 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)

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

	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.....		
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).....		

**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 hand 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.....


**DIRECTIONS FOR SECTION C**

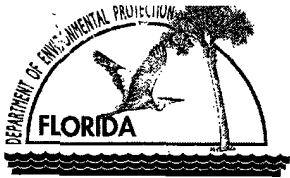
Conversion Table

One <b>55-gallon</b> drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One <b>55</b> gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One <b>ton</b> 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: [sebrina.bolton@dep.state.fl.us](mailto:sebrina.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 Co., (the Insurer), 70 Seaview Avenue Stamford, CT 06902
(Name of the Insurer) (Address of the Insurer)

hereby certifies that it has issued liability insurance to: ACTION RESOURCES, INC. (the Insured),
(Name of the Insured)

40 County Road 517 Hanceville, AL 35077 whose EPA Identification number is ALR000007237
(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 \$25,000 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 AEC002070302, issued on 6/30/08.

The expiration date of said policy is 6/30/09 or the annual renewal date is 6/30/09
(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
of surplus lines insurer, in one or more States, including Florida.

Frank Soldano Authorized Representative of (Signature of Insurer or
Authorized Representative)

Frank Soldano
(Type Name)

XL Specialty Insurance Company
(Name of Insurer)

Property and Casualty Underwriting Manager
(Title)

505 Eagleview Blvd, Exton PA 19341
(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.

**PRODUCER**

MCGRIFF, SEIBELS & WILLIAMS, INC.  
 P.O. Box 10265  
 Birmingham, AL 35202  
 800-476-2211

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.

**COMPANIES AFFORDING COVERAGE**

Company A Greenwich Insurance Company

Company B Alabama Trucking Association

Company C XL Specialty Insurance Co

Company D

Company E

**INSURED**

Action Resources, Inc.  
 40 County Road 517  
 Hanceville, AL 35077

RECEIVED

JUN 23 2009

BY: BSHW

This is to certify that the policies of insurance described herein have been issued to the Insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of 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, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

CO LT	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE EXPIRATION	LIMITS OF LIABILITY	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Owners' and Contractors' Protection <input type="checkbox"/> General Aggregate Limit applies per: <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location	GEC002070402	06/30/2009 06/30/2010	EACH OCCURRENCE	\$ 1,000,000
				FIRE DAMAGE	\$ 100,000
				MEDICAL EXPENSE	\$ 5,000
				PERS. AND ADVERTISING INJURY	\$ 1,000,000
				GENERAL AGGREGATE	\$ 2,000,000
				PRODUCTS AND COMP. OPER. AGG.	\$ 2,000,000
C	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Automobiles <input type="checkbox"/> Scheduled Automobiles <input type="checkbox"/> Hired Automobiles <input type="checkbox"/> Non-owned Automobiles <input checked="" type="checkbox"/> MCS90 Filing	AEC002070303	06/30/2009 06/30/2010	COMBINED SINGLE LIMIT	\$ 1,000,000
				BODILY INJURY (Per person)	\$
				BODILY INJURY (Per accident)	\$
				PROPERTY DAMAGE (Per accident)	\$
				COMPREHENSIVE	
				COLLISION	
B	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	00300WCATAACRE2009(A L only) PCTX126079 (AOS)	01/01/2009 01/01/2010	WC Statutory Limit	Other <input checked="" type="checkbox"/>
				EL EACH ACCIDENT	\$ 1,000,000
				EL DISEASE (Each employee)	\$ 1,000,000
				EL DISEASE (Policy Limit)	\$ 1,000,000
A	<b>EXCESS LIABILITY</b> <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims Made Retention/Deductible 10,000	UEC002070503	06/30/2009 06/30/2010	EACH OCCURRENCE	\$ 4,000,000
				AGGREGATE	\$ 4,000,000
A	<b>CONTRACTORS POLLUTION</b> Legal Liability -Claims Made Retro Date:	PEC002070603	06/30/2009 06/30/2010	Each Occurrence	\$ 5,000,000
				Total for all Occurrence	\$ 5,000,000
				Retention:	\$ 25,000
					\$
					\$

**CERTIFICATE HOLDER**

Florida Dept. of Environmental Protection, Hazardous Waste Management Section, MS 4555  
 Twin Towers Office Building  
 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

