



# Florida Department of Environmental Protection

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

Rick Scott  
Governor

Jennifer Carroll  
Lt. Governor

Herschel T. Vinyard, Jr.  
Secretary

March 25, 2011

Lee Jarrett  
Univar USA Inc  
3600 W Wendover Ave  
Greensboro, NC 27407

## BE IT KNOWN THAT

Univar USA Inc  
2145 SKYLAND COURT  
NORCROSS, GA 30091-1677

## IS HEREBY REGISTERED AS A USED OIL

Transporter, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)

The Department of Environmental Protection hereby issues

Registration Number **GAD980845077** on March 25, 2011

Insurance Carrier: **NATIONAL UNION FIRE**

Insurance Policy #: **CA4806890**

Insurance Ex. Date: **03/01/2012**

Transporter Type: **FH**

**This registration will expire on 06/30/2012**

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**

Univar USA Inc.  
202 Oakdale Road  
Jamestown, NC 27282-9201  
USA

T 336-289-8056  
F 336-887-0786  
www.univarusa.com



March 7, 2011

**Received**

**MAR 08 2011**

**BSHW**

Ms. Tiffany Nolan  
Hazardous Waste Regulation Sect. MS 4560  
Department of Environmental Protection  
2600 Blair Stone Rd.  
Tallahassee, Florida 32399-2400

RE: Univar USA 8700-12FL

Dear Ms. Nolan,

I was informed the I had not signed the 8700-12FL forms. Enclosed are the signed 8700-12FL for our Tampa, Jacksonville, Norcross, GA and Mobile, AL facilities.

If you have any questions or need additional information please feel free to call me at 336-289-8094.

Sincerely

A handwritten signature in black ink, appearing to read "Lee Jarrett", with a long horizontal flourish extending to the right.

Lee Jarrett  
Regional Regulatory Mgr.



**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 DEP Official Use Only)

**Received**

**MAR 08 2011**

EPA ID **G A D 9 8 0 8 4 5 0 7 7**

MTS

**BSNW**

**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**

Univar USA Inc.

FEID No.

**9 1 1 3 4 7 9 3 5**

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

Name of Operator:

Univar USA Inc.

☐ New Operator

Date became Operator: 02 / 02 / 1986  
mm dd yy

Street or P.O. Box:

2145 Skyland Court

Phone Number:

(770) 246-7700

City or Town:

Norcross

State:

GA

Zip Code:

30071

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**4. Facility Physical  
Location  
Information**

Physical Street Address:

2145 Skyland Court

City or Town:

Norcross

State:

GA

Zip Code:

30071

County:

Choose\_\_

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

Latitude: **3 3 5 4 5 0 21N**  
dd mm ss.ssss

Longitude: **8 4 1 3 4 3 92W**  
dd mm ss.ssss

Method:

Interpolation  
Photo

Datum:

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

A.

424690

B.

C.

D.

**6. Facility or  
Business Mailing  
Address**

Street Address or P.O. Box:

2145 Skyland Court

City or Town:

Norcross

State:

GA

Zip Code:

30071

**7. Facility or  
Business Contact  
Person**

First Name:

Jeff

Last Name:

Vernold

Title:

Operations Mgr.

Phone Number:

(904) 693-4815

Extension:

E-Mail:

harvey.hall@univarusa.com

Street or P.O. Box:

155 Ellis Road South

City or Town:

Norcross

State:

GA

Zip Code:

30071

**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:

Univar USA Inc.

☐ New Owner

Date became Owner: 02 / / 1986  
mm dd yy

Street or P.O. Box:

17425 NE Union Hill Rd.

Phone Number:

(425) 889-3400

City or Town:

Redmond

State:

WA

Zip Code:

98052-3375

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 NATION UNION FIRE INC

Address \_\_\_\_\_

Contact Aon Risk Services Telephone (866) 283-7122Policy Number GL 2802979 Expiration date 03-01-2012d. 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/  
AccumulateTransport  
(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

☐☒☒

1000

b. Pesticides

☐☐☐

c. Pharmaceuticals

☐☐☐

d. Mercury Containing Devices

☐☒☒

80

e. Mercury Containing Lamps

☒☒☒

1000

**(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

Lee Jarrett

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.

GAD980845077

**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	D001	2	D002	3	D003	4	D005	5	D006	6	D007	7	D008
8	D009	9	D011	10	D035	11	D040	12	F002	13	F003	14	F004
15	F005	16	U080	17	U145	18	U154	19	U228	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)

Lee Jarrett, Regional Regulatory Mgr.

02/25/2011

3/7/2011

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

Lee Jarrett

(336) 289-8094

lee.jarrett@univarusa.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

**13. Comments:**



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
03/01/2011

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).

PRODUCER  
Aon Risk Services Central, Inc.  
Philadelphia PA Office  
One Liberty Place  
1650 Market Street  
Suite 1000  
Philadelphia PA 19103 USA

CONTACT  
NAME:  
PHONE  
(A/C. No. Ext): (866) 283-7122 FAX  
(A/C. No.): (847) 953-5390  
E-MAIL  
ADDRESS:  
PRODUCER  
CUSTOMER ID #: 570000014538

**Received**

INSURED  
UNIVAR USA INC  
17425 NE Union Hill Road  
Redmond WA 98052-3375 USA

**MAR 08 2011****BSHW**

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	National Union Fire Ins Co of Pittsburgh	19445
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES****CERTIFICATE NUMBER:** 570041738354**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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			GL2802979	03/01/2011	03/01/2012	EACH OCCURRENCE \$3,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			SIR applies per policy terms & conditions			
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	<input checked="" type="checkbox"/> SIR: \$2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000
							MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$3,000,000
							GENERAL AGGREGATE \$3,000,000
							PRODUCTS - COMP/OP AGG \$3,000,000
A	AUTOMOBILE LIABILITY			CA 4806890	03/01/2011	03/01/2012	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000
A	<input checked="" type="checkbox"/> ANY AUTO			Truckers Liability (AOS)	03/01/2011	03/01/2012	BODILY INJURY (Per person)
	<input type="checkbox"/> ALL OWNED AUTOS			CA 4806891	03/01/2011	03/01/2012	BODILY INJURY (Per accident)
	<input type="checkbox"/> SCHEDULED AUTOS			Truckers Liability (MA)	03/01/2011	03/01/2012	PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> HIRED AUTOS			CA 4806892	03/01/2011	03/01/2012	
	<input type="checkbox"/> NON OWNED AUTOS			Truckers Liability (VA)			
	UMBRELLA LIAB						EACH OCCURRENCE
	EXCESS LIAB						AGGREGATE
	DEDUCTIBLE						
	RETENTION						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT
							E.L. DISEASE-EA EMPLOYEE
							E.L. DISEASE-POLICY LIMIT

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

RE: Hazardous waste permits, Tampa, FL - FLD020985727, Norcross, GA GAD980845077, Mobile, AL ALD000737478, Jacksonville, FL FLD000596866, Pompano Beach, FL FLD072230006, Savannah, GA GAR000027409. The Insured is Self-Insured for Physical damage to their Vehicles. MCS-90 Endorsement included. Sudden and Accidental Pollution Liability is included in the General Liability

**CERTIFICATE HOLDER****CANCELLATION**

Florida Dept. of Environmental  
Protection Hazardous Waste Mgmt.  
Attn: Sebrina Bolton  
Section MS4555, Twin Towers Off. Bldg.  
2600 Blair Stone Road  
Tallahassee FL 32399-2400 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Central, Inc.*

Holder Identifier :

Certificate No : 570041738354

**Attachment to ACORD Certificate for** UNIVAR USA INC  
The terms, conditions and provisions noted below are hereby attached to the captioned certificate as additional description of the coverage afforded by the insurer(s). This attachment does not contain all terms, conditions, coverages or exclusions contained in the policy.

UNIVAR USA INC  
17425 NE Union Hill Road  
Redmond WA 98052-3375 USA

INSURER
INSURER
INSURER
INSURER
INSURER

If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

[illegible]



**ADDITIONAL REMARKS SCHEDULE**

Page 1 of 1

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED UNIVAR USA INC	
POLICY NUMBER See Certificate Number: 570041738354			
CARRIER See Certificate Number: 570041738354	NAIC CODE	EFFECTIVE DATE:	

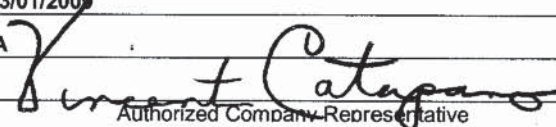
**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Description of Operations / Locations / Vehicles:  
policy.

**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. 2125-0074

Issued to Univar USA, Inc. of 6100 Carillon Pt., Kirkland, WA 98033  
Dated at 777 S. FIGUEROA ST., LOS ANGELES CA 90017 this 11<sup>th</sup> Day of March 2009  
Amending Policy No. CA 480-68-90 Effective Date 3/01/2009  
Name of Insurance Company National Union Fire Insurance Company of Pittsburgh, PA  
Telephone Number ( 212 ) 770-7000 Countersigned by   
Authorized Company Representative

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

- X This insurance is primary and the company shall not be liable for amounts in excess of \$ 5,000,000 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 Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date. The telephone number to call is:

( 213 ) 689-3871

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days of 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 ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**ACCIDENT** includes continuous or repeated exposure to conditions, 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.

**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.

**PROPERTY DAMAGE** means damage to or loss of use of tangible property.

**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 Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

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 judgement recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of 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 final judgement, within the limits of liability herein described, irrespective of the financial 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 judgement recovered against the insured as provided herein, the judgement 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 final judgements resulting from any other accident.



The Motor carrier Act of 1980 requires limits of financial responsibility according to type of carriage and commodity transported by the motor carrier. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information purposes only.

Form MCS-90

(OVER)

### SCHEDULE OF LIMITS

#### Public Liability

	Type of Carriage	Commodity Transported	Minimum Insurance
(1)	For-hire (in interstate or foreign commerce).	Property (nonhazardous)	\$ 750,000
(2)	For-hire and Private (in interstate, foreign, or intrastate commerce).	Hazardous substances transported in cargo tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk class A or B explosives, poison gas (Poison A), liquefied compressed gas, or compressed gas; or highway route controlled quantity radioactive materials.	5,000,000
(3)	For-hire and Private in interstate commerce: in any quantity) or (in intrastate commerce: in bulk only).	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).	Any quantity of Class A or B explosives, any quantity of poison gas (Poison A), or highway route controlled quantity radioactive materials.	5,000,000

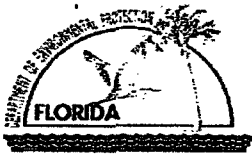
**Note:** The type of carriage listed under (1), (2), and (3) apply to vehicles with a gross vehicle weight rating of 10,000 pounds or more. The type of carriage listed under number (4) applies to all vehicles with gross vehicle weight rating of less than 10,000 pounds.

### SCHEDULE OF LIMITS

#### Public Liability

#### For-hire motor carriers of passengers operating in interstate or foreign commerce

Vehicle Seating Capacity	Minimum Insurance
(1) Any vehicle with a seating capacity of 16 passengers or more.	\$ 5,000,000
(2) Any vehicle with a seating capacity of 15 passengers or less.	1,500,000



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, 2010 through December 31, 2010  
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: UNIVAR USA 2. Telephone No. (770) 246-7700  
Site Address: 2145 Skyland Court  
3. EPA ID No. GAD 980 845 077

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

4. Name of person preparing report (please print) Lee Jarrett  
Title Regional Regulatory Mgr. Phone number (if different from #2, above) (236) 289-8094

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

a. In Florida.....

b. From out of state.....

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total
	4235		4235
			0
			0
			4235

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
0	4235
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	4235
0	0

**SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)**

**CHECK COLUMN IF OUT OF STATE**

1. Number of filters on hand from previous year.....	0	
2. Number of used oil filters collected.....	31,909	
3. Total number of used oil filters to manage (1 plus 2).....	31,909	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	31,909	✓
b. Burned for energy recovery at a Waste-To-Energy facility.....	0	
c. Transferred directly to a metal foundry for recycling.....	0	
d. TOTAL.....	31,909	
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....	0	
6. Gallons of used oil collected as a result of filter processing.....	0	
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	0	
8. Volume of oily waste collected and managed as a result of filter processing.....	0	
9. Description of oily waste management.....	0	

**DIRECTIONS FOR SECTION C**

Conversion Table

One 55-gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One 55 gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One ton of drained used oil filters = approximately <b>2,350</b> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us).