



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

January 27, 2010

Guy Manzi
Spectrum Industrial Services Inc
85 Spectrum Cove
Alabaster, AL 35007

Re: Florida Hazardous Waste Transporter Approval

Dear Guy Manzi:

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.

Guy Manzi
January 27, 2010
Page Two

If you intend to operate a hazardous waste transfer facility, please refer to Form 8700-12FL, page 2, item 7(e) for a list of all the required documents that must be submitted.

If you are currently operating an authorized transfer facility, you must maintain records of incoming and outgoing hazardous waste shipments. These records must include generator names and manifest numbers, and, unless otherwise approved by the Department, must be maintained at the transfer facility in accordance with Rule 62-730.171, 7(6), F.A.C. Also, please review the attached letter of March 11, 2009 addressed to all hazardous waste transporters who have notified of existing transfer facilities, subject: Required Submittal of Supplemental Information.

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

Sincerely,

A handwritten signature in black ink that reads "Aprilia Graves". The signature is written in a cursive, flowing style.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section

AG

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: Spectrum Industrial Services Inc

FACILITY ID NO: ALR000044743

FACILITY ADDRESS: 125 Spectrum Cove
Alabaster, AL 35007

INSURANCE CARRIER: GREAT DIVIDE INSURANCE COMPANY

INSURANCE POLICY#: BAP150720711

EFFECTIVE DATE: January 01, 2010

EXPIRATION DATE: January 01, 2011

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: Aprilia Graves DATE: January 27, 2010

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Section
850/245-8755

Poor Original

SPECTRUM



January 12, 2010

Florida Department of Environmental Protection
Attn: Sebrena Bolton
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

RECEIVED

JAN 15 2010

BY: BSKW

**Subject: Hazardous Waste Transporter Permit Renewal
Spectrum Industrial Services, Inc.
US EPA ID No. ALR000044743**

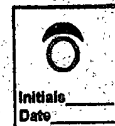
Dear Ms. Bolton:

On behalf of Spectrum Industrial Services, Inc. (Spectrum), I am submitting the attached Florida Notification of Regulated Waste Activity (Form 8700-12), Hazardous Waste Transporter Status form and our Certificate of Insurance for review. If any additional information is need please feel free to contact me at (888) 739-0838.

Sincerely,

Sharee M. Earl
HR/Safety Director

/sme
Enclosure



85 Spectrum Cove
Alabaster, AL 35007

205.664.2000
205.664.2142 FAX

Are your services commercially available? YES

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

I. Transporter Identification:

Transporter Name: Spectrum Industrial Services, Inc.
Transporter EPA ID: ALR 000 044 743
Location Address: 125 Spectrum Cove
Alabaster, AL 35007
Contact: Sharee Earl Telephone: 205-1664-2000
Mailing Address: 85 Spectrum Cove
Alabaster AL 35007

II. Insurance Information:

Insurance Company: Great Divide Ins. Co. (Auto) ~~Natutilus Ins. Co. (Excess)~~
Address: 7233 East Butherus Dr.
Scottsdale, AZ 85260-2410
Contact: Barny Faulkner Telephone: 205-263-5108
Policy Number: BAP150720711
Expiration date: 1/1/11

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D001 D002 D006 D007 F003 F005 F006

Comments: _____

IV. Certification:

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

Guy T. Manzi President
Print/Type Name Title
[Signature] 1/8/2010
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 1/1/11 Date

APPROVED by Tiffaney A. Noland, changes approved by the Certifier by phone 1/27/2010
Signature of Florida Department of Environmental Protection Representative Date Signed



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)

EPA ID **A L R 0 0 0 0 4 4 7 4 3**

MTS

RCRA Info

RECEIVED

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?

JAN 15 2010

BY: BSHW

2. Facility or Business Name

Spectrum Industrial Services, Inc.

FEID No.

20-3059000

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

Name of Operator:

N/A

New Operator

Date became Operator: ___/___/___
 mm dd yy

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

Operator Type: Private Federal Municipal State Other _____

4. Facility Physical Location Information

Physical Street Address:

125 Spectrum Cove

City or Town:

Alabaster

State: AL

Zip Code:

35007

County: Choose Shelby

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

Latitude: [][] [][] [][] [][] Longitude: [][] [][] [][] [][] Method: _____ Datum: _____
 d d m m s s . ssss d d m m s s . ssss

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

A. 238910

B.

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

85 Spectrum Cove

City or Town:

Alabaster

State: AL

Zip Code:

35007

7. Facility or Business Contact Person

First Name:

Guy

Last Name:

Manzi

Title:

President

Phone Number:

205-664-2000

Extension:

E-Mail:

gmanzi@specenviro.com

Street or P.O. Box:

85 Spectrum Cove

City or Town:

Alabaster

State: AL

Zip Code:

35007

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:

N/A

New Owner

Date became Owner: ___/___/___
 mm dd yy

Street or P.O. Box:

Phone Number:

City or Town:

State:

Zip Code:

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 Great Divide Insurance Co (Automobile) Natuilus Insurance Co (Excess)Address 7233 East Butherus Drive, Scottsdale, AZ 85260-2410Contact Barry Faulkner, Palomar Insurance Corp. Telephone 205-263-5108Policy Number BAP150720710/FFX1502 Expiration date 01-01-2011d. 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

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(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

(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

 Print Name of Authorized Person

(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.

(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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/26/2010

PRODUCER Birmingham Palomar Insurance Corporation 3800 Colonnade Prkwy Suite 350 Birmingham, AL 35243	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 Spectrum Environmental Services, Inc. 85 Spectrum Cove Alabaster, AL 35007	INSURER A: Nautilus Insurance Company	17370
	INSURER B: Alabama Trucking Association	
	INSURER C: Travelers Property and Casualty	36161
	INSURER D: Great Divide Insurance Company	25224
	INSURER E: Midwest Employers Casualty	

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 <input checked="" type="checkbox"/> Cont. Pollution Liab <input type="checkbox"/> Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	ECPO150720811	01/01/10	01/01/11	EACH OCCURRENCE	\$2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$2,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
D		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"/> Pollution Liab <input type="checkbox"/> (CA 99 48)	BAP150720711	01/01/10	01/01/11	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 AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	FFX150720511	01/01/10	01/01/11	EACH OCCURRENCE	\$4,000,000
						AGGREGATE	\$4,000,000
							\$
							\$
							\$
B E		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	00300WCATASPEC2010 PGAL129031	01/01/10 01/01/10	01/01/11 01/01/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
D		OTHER Hired Physical Damage	BAP150720711	01/01/10	01/01/11	Comp/Coll Deductibles \$1,000 PP & Light Truck \$3,000 Heavy&XH Trucks	

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

****Additional Named Insureds****

Spectrum Environmental Services, Inc.
 Spectrum Industrial Services, Inc. (Industrial)
 Spectrum Environmental, Inc. (Consulting)
 (See Attached Descriptions)

CERTIFICATE HOLDER

Florida Department of Environmental Protection
 2600 Blair Stone Road
 Tallahassee, FL 32399

CANCELLATION

10 Days for Non-Payment

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

Bos L. Foulkes

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.

DESCRIPTIONS (Continued from Page 1)

Leased/Rented Equipment

Policy # QT6609518M008

Travelers Property and Casualty Co

Effective 1/1/2010 - 1/1/2011

\$100,000 Limit Per Item/Per Occurrence

\$2,500 Deductible except 5% for Cranes subject to a \$5,000 minimum.

Contractors Equipment

Policy # QT6609518M008

Travelers Property and Casualty Co

Effective 1/1/2010 - 1/1/2011

\$758,921 Total Insured Value

\$2,500 Deductible except 5% for Cranes subject to a \$5,000 minimum.

MCS-90 and CA 99 48 (Pollution Liability - Broadened Coverage for Covered Autos - Business Auto, Motor Carrier and Trucks Coverage Forms) are part of the Automobile Liability Policy.