



## 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 18, 2010

Bartley Snow  
Sun Coast Environmental Inc  
405 Mealy Dr  
Atlantic Beach, FL 32233- 6945

### BE IT KNOWN THAT

Sun Coast Environmental Inc  
405 Mealy Dr  
Atlantic Beach, FL 32233- 6945

### IS HEREBY REGISTERED AS A USED OIL

Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **FLR000064881** on June 18, 2010  
Insurance Carrier: **ROCKHILL INSURANCE COMPANY**

**This registration will expire on 06/30/2011**

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**  
**Engineering Specialist IV**  
**Hazardous Waste Regulation Permitting**



**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

REC

MAR 1 1 2010

Date Received  
(for FDEP Official Use Only)

EPA ID **FLR0000064881**

MTS

RCRAInfo

**1. Reason for  
Submittal**



Mark 'X' in  
correct box:

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

- ☐ 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**

Sun Coast Environmental, Inc.

FEID No.

**5 9 3 6 4 8 6 8 8**

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

Name of Operator:

Bart Snow

☐ New Operator

Date became Operator: **06 / 22 / 2001**  
mm dd yy

Street or P.O. Box:

405 Mealy Drive

Phone Number:

(904) 241-3111

City or Town:

Atlantic Beach

State:

FL

Zip Code:

32233

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**4. Facility Physical  
Location  
Information**

Physical Street Address:

405 Mealy Drive

City or Town:

Atlantic Beach

State:

FL

Zip Code:

32233

County:

Duval

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

Latitude:

dd

mm

ss

ssss

Longitude:

dd

mm

ss

ssss

Method:

Datum:

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

A.

562910

B.

423830

C.

562998

D.

**6. Facility or  
Business Mailing  
Address**

Street Address or P.O. Box:

405 Mealy Drive

City or Town:

Atlantic Beach

State:

FL

Zip Code:

32233

**7. Facility or  
Business Contact  
Person**

First Name:

Bart

Last Name:

Snow

Title:

President

Phone Number:

(904) 241-3111

Extension:

11

E-Mail:

bart@suncoastenv.com

Street or P.O. Box:

405 Mealy Drive

City or Town:

Atlantic Beach

State:

FL

Zip Code:

32233

**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:

Bart Snow

☐ New Owner

Date became Owner: **11 / 29 / 1999**  
mm dd yy

Street or P.O. Box:

498 South Mill View Way

Phone Number:

904-591-5667

City or Town:

Ponte Vedra Beach

State:

FL

Zip Code:

32082

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 \_\_\_\_\_

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 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

**Bart Snow**

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.

FLR000064881

**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)**

Bart Snow, President

02-17-2010

**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:**

**Skydive Jacksonville**

Jacksonville's Only Skydiving Center  
 North Florida's Highest Jumps!  
[www.SkydiveJacksonville.com](http://www.SkydiveJacksonville.com)

**Fabulous Coach Lines**

Luxury Jacksonville Charter Bus  
 Fabulous People, Fabulous  
 Coaches  
[www.FabulousCoach.com](http://www.FabulousCoach.com)

**Save On Maid Service**

Ten Dollars off your first visit  
 Licensed Insured and Bonded  
[www.manymaids.com](http://www.manymaids.com)

Ads by Google

## geocoder.us / geocoder.net

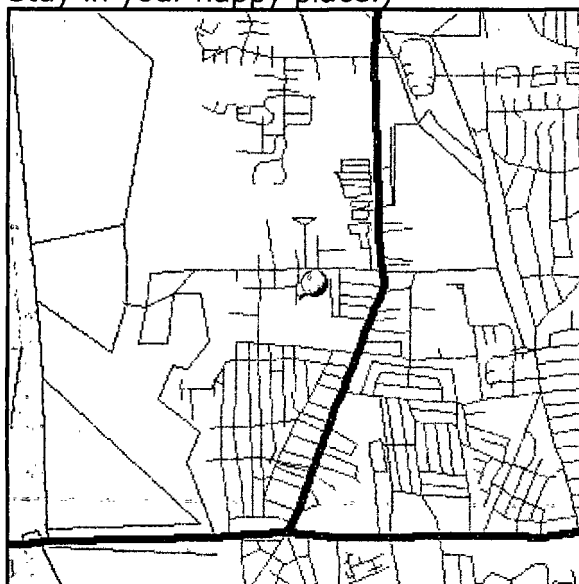
find the latitude & longitude of any US address - for free

**Address** 325 Mealy Dr  
 Atlantic Beach FL  
 32233  
 (30.338658, -  
 81.418926)

**Latitude** 30.338658 °  
 N 30 ° 20' 19.2"  
 30 ° 20.3195' (degree  
 m.mmmm)

**Longitude** -81.418926 °  
 W 81 ° 25' 8.1"  
 -81 ° 25.1356' (degree  
 m.mmmm)

(it can take a bit for the map to load-  
 wait for the red circle to turn green.  
 Stay in your happy place.)



Search for another address:



And You might try adding a comma between the street and the city name, as this often helps to disambiguate complex addresses. If you'd like help, drop an e-mail to [missing@geocoder.us](mailto:missing@geocoder.us), and we'll try to help you find your location.

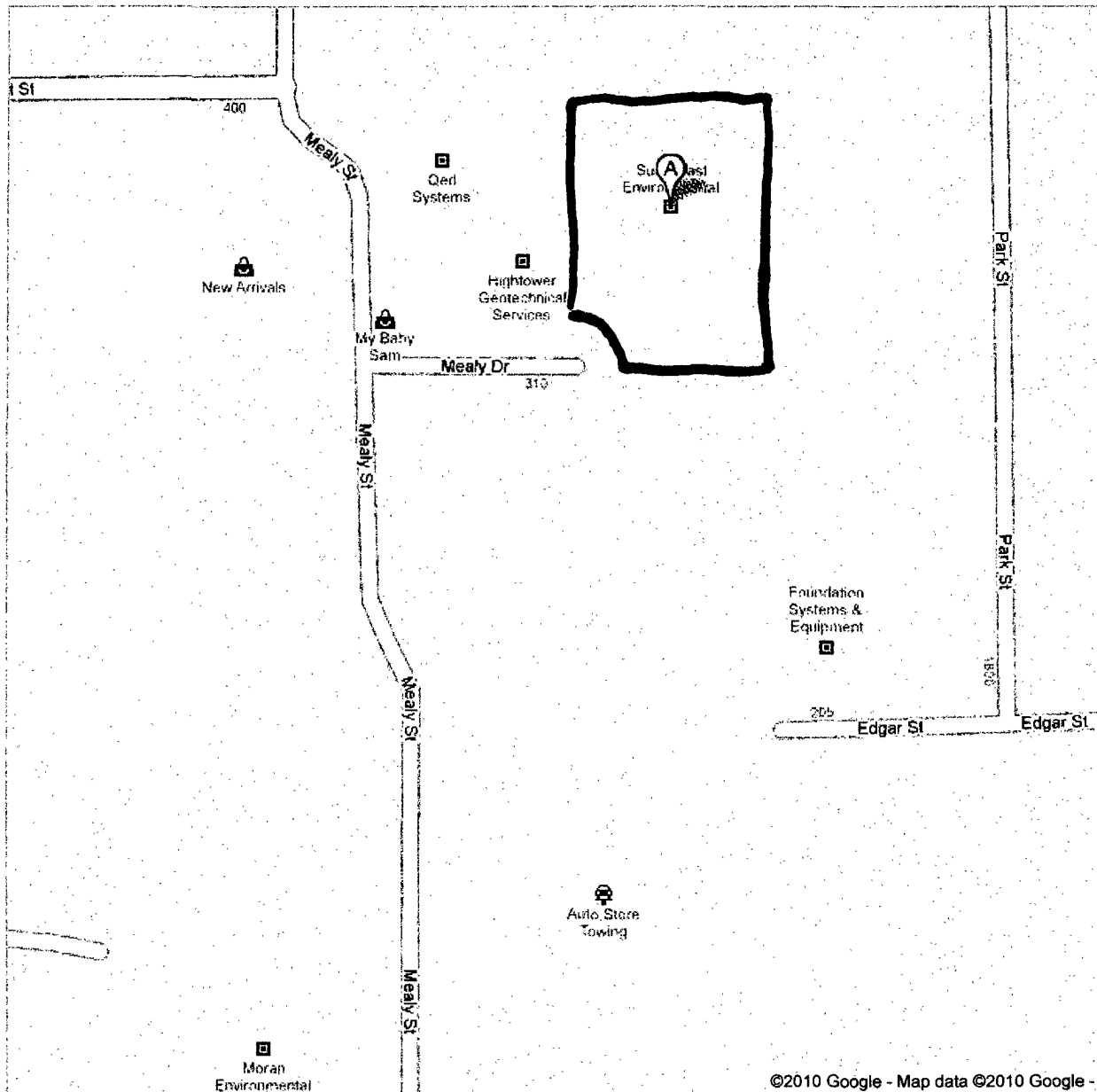
If you want a bunch of addresses geocoded you can send a file (text or Excel work fine) to the same address. They will be geocoded and sent back to you. If you are happy the cost is \$50 per 20,000 records with a minimum cost of \$50, which you can pay via paypal to

Google maps Address **405 Mealy Dr**  
**Atlantic Beach, FL 32233**

Get Google Maps on your phone



Text the word "GMAPS" to 466453



©2010 Google - Map data ©2010 Google -

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/17/2010

<b>PRODUCER</b> <b>PAUL LYNCH &amp; ASSOCIATES, INC.</b> 701 N Federal Hwy, Suite 401 Stuart, FL 34994 (772) 232-9371		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.	
<b>INSURED</b> <b>Sun Coast Environmental, Inc.</b>  405 Mealy Drive Atlantic Beach, FL 32233 Email: bart@suncoastenv.com		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: <b>Lloyds/Osprey</b> INSURER B: <b>Progressive Insurance</b> INSURER C: <b>American Interstate</b> INSURER D: <b>Rockhill Insurance Company</b> INSURER E:	<b>NAIC#</b>

## 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	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	09L01089	03/30/09	03/30/10	EACH OCCURRENCE
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$ 1,000,000
		<input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)
		<input checked="" type="checkbox"/> P&I (ex-crew & cargo)				\$ 50,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				MED EXP (Any one person)
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				\$ 1,000,000
B		AUTOMOBILE LIABILITY	03463490-3	04/05/09	04/05/10	COMBINED SINGLE LIMIT (Ea accident)
		<input type="checkbox"/> ANY AUTO				\$ 1,000,000
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				\$ 1,000,000
		<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)
<input type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	\$ 1,000,000				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC
						AUTO ONLY: AGG
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
						\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	AVWCFL1808232009 (incl USL&H)	04/16/09	04/16/10	WC STATU-TORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTH-ER
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT
						E.L. DISEASE - EA EMPLOYEE
D		OTHER Contractors	R PKG E 002516-00	05/08/09	05/08/10	E.L. DISEASE - POLICY LIMIT
		Pollution Liability				Limit: \$1,000,000

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

Ship repair.

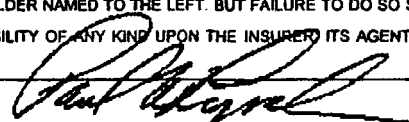
## CERTIFICATE HOLDER

Florida Dept of Environmental Protection  
 Attn: Sabrina Bolton  
 Hazardous Waste Mang Section MS-4555  
 PO Box 3070  
 Tallahassee, FL 32315-3070  
 Email: sebrena.bolton@dep.state.fl.us

## 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







405 Mealy Drive  
Atlantic Beach, FL 32233  
Ph. (904) 241-3111  
Fax (904) 241-3142

February 25, 2010

Department of Environmental Protection  
Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, FL. 32399-2400  
Attn: Sebrina Bolton  
Ph. (850) 442-4391

Dear Sebrina:

Sun Coast Environmental, Inc. provides initial training and annual refresher training for our drivers. Refresher training includes review of our *Used Oil Transporters Certification and Training Manual* (Published by BFA Custom Publications), F.A.C. 62-710, our *USCG approved Oil Transfer Manual* and *OPA-90 Spill Response Plan*.

All shipments of Used Oil, are screened for halogens prior to removal from the Generator's site, unless one of the following is documented:

1. The waste has been tested for TOH at a laboratory or
2. Process knowledge is used (e.g., Waste is solely from pumping or cleaning virgin lube oil or fuel tank) or
3. The waste contains only a de minimus quantity of oil (e.g., Bilge water)

We use a "Sniffer" to screen for Halogens. The meter we use is a "TIF" brand model "ZX-1". The meter auto calibrates and zeros to the atmosphere at startup. We also carry the Dexsil "Clor-D-Tect 1000" test kits which we use if the meter first detects any presence of halogens. Our used oil testing procedure is attached.

We use the standard green "Non-Hazardous Waste Manifest" for all loads. We note, and initial, in "Section 13" (Additional Information) of the manifest, that the halogens screening has been accomplished and leave the generator their initial copy prior to departure. This eliminates extra paperwork documenting acceptable halogens content. The generator is provided with an additional copy, signed by the receiving facility, later. All manifests are retained by Sun Coast Environmental for a minimum of three years.



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, 2009 through December 31, 2009

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: Sun Coast Environmental, Inc. 2. Telephone No. (904) 241-3111  
Site Address: 405 Mealy Drive Atlantic Beach, FL. 32233  
3. EPA ID No. FLR000064881

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

4. Name of person preparing report (please print) Bart Snow  
Title President Phone number (if different from #2, above) ( )

5. Type of operation (check as many as apply to your operations)

Used Oil: ☐ Transporter ☐ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer

☐ Burner (of off-specification used oil)

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

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

1. Amount (in gallons) of Used Oil and Oily Wastes collected	Automotive	Industrial	Mixed	Total
a. In Florida.....	—	1,950	—	1,950
b. From out of state.....	—		—	—
c. Beginning Inventory.....				
d. Total (sum of totals from Lines a + b + c).....				1,950

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).....

In State	Out of State
1,950	—
—	—
—	—
—	—
—	—
—	—
—	—
1,950	—
0	0

February 25, 2010

On the subject of insurance, we carry one million in general liability insurance that includes a "Limited Pollution Buyback Endorsement" that covers sudden & accidental occurrences. We also carry an additional, separate, policy for pollution liability (1 Mil.).

Please do not hesitate to call me if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to be 'Bart Snow', with a stylized, flowing script.

Bart Snow  
President

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## **USED OIL HALOGENS CONTENT FIELD TESTING AND DOCUMENTATION PROCEDURE**

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1. **PURPOSE:**

- 1.1 This purpose of this procedure is to provide written guidance for the specific task of testing of Used Oil, for profiling and identification.

2. **SCOPE:**

- 2.1 This procedure covers the testing, identification and documentation of halogens, in Used Oil, prior to transportation, off the Generator's site, by Sun Coast Environmental.

3. **REFERENCES:**

- 3.1 F.A.C. 62-710 (Used Oil Management)
- 3.2 40 CFR 279.44 (Rebuttable Presumption for Used Oil)
- 3.3 EPA SW-846 Method 9077 (Test Methods for Total Chlorine in new and Used Petroleum Products).
- 3.4 ASTM Method D 5384-95 (Standard Test Methods for Chlorine in Used Petroleum Products).
- 3.5 Owner's Manual for TIF, ZX-1, Heated Pentode, Refrigerant Leak Detector

4. **REPONSIBILITIES:**

- 4.1 Sun Coast Environmental shall ensure drivers are qualified and have direct knowledge of and follow this procedure. This procedure shall be reviewed and submitted annually IAW F.A.C. 62-710.600 (Certification of Used Oil Transporters).

5. **EQUIPMENT:**

- 5.1 "Sniffer", TIF brand, Model ZX-1
- 5.2 Chlorine Halogen Test Kits, Dexil Brand, "CLOR-D-TECT 1000"

6. DESCRIPTION OF PROCEDURE:

- 6.1 To ensure that the Used Oil is not a hazardous waste, Used Oil shall be tested by Sun Coast Environmental, prior to transportation off the generator's site, to determine if the halogens content is above or below 1,000 PPM.
- 6.2 The "Sniffer" shall be used first, to test the Used Oil on site, for halogens content, by sampling the head space in the tank, drum or any other container where the Used Oil is stored.
  - 6.2.1 Power on the "Sniffer" in fresh air. The TIF, Model ZX-1 will take a short time to go through a calibration cycle, to the ambient atmosphere. When the calibration is complete, the meter will chirp and display one green power indicator light on the LED bar.
  - 6.2.2 Open the top of the tank or container, where the Used Oil is stored, and put the tip of the meter's probe in the head space to sample the atmosphere of the head space for approximately 15 seconds.
  - 6.2.3 If halogens are detected by the meter, the 5 LED visual indicator will light from bottom to top; first in green, then sequentially in orange, and then sequentially in red. Each of the 5 LEDs can appear in green, orange or red, resulting in 15 distinct alarm levels.
    - 6.2.3.1 If the meter detects any halogens, at any level, the oil shall be tested further, using the Dexsil CLOR-D-TECT 1000 test kit in the next step (6.2.4).
    - 6.2.3.2 If the meter does not detect any halogens, proceed to Par. 6.3.
  - 6.2.4 Take a sample of the Used Oil and accomplish on site testing of the sample using a Dexsil CLOR-D-TECT 1000 test kit, following the instructions provided in the kit.
    - 6.2.4.1 If the results of the test indicate that the Used Oil contains over 1,000 PPM, the Used Oil will be presumed to be hazardous waste.
      - 6.2.4.1.1 SCE shall refuse shipment of the waste and shall not remove the Used Oil from the Generator's site.
      - 6.2.4.1.2 Document the results of the test and the fact that the Used Oil was not accepted, in "Section 13" (Special Handling Instructions and additional Information) of the manifest and initial beside the notation.
      - 6.2.4.1.3 Inform the Generator that the Used Oil is being refused and offer to explain the "Rebuttable presumption" for Used Oil.
      - 6.2.4.1.4 Leave the generator with the Generator's copy of the manifest, showing the Used Oil was field tested and not accepted.

6.2.4.2 If the meter detects no halogens, proceed to the next step (Par. 6.3).

- 6.3 Document directly on the manifest, in "Section 13" (Special Handling Instructions and additional Information) that the Used Oil was tested for halogens, and found to contain less than 1,000 PPM, by noting "Halogens check O.K." and initial beside the notation.
- 6.4 Sun Coast Environmental shall retain all manifests, including manifests documenting loads not accepted due to high (1000 PPM+) halogens content, for a minimum of three years.

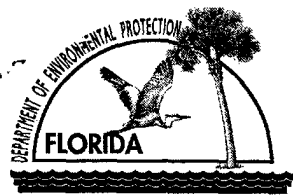
APPROVED BY: \_\_\_\_\_



BART SNOW

2/20/2010

DATE



## Certificate of Liability Insurance Used Oil Transporters

Received

APR 26 2010

1. Rockhill Insurance Company, (the Insurer), Kansas City, MO **BSHW**  
(Name of the Insurer) (Address of the Insurer)

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

405 Mealy Drive Atlantic Beach, FL 32233 whose EPA Identification number is FLR 0000 64881.  
(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). **[As the FL Administrative Code Rule 62-710.600(2)(e) reads on the back side of this form. Should there be any changes to FL Administrative Code Rule 62-710.600(2)(e) we can not guarantee the compliance of this insurance policy.]**

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or retention of \$ 5,000 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 R PKG E 002516-01, issued on 5/8/2010.  
(Date)

The expiration date of said policy is 5/8/2011 or the annual renewal date is \_\_\_\_\_.  
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.
- 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.
- 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.
- 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.
- 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.

Paul Lynch  
(Signature of Insurer or Authorized Representative)

Authorized Representative of

Paul Lynch  
(Type Name)

Rockhill Insurance Company  
(Name of Insurer)

Broker  
(Title)

701 N. Federal Hwy Ste 401 Stuart, FL  
(Address of Representative)  
34994

**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)





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, 2009 through December 31, 2009

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: Sun Coast Environmental, Inc. 2. Telephone No. (904) 241-3111  
Site Address: 405 Mealy Drive Atlantic Beach, FL. 32233  
3. EPA ID No. FLR000064881

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

4. Name of person preparing report (please print) Bart Snow  
Title President Phone number (if different from #2, above) ( )

5. Type of operation (check as many as apply to your operations)

Used Oil: ☐ Transporter ☐ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer

☐ Burner (of off-specification used oil)

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

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

1. Amount (in gallons) of Used Oil and Oily Wastes collected	Automotive	Industrial	Mixed	Total
a. In Florida.....	—	1,950	—	1,950
b. From out of state.....	—		—	—
c. Beginning Inventory.....				
d. Total (sum of totals from Lines a + b + c).....				1,950

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).....

In State	Out of State
1,950	—
—	—
—	—
—	—
—	—
—	—
—	—
1,950	—
0	0

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/17/2010

<b>PRODUCER</b> <b>PAUL LYNCH &amp; ASSOCIATES, INC.</b> 701 N Federal Hwy, Suite 401 Stuart, FL 34994 (772) 232-9371		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.	
<b>INSURED</b> <b>Sun Coast Environmental, Inc.</b>  405 Mealy Drive Atlantic Beach, FL 32233 Email: bart@suncoastenv.com		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: <b>Lloyds/Osprey</b> INSURER B: <b>Progressive Insurance</b> INSURER C: <b>American Interstate</b> INSURER D: <b>Rockhill Insurance Company</b> INSURER E:	<b>NAIC#</b>

## 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	ADDITIONAL INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	09L01089	03/30/09	03/30/10	EACH OCCURRENCE
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				\$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)
		<input checked="" type="checkbox"/> P&I (ex-crew & cargo)				\$ 50,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				MED EXP (Any one person)
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				\$ 1,000,000
B		AUTOMOBILE LIABILITY	03463490-3	04/05/09	04/05/10	COMBINED SINGLE LIMIT (Ea accident)
		<input type="checkbox"/> ANY AUTO				\$ 1,000,000
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person)
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				\$ 1,000,000
		<input type="checkbox"/> HIRED AUTOS				BODILY INJURY (Per accident)
<input type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	\$ 1,000,000				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC
						AUTO ONLY: AGG
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
						\$
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	AVWCFL1808232009 (incl USL&H)	04/16/09	04/16/10	WC STATUTORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT
						E.L. DISEASE - EA EMPLOYEE
D		OTHER Contractors	R PKG E 002516-00	05/08/09	05/08/10	E.L. DISEASE - POLICY LIMIT
		Pollution Liability				Limit: \$1,000,000

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

Ship repair.

## CERTIFICATE HOLDER

Florida Dept of Environmental Protection  
 Attn: Sabrina Bolton  
 Hazardous Waste Mang Section MS-4555  
 PO Box 3070  
 Tallahassee, FL 32315-3070  
 Email: sebrena.bolton@dep.state.fl.us

## 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

*[Signature]*