



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

02/23/2010

Conrad Thornburgh
FCC Environmental
105 S Alexander St
Plant City, FL 33563-4833

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 **105 S Alexander St, Plant City, FL 33563-4833** has been registered through **March 1, 2011** with the following status:

Facility ID # **FLD065680613**
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2011** 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



Hydrocarbon Recovery Services Inc.
105 S. Alexander Street
Plant City, FL 33563

RECEIVED

FEB 02 2010

BY: BSHW

January 25, 2010

Department of Environmental Protection
2600 Blair Stone Road
MS 4550
Tallahassee, Florida 32399-2400

Re: Annual Used Oil and Used Oil Filter Handler registration for the following
Hydrocarbon Recovery Services Inc facilities:

- 5690 West Midway Road, Ft. Pierce, FL 34981
- 2058 East 21st Street, Jacksonville, FL 32206
- 233 Central Florida Parkway, Orlando, FL 32824
- 105 S. Alexander Street, Plant City, FL 33563
- 1280 NE 48th Street, Pompano Beach, FL 33064

To Whom It May Concern:

Enclosed please find a completed copy of form 8700-12FL – Florida Notification of Regulated Waste Activity for each of our five facilities in Florida, as well as our Used Oil and Hazardous Waste Transportation activities throughout the State.

For information submitted in 2010 compared to 2009, items to note are as follows:

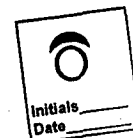
- HRSI has discontinued operations at 3450 Canal Street, Ft. Myers. The owner of the property is still in business. Notification was made to FDEP in May 2009 and acknowledged by the Department in a letter dated 5/28/09.
- HRSI has discontinued operations at 405 NE 1st Avenue in High Springs. The owner of the property is still in business. Notification was made to FDEP in December 2009 and acknowledged in a letter dated 12/16/09.

If questions arise or further information is required, please contact me. Thank you for your time and attention in this matter.

Sincerely,

A handwritten signature in black ink that reads 'Kelli R Winter'.

Kelli R Winter, CHMM
Hydrocarbon Recovery Services Inc, dba FCC Environmental
105 S Alexander Street, Plant City, FL 33563
813-754-1504 ext. 3129
kelli.winter@fccenvironmental.com





**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 FDER Official Use Only)
RECEIVED
FEB 11 2009

EPA ID

F	L	D	0	6	5	6	8	0	6	1	3
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MTS **BY: BSHW** RCRAInfo

1. Reason for Submittal	Mark 'X' in correct box: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update status and facility identification information). <input type="checkbox"/> Is this the final notification (see instructions) for the facility?
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2. Facility or Business Name Hydrocarbon Recovery Services Inc. d.b.a. FCC Environmental	FEID No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>4</td><td>5</td><td>0</td><td>5</td><td>6</td><td>9</td><td>5</td><td>5</td><td>7</td></tr></table>	4	5	0	5	6	9	5	5	7
4	5	0	5	6	9	5	5	7		

3. Facility Operator (List additional Operators in the comments section).	Name of Operator: Hydrocarbon Recovery Services Inc. d.b.a. FCC Environmental		<input type="checkbox"/> New Operator Date became Operator: ___/___/___ mm dd yy
	Street or P.O. Box: 105 S. Alexander Street		Phone Number: 813-754-1504
	City or Town: Plant City	State: FL	Zip Code: 33563
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

4. Facility Physical Location Information	Physical Street Address: 105 S. Alexander Street															
	City or Town: Plant City	State: FL	Zip Code: 33563													
	County: Hillsborough	If available, please attach a map or sketch of the facility boundaries.														
	Latitude: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>8</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>0</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>4</td><td>5</td><td>6</td></tr></table> Longitude: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8</td><td>2</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0</td><td>8</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>7</td><td>1</td></tr></table> Method: geocoder <small>dd mm ss.ssss dd mm ss.ssss Datum:</small>			2	8	0	0	4	5	6	8	2	0	8	1	7
2	8															
0	0															
4	5	6														
8	2															
0	8															
1	7	1														

5. Facility North American Industry Classification System (NAICS) Code(s)	A. 423930	B.
	C.	D.

6. Facility or Business Mailing Address	Street Address or P.O. Box: 105 S. Alexander Street		
	City or Town: Plant City	State: FL	Zip Code: 33563

7. Facility or Business Contact Person	First Name: Conrad	Last Name: Thornburgh	Title: Branch Manager
	Phone Number: 813-754-1504	Extension: 3117	E-Mail: conrad.thornburgh@fccenvironmental.com
	Street or P.O. Box: 105 S. Alexander Street		
	City or Town: Plant City	State: FL	Zip Code: 33563

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: Hydrocarbon Recovery Services, Inc. d.b.a. FCC Environmental		<input type="checkbox"/> New Owner Date became Owner: ___/___/___ mm dd yy
	Street or P.O. Box: 523 N Sam Houston Pkwy East, Ste 400		Phone Number: 281-668-3315
	City or Town: Houston	State: TX	Zip Code: 77060
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> 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**

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 type="checkbox"/>	<input checked="" type="checkbox"/>	unknown (see comments)
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100 1000 lbs on-site
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100 1000 lbs on-site

(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

EPA ID No.

FLD065680613

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
D001	D004	D006	D007	D008	D018	D039
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.

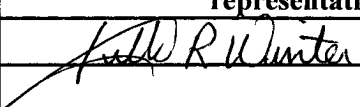
Contact _____ Phone _____

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)
	Kelli R Winter, EH&S Mgr	01/25/2010

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

Kelli R Winter

813-754-1504

kelli.winter@fccenvironmental.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

We have not started handling batteries, pesticides, or pharmaceuticals.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/19/2010

PRODUCER (813)637-8877 FAX (813)637-8484
Insurance Office of America, Inc.
4915 W. Cypress Street
Tampa, FL 33607

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 FECC
BY: **BSHW**
Florida Environmental Compliance Corp.
dba: AquaTech Industrial Services
3652 Old Winter Garden Road
Orlando, FL 32805

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Everest Indemnity Ins Co A+1	10851
INSURER B: Everest National Ins Co A+1	10120
INSURER C:	
INSURER D:	
INSURER E:	

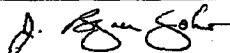
COVERAGES

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

INSR 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	EF4ML01716091	11/01/2009	11/01/2010	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		<input checked="" type="checkbox"/> Poll/Prof included				PERSONAL & ADV INJURY	\$ 1,000,000
		<input checked="" type="checkbox"/> Bkt Contractual				GENERAL AGGREGATE	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO JECT <input type="checkbox"/> LOC					
B		AUTOMOBILE LIABILITY	EF4CA00013091	11/01/2009	11/01/2010	COMBINED-SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<input checked="" type="checkbox"/> Pollution					
		<input checked="" type="checkbox"/> CA9948 03 06					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A		EXCESS/UMBRELLA LIABILITY	EF4CU00136091	11/01/2009	11/01/2010	EACH OCCURRENCE	\$ 4,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 4,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER Pollution Liability	EF4ML01716091	11/01/2009	11/01/2010	\$2,000,000 Aggregate \$1,000,000 Each Pollution \$5,000 Ded Each Pollution	

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

10 days notice of cancellation for non-payment of premium.

CERTIFICATE HOLDER	CANCELLATION
Florida Dept of Environmental Protection Attn: Richard Neves Hazardous Waste Management Section MS4555 P O Box 3070 Tallahassee, FL 32315-3070	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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE J. Bryan Yoho/BRIDGR 

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.



Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. Everest National Ins. Company (the Insurer), 477 Martinsville Rd. Liberty Corner, NJ
(Name of the Insurer) (Address of the Insurer)

07938-0830

hereby certifies that it has issued liability insurance to: FECC, Inc. (the Insured),
(Name of the Insured)

3652 Old Winter Garden Rd, Orlando, FL 32805 whose EPA Identification number is 981 748 015
(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 \$ 0 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 EF4CA00013091 issued on 11/01/2009
(Date)

The expiration date of said policy is 11/01/2010 or the annual renewal date is
(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:

[Signature]
(Signature of Insurer or Authorized Representative)

J. Bryan Joho
(Type Name)

V. P.
(Title)

Authorized Representative of

Everest National Ins. Company
(Name of Insurer)

4915 W. Cypress Street, Tampa, FL 33607
(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.