



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

April 07, 2011

William Parkes
Cliff Berry Inc - Canaveral Facility
PO Box 13079
Fort Lauderdale, FL 33316- 0100

BE IT KNOWN THAT

Cliff Berry Inc - Canaveral Facility
5855 Industrial Dr
Cocoa, FL 32927- 4608

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Processor, Marketer, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLR000119792** on April 07, 2011
Insurance Carrier: **COMMERCE & INDUSTRY**
Insurance Policy #: **CA1932175**
Insurance Ex. Date: **12/31/2011**
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



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received (for FDEP Official Use Only)
Received
DEC 15 2010

EPA ID F L R 0 0 0 1 1 9 7 9 2

MTS RGRAL Info BSHW

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).
[X] 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: Cliff Berry, Inc. - Canaveral Facility
FEID No. 6 5 0 5 1 1 1 1 4

3. Facility Operator (List additional Operators in the comments section).
Name of Operator: Cliff Berry, Inc. (CBI)
[] New Operator
Date became Operator: - / - / 2005
Street or P.O. Box: P.O. Box 13079
Phone Number: (954) 763-3390
City or Town: Fort Lauderdale
State: FL
Zip Code: 33316
Operator Type: [X] Private [] Federal [] Municipal [] State [] Other

4. Facility Physical Location Information
Physical Street Address: 5855 Industrial Drive
City or Town: Cocoa
State: FL
Zip Code: 32927
County: Brevard
If available, please attach a map or sketch of the facility boundaries.
Latitude: 28 27 24 N Longitude: 80 46 17 W Method:
d d m m s s . ssss d d m m s s . ssss Datum:

5. Facility North American Industry Classification System (NAICS) Code(s)
A. 562219
B.
C.
D.

6. Facility or Business Mailing Address
Street Address or P.O. Box: P.O. Box 13079
City or Town: Fort Lauderdale
State: FL
Zip Code: 33316

7. Facility or Business Contact Person
First Name: William Last Name: Parkes, Jr. Title: Mgr Reg Affairs
Phone Number: (954) 763-3390 Extension: 124 E-Mail: bparkes@cliffberryinc.com
Street or P.O. Box: P.O. Box 13079
City or Town: Fort Lauderdale
State: FL
Zip Code: 33316

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: C-2 Holdings, Inc.
[] New Owner
Date became Owner: - / - / 2005
Street or P.O. Box: P.O. Box 350123
Phone Number: (954) 763-3390
City or Town: Fort Lauderdale
State: FL
Zip Code: 33335
Owner Type: [X] Private [] Federal [] Municipal [] State [] Other

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"/> | 3,000 |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Pharmaceuticals | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 50 |
| 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"/> | 2,000 |

(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
Cliff Berry, II
 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

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 See | 10 Atta | 11 ched | 12 Shee | 13 t | 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.

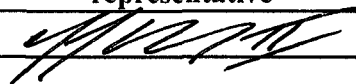
Contact _____ Phone _____

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

Cliff Berry, II, President

Date Signed

(mm-dd-yyyy)

11/17/2010

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

William E. Parkes, Jr.

(954) 763-3390

bparkes@cliffberryinc.com

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

Note: CBI uses SIC Code 1799 for the OSHA 300 Logs



Received

JAN 18 2011

BSHW

Certificate of Liability Insurance
Used Oil Transporters

Please Print or Type Form

1. Commerce & Industry Insurance Company, (the Insurer), 175 Water Street, New York, NY 10038
(Name of the Insurer) (Address of the Insurer)

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

FLR000009266;FLD058560699

851 Eller Drive, P.O. Box 13079, Ft Lauderdale, FL 33316 whose EPA Identification number is FLR000013888;FLR000083071
(Address of the Insured) (Date) (Date)
FLR000119792;FLR000119784

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or
retention of \$ 10,000 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 CA1932175, issued on 12/31/10
(Date)

The expiration date of said policy is 12/31/11 or the annual renewal date is 12/31/11
(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 this policy.
b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement
by the Insured for any such payment made by the Insurer.
c. Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the
Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
d. Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g.
expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy
of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
e. The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from
accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of
the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or
surplus lines insurer, in one or more States, including Florida.

(Signature of Insurer or Authorized Representative)

Authorized Representative of

John Harrold
(Type Name)

Commerce & Industry Insurance Company
(Name of Insurer)

Insurance Agent
(Title)

100 NE 3rd Avenue, Suite 850, Ft. Lauderdale, FL 33301
(Address of Representative)

**Chapter 62-710.600(2)(e), Florida Administrative Code
Certification Program for Used Oil Transporters**

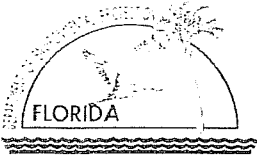
(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than \$1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, if any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORD form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.



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: Cliff Berry, Inc (CCCOA) 2. Telephone No. (954) 763 3390
 Site Address: 5855 Industrail Dr.
Cocoa, FL 32927 3. EPA ID No. FLR000119792

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

4. Name of person preparing report (please print) Daniel T. Forehand
 Title Manager 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..... | 268173 | 1510711 | 168511 | 1947395 |
| b. From out of state..... | | | | |
| c. Beginning Inventory..... | | | | 10768 |
| d. Total (sum of totals from Lines a + b + c)..... | | | | 1958163 |

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.....

| In State | Out of State |
|----------|--------------|
| 1910696 | |
| | |
| | |
| | |
| | |
| | |
| | |
| 1910696 | |
| 47467 | |

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

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..... | 35060 | |
| 3. Total number of used oil filters to manage (1 plus 2)..... | 35060 | |
| 4. Disposition of used oil filters collected: | 35060 | |
| a. Transferred to another registered facility..... | | |
| b. Burned for energy recovery at a Waste-To-Energy facility..... | | |
| c. Transferred directly to a metal foundry for recycling..... | | |
| d. TOTAL..... | | |
| 5. End of year, on had 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..... | | |

DIRECTIONS FOR SECTION C

Conversion Table

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