



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Mimi A. Drew  
Secretary

December 22, 2010

Allen Kroll  
American Transportation Solutions LLC  
2100 Georgetown Drive  
Sewickley, PA 15143

Re: Florida Hazardous Waste Transporter Approval

Dear Allen Kroll:

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.

Allen Kroll  
December 22, 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 cursive script that reads "Aprilia Graves".

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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Bob Martinez Center  
2600 Blair Stone Road  
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## HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF APPROVAL

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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: American Transportation Solutions LLC

FACILITY ID NO: PAR000521740

FACILITY ADDRESS: 2100 Georgetown Drive  
Sewickley, PA 15143

INSURANCE CARRIER: XL SPECIALTY INSURANCE

INSURANCE POLICY#: AEC000172710

EFFECTIVE DATE: December 06, 2010

EXPIRATION DATE: April 08, 2011

APPROVED TRANSFER FACILITY: NO

APPROVAL ISSUED BY: *Aprilia Graves* DATE: December 22, 2010

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

Are your services commercially available? \_\_\_\_\_

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: AMERICAN TRANSPORTATION SOLUTIONS, LLC.
Transporter EPA ID: PAR 000 521 740
Location Address: 2100 GEORGETOWN DRIVE SEWICKLEY, PA 15143

Contact: Allen Kroll Telephone: (724) 933-4100
Mailing Address: 2100 GEORGETOWN DRIVE SUITE 303 SEWICKLEY, PA 15143

II. Insurance Information:

Insurance Company: XL SPECIALTY INSURANCE CO.
Address: 70 SEAVIEW AVE STAMFORD, CT 06902-6040
Contact: Julie Back Telephone: (330) 867-3140
Policy Number: UEC000885509
Expiration date: 4/8/2011

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

D-all F-all P-all K-all U-all

Comments: ATS DOES NOT TRANSPORT CLASS 1, 2 or 6.2 WASTE

IV. Certification:

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

Allen Kroll VP of Health, Safety & Compliance
Print/Type Name Title

Signature Date Signed 11-24-10

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 03/08/2011 Date

APPROVED by Theresa A. Sullivan, changes approved by the Certifier by phone 12/22/2010
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 RCRA Info Use Only)  
**DEC 06 2010**  
 BSHW  
 RCRA Info

EPA ID **P A R 0 0 0 5 2 1 7 4 0**

**1. Reason for Submittal** Mark 'X' in correct box:

To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

To provide **subsequent notification** (to update status and facility identification information).

Is this the **final notification** (see instructions) for the facility?

**2. Facility or Business Name** American Transportation Solutions, LLC

**FEID No.** **2 7 3 7 3 0 0 1 2**

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

**Name of Operator:** American Environmental Services, Inc

**New Operator**  
**Date became Operator:** 05 / 16 / 2006  
 mm dd yy

**Street or P.O. Box:** 2100 Georgetown Drive **Phone Number:** 724-933-4100

**City or Town:** Sewickley **State:** PA **Zip Code:** 15143

**Operator Type:**  Private  Federal  Municipal  State  Other

**4. Facility Physical Location Information**

**Physical Street Address:** 2100 Georgetown Drive

**City or Town:** Sewickley **State:** PA **Zip Code:** 15143

**County:** Choose \_\_\_ **If available, please attach a map or sketch of the facility boundaries.**

**Latitude:** [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] **Longitude:** [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] [ ][ ] **Method:** [ ][ ] [ ][ ] [ ][ ] [ ][ ] **Datum:** [ ][ ] [ ][ ] [ ][ ] [ ][ ]

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

A. 562112 B. \_\_\_\_\_

C. \_\_\_\_\_ D. \_\_\_\_\_

**6. Facility or Business Mailing Address**

**Street Address or P.O. Box:** 2100 Georgetown Drive, Suite 303

**City or Town:** Sewickley **State:** PA **Zip Code:** 15143

**7. Facility or Business Contact Person**

**First Name:** Allen **Last Name:** Kroll **Title:** Safety/Compliance

**Phone Number:** 724-933-4100 **Extension:** 246 **E-Mail:** allen.kroll@americanenviro.com

**Street or P.O. Box:** 2100 Georgetown Drive

**City or Town:** Sewickley **State:** PA **Zip Code:** 15143

**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:**  **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 XL Specialty Insurance CompanyAddress 70 Seaview Avenue, Stamford CT 06902Contact Julie Beck Telephone 330-867-3140Policy Number AEC000172710 Expiration date 04-08-2011d. **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 checked="" type="checkbox"/>	<input type="checkbox"/>	5000
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5000
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2000

(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.

PAR000521740

**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	Dall	2	Fall	3	Uall	4	Pall	5	Kall	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)



Allen Kroll

11-29-2010

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:**

Section 10- ATS transports all listed D, F, U, P, and K hazardous waste.





KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE MANAGEMENT  
CERTIFICATE OF REGISTRATION  
FOR HAZARDOUS WASTE MANAGEMENT ACTIVITY

**ISSUED TO:**

AMERICAN ENVIRONMENTAL SERVICES INC  
ATTN: ALLEN KROLL  
2100 GEORGETOWNE DR STE 303  
SEWICKLEY PA 15143

**LOCATED AT:**

1689 SHAR-CAL ROAD  
CALVERT CITY KY 42029

**TYPE OF CERTIFICATE:** RENEWAL

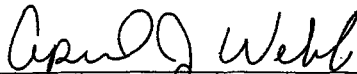
The Division of Waste Management hereby issues the above-named installation a Certificate of Registration for the hazardous waste activity specified below. This Certificate is issued under the provisions of KRS Chapter 224 and regulations promulgated pursuant thereto. Conformance with all applicable laws and regulations is the responsibility of the registrant. All rights of inspection by representatives of the Division of Waste Management are reserved. Receipt of the registration fee specified below is hereby acknowledged.

This Certificate supersedes all previous Certificates of Registration.

<b>EPA ID NUMBER:</b>	KYD-985-073-196
<b>AI NUMBER:</b>	6083
<b>COUNTY:</b>	MARSHALL
<b>LEGAL STRUCTURE:</b>	P
<b>FEE:</b> \$500.00	<b>PAID:</b> 3/19/10
<b>ACTIVITY:</b>	LARGE QUANTITY GENERATOR; USED OIL TRANSPORTER; LARGE QUANTITY UNIVERSAL WASTE HANDLER; TREATMENT/STORAGE/DISPOSAL FACILITY; USED OIL TRANSPORTER; HAZARDOUS WASTE TRANSPORTER; HOUSEHOLD COLLECTION
<b>ISSUED:</b>	3/22/10
<b>EFFECTIVE:</b>	3/15/10
<b>EXPIRATION:</b>	MAY 31, 2011

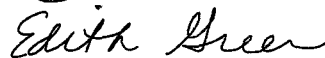
**WASTE STREAM(S):**

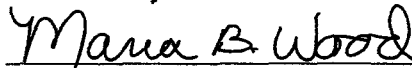
THIS CERTIFICATE INCLUDES ALL WASTE STREAMS AS SHOWN ON THE REGISTRATION OF HAZARDOUS WASTE ACTIVITY FORM SIGNED 3/12/10 AND RECEIVED 3/15/10.



April J. Webb, P.E.  
Branch Manager  
Hazardous Waste Branch







Carla Cornett/Edith Greer/Maria Wood  
Environmental Technologists

Questions concerning this Certificate should be directed to Carla Cornett, Edith Greer or Maria Wood at  
(502) 564-6716

DEP Form # 17-730.900(5)(a)  
Form Title: HWF Transporter Certificate of  
Liability Insurance  
Effective Date: 1-29-06  
DEP Application #

BSHW  
DEC 03 2010  
Received

**STATE OF FLORIDA  
HAZARDOUS WASTE TRANSPORTER CERTIFICATE OF LIABILITY  
INSURANCE**

1. XL Specialty Insurance Company

\_\_\_\_\_  
(Name of Insurer)

(the "Insurer"), of 505 Eagleview Blvd., Exton PA 19341

\_\_\_\_\_  
(Address of Insurer)

hereby certifies that it has issued liability insurance covering bodily injury and property damage including environmental restoration for sudden accidental occurrences to

2. American Transportation Solutions LLC

\_\_\_\_\_  
(Name of Insured)

(the "Insured"), of 2100 Georgetown Drive, Sewickley PA 15143

\_\_\_\_\_  
(Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Location</u>
PAR000521740	American Transportation Solutions, LLC	2100 Georgetown Drive Sewickley, PA 15143

(If coverage is for multiple facilities, identify each facility insured.)

This insurance is primary and the company shall not be liable for amounts in excess of  
\$ 1,000,000 for each accident, exclusive of legal defense costs. The coverage is provided  
under policy number AEC000172710, issued on 04/08/2010.  
(date)

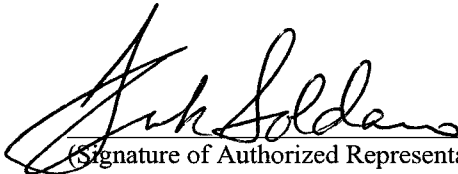
The effective date of said policy is 04/08/2010 and the expiration date of said policy  
(date)  
is 04/08/2011.  
(date)

This insurance is excess and the company shall not be liable for amounts in excess of  
\$ 4,000,000 for each accident in excess of the underlying limit of  
\$ 4,000,000 for each accident, exclusive of legal defense costs. The coverage is  
provided

under policy number UEC000885509, issued on 04/08/2010.  
The effective date of said policy is 04/08/2010 and the expiration date of said policy is  
04/08/2011  
(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 the 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 and any other termination of the insurance (e.g., expiration, 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 judgment or 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 of more States including Florida.

  
\_\_\_\_\_  
(Signature of Authorized Representative of Insurer)

Frank Soldano  
\_\_\_\_\_  
(Typed name)

Property & Casualty Underwriting Manager  
\_\_\_\_\_  
(Title)

Authorized Representative of

XL Insurance  
\_\_\_\_\_  
(Name of Insurer)

505 Eagleview Blvd., Exton PA 19341  
\_\_\_\_\_  
(Address of Representative)



# CERTIFICATE OF LIABILITY INSURANCE

OP ID JB

DATE (MM/DD/YYYY)

11/12/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

<b>PRODUCER</b>  <b>SeibertKeck Insurance Agency</b> 2950 W. Market Street Akron OH 44333-3600 Phone: 330-867-3140 Fax: 330-865-6826	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: <b>AMERI-2</b>														
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: <b>Greenwich Insurance Co.</b></td> <td></td> </tr> <tr> <td>INSURER B: <b>XL Specialty Insurance Company</b></td> <td></td> </tr> <tr> <td>INSURER C: <b>Hartford Fire Insurance Co</b></td> <td><b>19682</b></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <b>Greenwich Insurance Co.</b>		INSURER B: <b>XL Specialty Insurance Company</b>		INSURER C: <b>Hartford Fire Insurance Co</b>	<b>19682</b>	INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: <b>Greenwich Insurance Co.</b>															
INSURER B: <b>XL Specialty Insurance Company</b>															
INSURER C: <b>Hartford Fire Insurance Co</b>	<b>19682</b>														
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b>  <b>American Transportation Solutions, LLC</b> 2100 Georgetowne Drive Sewickley PA 15143-8780															


**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b>			<b>GEC000172610</b>	<b>04/08/10</b>	<b>04/08/11</b>	EACH OCCURRENCE \$ <b>1000000</b>
	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100000</b>
	<input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>						MED EXP (Any one person) \$ <b>5000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ <b>1000000</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ <b>2000000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2000000</b>
							<b>Emp Ben.</b> \$ <b>1000000</b>
<b>B</b>	<b>AUTOMOBILE LIABILITY</b>			<b>AEC000172710</b>	<b>04/08/10</b>	<b>04/08/11</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1000000</b>
	<input checked="" type="checkbox"/> <b>ANY AUTO</b>						BODILY INJURY (Per person) \$
	<input type="checkbox"/> <b>ALL OWNED AUTOS</b>						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> <b>SCHEDULED AUTOS</b>						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> <b>HIRED AUTOS</b>						\$
<input checked="" type="checkbox"/> <b>NON-OWNED AUTOS</b>			\$				
<input checked="" type="checkbox"/> <b>MCS-90</b>			\$				
<b>A</b>	<b>UMBRELLA LIAB</b>	<input checked="" type="checkbox"/>	<b>OCCUR</b>	<b>UEC000885509</b>	<b>04/08/10</b>	<b>04/08/11</b>	EACH OCCURRENCE \$ <b>10000000</b>
	<b>EXCESS LIAB</b>		<b>CLAIMS-MADE</b>				AGGREGATE \$ <b>10000000</b>
	DEDUCTIBLE						<b>PR/Co Agg</b> \$ <b>10000000</b>
	<input checked="" type="checkbox"/> <b>RETENTION \$ 10000</b>						<b>Gen Agg</b> \$ <b>10000000</b>
<b>B</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		<b>Y/N</b>	<b>WEC000603710</b>	<b>04/08/10</b>	<b>04/08/11</b>	<input checked="" type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ <b>500000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ <b>500000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>500000</b>
<b>C</b>	<b>Cargo</b>			<b>45MSNC0283</b>	<b>06/28/10</b>	<b>06/28/11</b>	<b>Limit 100000</b> <b>Deduct. 2500</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

<p style="text-align: center;"><b>FLORI-3</b></p> <p><b>Florida Department of Environmental Protection</b>          2600 Blair Stone Road          Tallahassee FL 32399-2400</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE  </p>
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**ENDORSEMENT FOR  
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY  
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

FORM APPROVED  
OMB No.: 2126-0008

Issued to American Transportation Solutions, LLC of Sewickley, PA  
 Dated at Seaview House, 70 Seaview Avenue Stamford, CT 06902-6040 this 8th day of April, 2010  
 Amending Policy No. AEC000172710 Effective Date 04/08/10  
 Name of Insurance Company XL Specialty Insurance Company

Countersigned by

Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "[X]," for the limits shown:

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 CSL for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is (610) 458-0570.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, D.C.).

**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA). In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of the motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any

condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of the final judgments resulting from any other accident.

final judgment, within the limits of liability herein described, irrespective of the financial

THE SCHEDULE OF LIMITS SHOWN DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

**SCHEDULE OF LIMITS—PUBLIC LIABILITY**

Type of carriage	Commodity transported	Jan. 1, 1985
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous).....	\$ 750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403	\$5,000,000
(3) For-hire and Private (In interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

**62-730.170 Standards Applicable to Transporters of Hazardous Waste.**

(1) The Department adopts by reference 40 CFR Part 263 revised as of July 1, 2007.

(2) In addition to the requirements of subsection (1) of this rule, no person shall transport a hazardous waste within the state for which either a manifest is required under 40 CFR Part 262 [as adopted in subsection 62-730.160(1), F.A.C.] or a reclamation agreement is entered between a generator and recycler pursuant to 40 CFR 263.20 [as adopted in subsection 62-730.170(1), F.A.C.] unless compliance with the following special requirements have been demonstrated.

(a) The transporter shall have and maintain financial responsibility for sudden accidental occurrences in a minimum amount of \$1,000,000 per occurrence for combined coverage of injury to persons and for damage to property and the environment from the spillage of hazardous waste while such wastes are being transported including the costs of cleaning up the spill. Such financial responsibility shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. Such financial responsibility shall be maintained at all times, be exclusive of legal defense costs, and be established by any one or a combination of the following:

1. Evidence of casualty/liability insurance on an occurrence basis with or without a deductible. With the deductible 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. Each insurance policy must be evidenced by a certificate of liability insurance or amended by attachment of an endorsement.

2. Surety bonds.

(b) Evidence of coverage shall include submittal of an originally signed copy of one or more of the following forms, which are hereby adopted and incorporated by reference:

1. Hazardous Waste Transporter Certificate of Liability Insurance, Form 62-730.900(5)(a), effective date January 29, 2006.

2. Hazardous Waste Transporter Liability Endorsement, Form 62-730.900(5)(b), effective date January 29, 2006

3. Hazardous Waste Transporter Liability Surety Bond, Form 62-730.900(5)(c), effective date January 29, 2006.

Rule 62-730.900, F.A.C., contains information on obtaining a copy of these forms.

(c) The insurance policy, including all endorsements, or the liability surety bond must be maintained at the carrier's principal place of business.

(d) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection, the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.

(e) The transporter shall annually submit to the Department two originally signed Transporter Status Forms, Form 62-730.900(5)(d), effective date January 5, 1995, which is hereby adopted and incorporated by reference. Rule 62-730.900, F.A.C., contains information on obtaining a copy of this form. The Department shall complete the approval part of the form and return one of the originally signed forms to the transporter after verifying that the transporter is complying with the financial responsibility requirements of this section. A copy of this form complete with the Department approval shall be carried in each vehicle transporting hazardous waste for the transporter. This approval is non-transferable and non-assignable.

(f) This subsection does not apply to any person who transports hazardous waste only on the site of a hazardous waste generator or a permitted hazardous waste treatment, storage, or disposal facility.

(g) States and the federal government are exempt from the requirements of this subsection.

(3) Evidence of financial responsibility, updated for the current year, shall be verified annually by the submission of the appropriate form described in paragraph (2)(b) of this section or by the submission of a certificate of insurance. A certificate of insurance shall include a certification by the insurer that the original insurance policy and all endorsements are still in full force and effect as evidenced on the original forms submitted to the Department.

*Specific Authority 403.704, 403.721, 403.724, 403.8055 FS. Law Implemented 403.704, 403.721, 403.724 FS. History—New 11-8-81, Amended 5-31-84, 9-13-84, Formerly 17-30.17, Amended 9-19-86, 3-31-87, 5-26-87, 6-28-88, Formerly 17-30.170, Amended 1-25-89, 8-13-90, 9-10-91, 10-14-92, 10-7-93, Formerly 17-730.170, Amended 1-5-95, 4-30-97, 8-19-98, 2-4-00, 12-20-00, 8-1-02, 10-1-04, 1-29-06, 4-6-06, 5-1-07, 4-25-08.*

### **62-730.171 Transfer Facilities.**

(1) 40 CFR 263.12 [as adopted by reference in subsection 62-730.170(1), F.A.C.] provides that transporters who store manifested hazardous waste in proper containers at a transfer facility for 10 days or less are exempt from regulation as a hazardous waste facility. If the waste is stored for more than 10 days, the facility is subject to the permitting requirements for a hazardous waste storage facility.

(2)(a) The transporter who is owner or operator of a transfer facility which stores manifested shipments of hazardous waste for more than 24 hours but 10 days or less (hereinafter referred to as “the transfer facility”) shall obtain an EPA/DEP identification number for each transfer facility location and notify the Department using Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009 [adopted by reference in paragraph 62-730.150(2)(a), F.A.C.].

(b) Notification pursuant to this subsection shall be submitted at least 30 days before the storage of hazardous waste is to begin at a transfer facility.

(c) The notification shall include the information and documentation required by subsection 62-730.171(3), F.A.C.

(d) The transfer facility shall annually submit updated information on Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

(3)(a) The following items constitute initial transfer facility notification:

1. Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), F.S. The Certification shall state a factual basis for the conclusion that the location criteria are met, and how those facts were determined.

2. Completed Form 62-730.900(1)(b), “8700-12FL – Florida Notification of Regulated Waste Activity,” effective date January 4, 2009, which is adopted and incorporated by reference at paragraph 62-730.150(2)(a), F.A.C.

3. Evidence of the transporter’s financial responsibility as required under subsection 62-730.170(3), F.A.C.

4. A brief general description of the transfer facility operations, including customer base, anticipated waste codes, operating procedures, structures and equipment (with the maximum design capacity for storage), including engineering drawings or sketches if any.

5. A copy of a closure plan demonstrating that the transfer facility will be closed in a manner which satisfies the closure performance, notification, and decontamination standards of 40 CFR 265.111, 265.112, 265.114 and 265.115 [as adopted by reference in subsection 62-730.180(2), F.A.C.].

6. A copy of the contingency and emergency plan required by paragraph 62-730.171(4)(a), F.A.C.

7. A map or maps of the transfer facility, depicting property boundaries, access control, buildings or other structures and pertinent features (such as recreation areas, runoff and stormwater control systems, access or internal roads, sanitary and process sewer systems, loading and unloading areas, and fire control equipment.)

(b) A transporter who is operating a transfer facility must notify the Department prior to making changes in any of the items listed in paragraph 62-730.171(3)(a), F.A.C.

(c) No person shall operate a transfer facility before receiving confirmation from the Department that the initial notification package is complete and technically adequate and receiving an EPA identification number for the transfer facility.

(4) A transfer facility shall comply with the following requirements:

(a) 40 CFR Part 265 Subparts B (general facility standards), C (preparedness and prevention), D (contingency and emergency plan), and I (management of containers), with the exception of 265.13, as adopted by reference in subsection 62-730.180(2), F.A.C.

(b) The aisle space requirements described in 40 CFR 265.35 and the special requirements for incompatible wastes described in 40 CFR 265.177(c) shall not apply at transfer facilities to containers stored in trucks loaded in accordance with DOT regulations described in 40 CFR 263.10 [as adopted by reference in subsection 62-730.170(1), F.A.C.].

(5) Hazardous waste stored at transfer facilities in containers or vehicles shall be stored on a manmade surface which is capable of preventing spills or releases to the ground.

(6) The transfer facility shall maintain a written record of the items listed below. This recordkeeping requirement applies to all hazardous waste that enters and leaves the transfer facility, including hazardous waste generated by CESQGs. Records required in this subsection shall be maintained in permanent form for at least three years and shall be available for inspection by the Department. The records shall be kept at the facility unless the Department gives written approval to do otherwise.



(a) Manifest number for each shipment that enters and leaves the facility, or, for a shipment from a CESQG without a manifest, an identifying number from the shipping document.

(b) The date when all hazardous waste enters and leaves the facility.

(c) The generator's name and the EPA/DEP identification number. For CESQGs without an EPA/DEP identification number, the record shall include the name and address of the generator.

(d) Amounts of hazardous waste and hazardous waste codes associated with each shipment into and out of the facility.

(7) Within 60 days of closure of the transfer facility, the transporter who is owner or operator of the transfer facility shall submit to the Department a certification that the facility has been closed in accordance with the specifications in the closure plan. The certification shall be signed by the owner or operator of the transfer facility, by the owner of the real property where the transfer facility is located, and by a Florida-registered, professional engineer.

(8) Construction, initial operation or substantial modification of a transfer facility which stores shipments of hazardous waste that are required to be manifested, and which does not comply with the location standards in Section 403.7211, F.S., is prohibited. A transporter operating a transfer facility is subject to the demonstration requirements of subsections 62-730.182(3)-(8), F.A.C., regarding substantial modification.

*Specific Authority 403.0877, 403.704, 403.721 FS. Law Implemented 403.0877, 403.704, 403.721 FS. History—New 3-2-86, Amended 6-28-88, Formerly 17-30.171, Amended 8-13-90, 9-10-91, 10-14-92, Formerly 17-730.171, Amended 1-5-95, 1-29-06, 10-28-08, 1-4-09.*