



FLORIDA DEPARTMENT OF Environmental Protection

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

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary

June 10, 2019

Nicolas Ramos
Chem Klean Corp
P.O. Box 821263
Pembroke Pines, FL 33082- 1263

BE IT KNOWN THAT

Chem Klean Corp
9330 NW 100th St
Medley, FL 33178- 1419

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
For regulatory guidance, go to:

http://www.dep.state.fl.us/waste/categories/used_oil/default.htm

The Department of Environmental Protection hereby issues
Registration Number **FLR000231258** on June 10, 2019
Transporter Type: **FH**

This registration will expire on 6/30/2020

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.

A handwritten signature in black ink that reads "Janet E. Ashwood".

Janet Ashwood
Environmental Consultant
Waste Compliance Assistance Program



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8707

Date Received
(for FDEP Official Use Only)
RECEIVED
Florida Department of Environmental Protection

JUN 04 2019

EPA ID: FLR0000231258

Please use the instructions document to complete this form.

Planning & Compliance Assistance Program

1. Reason for Submittal

(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box:

(must choose one if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
☒ To provide subsequent notification (to update status and facility identification information).
☐ To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

FL Registration(s)

☐ UW Mercury (see page 3)

☒ HW Transporter (see page 4)

☒ Used Oil (see page 4)

2. Facility or Business Name

Chem Klean Corp.

3. Facility Operator

(List additional Operators in the comments section).

Name of Operator:

Gregorio Nicolas Ramos

Date became Operator: 3/1/1999

Street or P.O. Box:

P.O. Box 821263

Phone Number:

305-863-7807

City or Town:

Pembroke Pines, FL

State: FL

Zip Code:

33082

Country (if not USA):

Operator Type:

☐ Private

☐ Federal

☐ Municipal

☐ State

☐ County

☐ Other

For Hire

4. Facility Physical Location Information

(No P.O. Boxes)

☐ Same address as #3 above or:

Physical Street Address:

9330 NW 100th Street

☐ Vessel

City or Town:

Medley

State:

FL

Zip Code:

33178

County:

Miami Dade

Country (if not USA):

5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)

A.

4841110

(required)

B.

C.

D.

6. Facility or Business Mailing Address

☒ Same address as #3 above or: Street or P.O. Box:

City or Town:

Pembroke Pines

State:

FL

Zip/Postal Code:

33082

Country (if not USA):

7. Facility or Business RCRA Contact Person

First Name:

Gregorio Nicolas

Last Name:

Ramos

Title:

President/owner

Phone Number:

305-863-7807

Extension:

E-Mail: nrmos@chemklean.com

Fax:

305-819-5110

Street or P.O. Box:

City or Town:

State:

Zip Code:

Country (if not USA):

8. Real Property (FL Land) Owner of the Facility's Physical Location

(List additional owners in the comments section.)

☐ Same address as # above or:

Name of Owner:

Michael Silva Americas Commercial Real Estate

Date became Owner: / /

☐ New Owner

mm dd yy

Street or P.O. Box:

10598 NW South River Drive

Phone Number:

786-337-7881

City or Town:

Miami

State:

FL

Zip Code:

33178

Country (if not USA):

Owner Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ County

☐ Other

RCRA Hazardous Waste Status Notification or Out of Business Notification

EPA ID No. **FLR000231258**

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

(A) (1) Generator of Hazardous Waste

☐ Yes ☒ No (Do not include Universal Waste or Used Oil)

If YES, 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 (at least once a year)

☐ 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 (at least once a year)

☐ 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. Short-Term Generator (one-time, not on-going)
☐ e. Episodic: Not more than one-time per year: SQG LQG
☐ f. United States Importer of hazardous waste
☐ g. 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 Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)

Specify: ☐ Commercial ☐ Non-Commercial.
 Note: 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) Receives Hazardous Waste from Off-Site

(7) Underground Injection Control

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, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

1 D001	2 D007	3 D008	4 D002	5 D039	6 F003	7 F005
8 D035	9	10	11	12	13	14
15	16	17	18	19	20	21

11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):

(A) **Non-Handler of Regulated Waste at This Facility** (Sections 9, 10 and 12-16 should be blank.)

☐ (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.

(B) **Facility Closed** (Complete this section only if all business activities at this facility have ceased.)

☐ (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will

☐ (2) Out of Business - Business closed on _____ (date)

(C) Property Tax Default

(D) Petition for Bankruptcy Protection

12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

☐ Same as Facility RCRA Contact on page 1 or enter:

Contact for:

☒ HW Transporter
☒ Used Oil Handler
☐ Universal Waste

First Name: **Jason** Last Name: **Grass** Title: **Environmental Specialist**

Phone Number: **305-863-7807** Extension: _____ E-Mail: **Jason@chemKlean.com**

Street or P.O. Box: **9330 NW 100th Street**

City or Town: **Medley, FL** State: (Country): **FL** Zip Code: **33178**

Universal Waste Notification and Mercury Transporter/Handler Registration

EPA ID No. **FLR000231258**

12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :

A. Federal Notification

- ☐ Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: **5,000 kg (11,000 lb) or more** of any combination of UW accumulated (at any one time)
- Accumulates: ☐ a. UW Batteries ☐ b. Pesticides ☐ c. Pharmaceuticals
☐ d. Mercury Containing Devices ☐ e. Mercury Containing Lamps
- ☐ 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.

B. Florida Universal Pharmaceutical Waste (UPW): one-time registration

- ☐ Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)
- ☐ Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated
- ☐ Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH])
- ☒ Florida Universal Pharmaceutical Waste (UPW) Transporter

C. Florida Annual Mercury Handler Registration:

For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first).

If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.

(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities

- ☒ First time registering ☐ Renewal ☐ One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached

<input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration Required
<input type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	
<input type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	
<input type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration + one-time \$1,000 fee + More Requirements (contact FDEP)
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	
<input type="checkbox"/> Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	

(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity)

- ☐ First time registering ☐ Renewal

Annual Registration Required

Briefly Describe your Universal Waste Activities:

Transport from generator to Designated Facility

☐ We use Drum Top Bulb Crusher(s).

13. Other State Regulated Waste Activities:

Petroleum Contact Water (PCW) ☐ Recovery ☐ Transport [62-740 F.A.C.]
 Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]

Hazardous Waste and Used Oil Transporter Registrations

EPA ID No. FLR000231258

14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. **Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.**

A. HW Transporter Registration

A. HW Transporter Registration Information (must be completed annually and when this information changes)
This facility is a registered transporter of hazardous waste.

This facility is a registered transporter of hazardous waste.

This form is: ☐ Initial Registration ☐ Renewal ☒ Notification of changes ☐ Cancel Registration

☐ 1. For own waste only ☒ 2. For commercial purposes ☐ 3. For other purposes

☐ 1. For own waste only ☒ 2. For commercial purposes ☐ 3. Both commercial and own waste

4. Transportation Mode ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify

B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)

☐ This facility is a Hazardous Waste Transfer Facility

☐ **This facility is a Hazardous Waste Transfer Facility: (at this location)** Storage Volume

This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one):

☐ Our mailing (business) address ☐ The site (facility) address

☐ Our mailing (business) address ☐ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),
Transporters (exemptions):

Transporters (exemptions in 40 CFR 279.40(a)(1-4) , transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay a \$100 registration fee.

This form is: ☐ Initial Registration ☐ Renewal ☒ Notification of changes ☐ Cancel Registration

☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.

- (1) Used Oil Transporter - mark activities: (occurring in Florida)

- ☒ a. Transporter (off-site) and noncontiguous locations
- ☒ b. Transfer Facility

- (2) ☐ Collection Center (From businesses, no more than 55 gal per shipment)

- (3) ☐ Used Oil Processor (A permit is required.)

- (4) ☐ Off-Specification Used Oil Burner

- (5) Used Oil Fuel Marketer ☐ On-Spec ☐ Off-Spec

- (6) Used Oil Filter Management (must annually register)

- ☒ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor (Annual Report Required)
- ☐ d. End User

- (7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):

- ☐ Our mailing (business) address ☒ The site (facility) address

Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.

(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [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.]

(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))

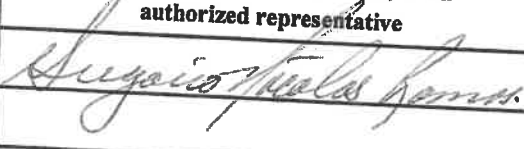
In addition to the requirements on Page 4 Section 15:

- ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company.
 - UO transporters transporting off-site over public highways only within their own company must submit proof of insurance.
 - UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.).
- ☐ The used oil annual report is attached ☒ Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached.

16. Comments (attach a page if more space is needed):

17. 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.

☒ I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C..

Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)
	Gregorio Nicolas Ramos	<input checked="" type="checkbox"/>	5/29/19
		<input type="checkbox"/>	
		<input type="checkbox"/>	

If the person that 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)

Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

For assistance call: 850-245-8707
Florida Department of Environmental Protection

MAY 14 2019

Permitting & Compliance
Assistance Program

STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

1.

Progressive Express Insurance Company

(Name of Insurer)

(the "Insurer"), of PO Box 89490 Cleveland OH 44101-6490

(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

Chem Klean Corporation

(Name of Insured)

(the "Insured"), of 9330 NW 100 St Medley FL 33128

(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

EPA/DEP I.D. No.

Name

Physical Address

FLR 000231258 Chem Klean Corporation 9330 NW 100 St Medley FL 33128

(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 02592404-3, issued on 7-30-18.
(date)

The effective date of said policy is 7-30-18 and the expiration date of said policy is 7-30-19.
(date) (date)

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, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____. The effective date of said policy is _____ and the expiration date of said policy is _____.
(date) (date) (date)

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

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)

Lucy Maten
(Typed name)

Asst., CLU
(Title)

Authorized Representative of

Progressive Express Insurance Company
(Name of Insurer)

2711 SW 137 Ave #95 Miami, FL 33135
(Address of Representative)

Mail original completed form to: Department of Environmental Protection
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

For assistance call 850-245-8707
RECEIVED
Florida Department of Environmental
Protection

MAY 14 2019

STATE OF FLORIDA
CERTIFICATE OF LIABILITY INSURANCE
HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER
Permitting & Compliance
Program

1. Worcester Surplus Lines Insurance Company
(Name of Insurer)

(the "Insurer"), of 436 Walnut Street Philadelphia, PA. 19106
(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

Chem Klean Corporation
(Name of Insured)

(the "Insured"), of 9330 NW 100 St Medley FL 33178
(Physical Address of Insured)

in connection with the insured's obligation to demonstrate financial responsibility under Florida Administrative Code Rule 62-710.600(2) and 62-730.170. The coverage applies at:

<u>EPA/DEP I.D. No.</u>	<u>Name</u>	<u>Physical Address</u>
<u>FLR000231258</u>	<u>Chem Klean Corporation</u>	<u>9330 NW 100 St Medley FL 33178</u>

(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 671474100-001, issued on 12/20/18 (date)

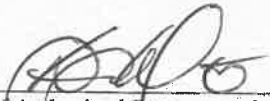
The effective date of said policy is 12/20/18 (date) and the expiration date of said policy is 12/20/19 (date)

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, exclusive of legal defense costs. The coverage is provided under policy number _____, issued on _____ (date). The effective date of said policy is _____ (date) and the expiration date of said policy is _____ (date).

Mail original completed form to: Department of Environmental Protection For assistance call: 850-245-8707
2600 Blair Stone Road, Mail Station 4560
Tallahassee, Florida 32399-2400

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)

Lucy Meteu

(Typed name)

Agent, CLK

(Title)

Authorized Representative of

Westchester Surplus Lines Insurance Company

(Name of Insurer)

2711 SW 137 Ave # 95 Miami, FL 33125

(Address of Representative)



TG Oil Services, Inc.

7815 W 2nd Ct. Unit 2, Hialeah, FL 33014
Phone: 954-874-0930
24/7 EMERGENCY RESPONSE
www.tgoilservices.com

Manifest: 50627

NON-HAZARDOUS WASTE
MANIFEST
TRANSPORTER IDENTIFICATION
EPA ID NUMBER FLR 000222836

Truck Number _____ Customer Number _____

GENERATOR NAME: <u>Chem Klean</u>		EPA ID # (IF KNOWN) _____	
TELEPHONE: _____			
STREET ADDRESS: <u>9330 NW 100th St</u>		CITY: <u>Medley</u>	COUNTY: <u>Miami-Dade</u> STATE: <u>FL</u> ZIP: <u>33178</u>
TRANSPORTER LOCATION: TG Oil Services, Inc. • 7815 W 2nd Ct. Unit 2 • Hialeah, FL 33014 24 HOUR TRANSPORTER EMERGENCY CONTACT: 954-874-0930 • 786-479-9110			
HALOGEN TEST PERFORMED?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PASS <input type="checkbox"/> FAIL DEXIL <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input checked="" type="checkbox"/> PROCESS KNOWLEDGE	

U.S. DOT DROPER SHIPPING DESCRIPTION						
SHIPPING NAME	No.	Type	Quantity	Unit	Unit Cost	Charges
Used Oil - Flashpoint greater than 200 degrees F						
Used Oil Filters						
Non-Hazardous Used Antifreeze / Coolant						
Non-Flammable Liquids, N.O.S. Waste Fuels Non-Hazardous / Flash > 200 F						
Residue Last Contained-Non-Combustible Liquid, N.O.S. Used Oils or Oily Water Non-Hazardous - Flash > 200 F						
Storm Drain Debris N.O.S.						
Non-Combustible Liquids - PCW (Petroleum Contact Water)/ Sludge Or Oily Water - Non-Hazardous / Flash > 200 F (Used Oil)	1	TT	385	G		
Non-Hazardous Petroleum Contaminated Solids - Soil / Sludge Or Absorbent - Flash > 200, N.O.S.						
NOTES OR SPECIAL HANDLING INSTRUCTIONS: <u>Removed used oil from 7 Drums</u>						

EMERGENCY CONTACT 24/7 NUMBER: 954-874-0930 • 786-479-9110

THIS COLLECTION WILL BE DOCUMENTED TO: ☐ BROWARD COUNTY - PPRAQ ☐ DADE COUNTY - DERM

IMPORTANT: Payment due upon receipt, service charge of 1.5% per month (18% Annual) will be charged on balances over 30 days.

GENERATORS CERTIFICATION:

I hereby certify that every effort has been made to collect used oil, used anti-freeze, used oil filters, used oil absorbent, and petroleum contact waters in separate collection vessels and in accordance with all regulations and Best Management Practices as appropriate to my industry. The contents of this consignment are fully and accurately described and are in all respects in proper condition for transport by highway or railroad according to applicable Federal, State or Local government regulations.

In the event that this material is found to be hazardous waste, I accept responsibility for its proper disposal reporting, if required, under Federal, State or Local regulations, including any contamination by commingling. Unless I am exempt by a statute or regulation, I also certify that I am in compliance with Section 3002 (b) or RCRA.

<u>Jason Gross</u>		<u>6 / 3 / 19</u>
Generator - Printed or Typed Name	Signature	Date
<u>Erik Valiente</u>	<u>Erik Valiente</u>	<u>6 / 3 / 19</u>
Transporter Acknowledgment of Receipt of Materials	Signature	Date

Dade
(305) 477-7497

EMC Oil Corporation
P.O. Box 520882 - Miami, FL 33152

Toll Free
(800) 344-8688



UNIFORM WASTE TRANSPORTERS MANIFEST
NO HAZARDOUS MIXTURES ACCEPTED - READ BOTTOM OF MANIFEST



1. Generator's Name and Mailing Address CHEM KLEAN CORPORATION 9330 NW 100 STREET, MEDLEY FL 33178		PO# 8756-001		A. Manifest Document # 179382				
2. Generator's Phone (305) 863-7807		County of Origin (DADE)		B. Generator's ID #'s EPA _____ STATE _____				
3. Transporter 1 Company Name EMC Oil Corporation 8470 N.W. 68th Street, Miami, FL 33166		4. US EPA ID Number FLR000000166		C. State Transporter's ID FLR000000166				
5. Designated Facility Name and Site Address E.M.C. OIL CORP.		6.		D. Transporter's Phone (305) 477-7497				
				E. Dade County ID SW-01124 LW-00227 LW-00233				
				F. Facility's Phone				
GENERATOR	7. Waste shipping & name description HM		8. Containers No. Type		9. Total Quantity	10. Unit Wt./Vol	11. Price	G
	USED OIL GALLON		4 Dm		170	g	0.00	CHARGES
H. Additional Descriptions for Materials Listed Above THURS OR FRI - APPROX 600 G DMS CALL 1 HR MIN AHEAD W/ ETA		IMPORTANT: Payment due upon receipt of invoice. A service charge of 1½% (18% per annum) will be charged on over 30 days past due balance in the event it shall become necessary to collect the herein above sums or any part thereof, the purchaser agrees to pay all the replaceable cost thereof.			I. Total Due Please pay on this invoice within 15 days. Thank you.			
12. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are all in respects in proper condition for transport by highway according to applicable international and national government regulations. I also confirm that the contents of this consignment contains no hazardous materials. (In the event that these products/material are found to be Hazardous, I accept the responsibility for its proper disposal under Federal and State Regulations, including any contamination caused through commingling.)								
Printed Typed Name JASON GROSS				Signature [Signature]		Month Day Year 7/11/19		
TRANSPORT	13. Transporter 1 Acknowledgment of Receipt of Materials							
	Printed Typed Name ALAN FUENTES				Signature [Signature]		Month Day Year 7/11/19	
FACILITY	14. Facility Owner or Operator: Certification of receipt of waste material covered by this manifest.							
	Printed Typed Name				Signature		Month Day Year	
Below 1000 ppm		Halogen Levels		Above 1000 ppm				

Dear Generator: The following chemicals contain hazardous substances which when mixed with used oil reduces the recycling potential and can cause harmful effects to the environment.

DO NOT MIX WITH USED OIL

Antifreeze - Freon - Solvents - Thinner - Degreasers - Detergents - Cleaners - Radiator Fluid - Leaded Gasoline - Cutting Oil

CAN MIX WITH USED OIL

Motor Oil - Diesel Fuel - Grease - Brake Fluids - Hydraulic Fluids - Transmission Fluids

These lists are based on current information and may be expanded as more data becomes available. THANK YOU

WHITE - Original YELLOW - Transporter PINK - Transporter GOLDENROD - Generator