

FLORIDA DEPARTMENT OF Environmental Protection

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

Jeanette Nuñez Lt. Governor

Shawn Hamilton Secretary

03/13/2023 Jeff Curtis, Sr Environmental Compliance Safety-Kleen Systems Inc 5309 24th Ave S Tampa, FL 33619-5368

The Florida Department of Environmental Protection has reviewed your submittal for a hazardous waste DEP/EPA Identification Number or status/information change.

Based on the information received, you have been issued the following number or reports for **Safety-Kleen Systems Inc** located at **5309 24th Ave S, Tampa, FL 33619-5368**

DEP/EPA Identification Number: FLD980847271

Your facility status is the following: Large Quantity Generator (LQG), Off-Site Waste Received, Operating Commercial TSD.

Florida Administrative Code 62-730 requires all persons who generate, transport, recycle, store, or dispose of hazardous waste to notify the department of their hazardous waste activities. You are required to renotify on form 8700-12FL when there are changes in your operations which would affect your status, activity or contact information. Additional hazardous waste information including the 8700-12FL form can be found at:

https://floridadep.gov/waste/permitting-compliance-assistance/content/hazardous-waste-management-main-page.

Please note that pending program registrations, certifications, or permits will be sent to you separately. **To review the details of your status**, visit: https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD980847271.

For further assistance, please contact me at (850) 245-8707 or email me at Jeff.Gregg@dep.state.fl.us.

Sincerely,

Jeff Gregg

Afarey Noland For

Environmental Manager

Waste Compliance Assistance Program

ME ID: 1792, Email Address: jeff.curtis@safety-kleen.com



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)

EPA ID:	F	L	D	9	8	0	8	4	7 2	7		1		Please use the instructions document to complete this form mandatory fields			
1. Reason fo	1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable)																
Mark 'X' in To obtain the correct box*:					ain a 1	a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).											
(de updated information for an EPA ID number (to update status and facility identification information).													
if a notification) To prov				ovide	de the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)												
To obta				tain n	n new or updating an EPA ID number for conducting Electronic Manifest Broker activities.												
				Subm	itting	ing new or revised notification for Part A for permitted facilities.											
FL Registrat	ion(s)		JU	W M	ercur	y (se	e page	4)		×	HW	Transpor	ter (see page 5)	[Used Oil (see page 6)	
2. Facility or	Busin	ness	Name	e:*													
								S	afety	-Kle	en	Sys	tems, I	nc			
3. Facility Phy	sical	Lo	cation	Info	rmati	ion: (No P.	O. Boxes	s)								
Physical Street Address*:							į	5309	24th	ı A	venu	□Vessel ue South					
City or Town:												State: Zip Code:					
				Tampa					FL 33619		33619						
County*: Hillsb			bor	orough				Co	Country (if not USA)*: USA								
4. Facility or Business Mailing Address:																	
Same address as #3 above or*:																	
City or Town*:				Stat			tate*:	e*: Zip/Postal Co			tal Code*: Country (if not USA):						
5. Facility North American Industry Classification System (NAICS) Code(s)*: (at least 5 digits)																	
A. 5 6 2 1 1 2				(re	(required)					B.							
c.		_ _	_ _	_ _	_						D.						
6. Facility or	Busir	ıess	RCR	A Co	ntact	Pers	on:	Same	e addre	ss as a	# <u>3</u>	3_abov					
First Name*:		Je	eff				Las	t Name		urti	tis Title*: Sr. Environmental Compliance			ntal Compliance			
Phone Numbe	r * :		61-5	23-4	1719)	Exte	ension*	:					Fax*:	56	1-731-1696	
E-Mail*:							_		jeff	curl	is(@sat	fety-kle	en.com			
Street or P.O.	Box ((or s	ame a	ddres	s box	is ch	ecked	l)*:									
City or Town*:						,		Sta	te*	:		Zip Code*:	,	Country (if not USA):			

RCRA Hazardous Waste Status Notification or Out of	Business Notificatio	epa ID No.*	FLD980847271		
7. Real Property (FL Land) Owner of the Facility's Physical	Location (List additional	l owners in the comments sect	tion.)		
Name of Owner*:		Date became Owner*:	06 / 28 / 85		
Safety-Kleen Systems, Inc.		New Owner m	m dd yy		
	ongwater Drive	Phone Number*:	781-792-5000		
City or Town*: Norwell	State*: MA	Zip Code*: 2061	Country (if not USA):		
E-Mail*:			*		
Owner Type*: X Private Federal Municipal	State County O	other			
Comments:					
8. Facility Operator (List additional Operators in the comments secti	on). Same address as #_	above or:			
Name of Operator*:		Date became Operator*:			
		New Operator	mm dd yy		
Street or P.O. Box (or same address box is checked)*:		Phone Number*:			
City or Town*:	State*:	Zip Code*:	Country (if not USA):		
E-Mail*:	•				
Operator Type*: Private Federal Municipal	State County	Other	_		
Comments:					
9. RCRA Hazardous Waste Activities at this Faci	lity: (Mark 'X' in	all that apply):			
(1) Generator of Hazardous Waste					
Yes No (This does not include Universal Waste or Use	ed Oil)				
If YES, Choose only one of the following three categories.					
a. Large Quantity Generator (LQG):					
- Generates in any calendar month (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste; or					
- Generates in any calendar month, or accumulate	s at any time, more than				
 Generates in any calendar month, or accumulate material. 	s at any time, more than	n 100 kg/mo (220 lb/mo) o	of acute hazardous spill cleanup		
b. Small Quantity Generator (SQG):					
- Generates in any calendar month greater than 10					
waste and/or 1 kg (2.2 lbs) or less of acute hazar cleanup material.	rdous waste and/or no r	nore than 100 kg (220 lbs)	of any acute nazardous spill		
c. Very Small Quantity Generator (VSQG):					
 Generates in any calendar month 100 kg/mo or l hazardous waste. 	ess (220 lbs.) of non-ac	cute hazardous waste and/o	or 1 kg (2.2 lbs) or less of acute		
In addition, indicate other generator activities that apply.					
d. Short-Term Generator (one-time, not on-going)					
e. Mixed Waste (hazardous and radioactive) Generator					
f. United States Importer of hazardous waste					
g. LQG notifying of VSQG Hazardous Waste Under Co			.17(1). (Addendum A Required)		
h. Episodic: Not lasting more than 60 days: SQG LC			em to obtain complete and		
i. Electronic Manifest Broker, as defined in 40 CFR 260 transmit an electronic manifest under a contractual re	_		em to obtain, complete, and		

RCRA Hazardous Waste Status N	otification or Out of	Business Notificat	ion	EPA ID No.* FLD98	80847271
9. RCRA Hazardous Waste A	ctivities at this Fa	cility continued:	(Mark 'X' in all	that apply):	
For Items 3 through 9, mark 'X' in a (2) Treater, Storer, or Disposer of required for this activity. X a. Operating Commercia b. Operating Non-Comm	of Hazardous Waste (a	t your facility—Choo	ose Only One) Note:	A hazardous waste pei	rmit may be
		ian Bannit an Ondan	HCWA etc.)		
		not store prior to rec			
b. Smelting, Melting, (5) Person Authorized to Ma	site Burner Exemption and Refining Furnace E nage Very Small Quar	ntity Waste Generat	ed at Other Facilitie	·s	
Choose this management EITHER a copy of your at a copy of your and your at a copy of	application for such authors te from Off-Site Control ark all that apply	norization OR the aut			
10. Waste Codes for Federally your facility. List them in the order	0				is wastes handled at
Hazardous waste transporters must li	st codes routinely or us	ually transported. Us		ditional page if more s	paces are needed.
D001 D002	³ D003	D004	D005	⁶ D006	D007
8 D008 9 D009	D010	D011	D018	D019	D021
D022 16 D023	D024	D025	D026	D027	D028
11. Other Status Changes (If	no longer handling wast	te or closed, items 9	and 10 should be left	blank and items 12-16	skipped):
(3) Date of closure:	(CAA) his section only if <u>all</u> but	usiness activities at th	in mm/dd/yyyy) _(date in mm/dd/yyyy		
	e with the closure performance	rmance standards in 4		Protection	

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.*	980847271					
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 a of UW accumulated (at any one time)	nny combination					
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 notification						
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 one time)	accumulated (at any					
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Busi	ness and Professional					
Regulation [DBPR]) 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.,F.A.C. (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 Mercury Transporter/Handler for-hire Activities Ist Annual Registration Annual Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached						
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices						
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual					
Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	Registration Required					
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler						
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one- time \$1,000 fee+					
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)					
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) 1st Annual Registration Annual Renewal	Annual Registration Required					
Briefly Describe your Universal Waste Activities:	op Bulb Crusher(s).					
	ort [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]	c-740.300(3)] F.A.C.					

Hazardous Waste Transporter and Academic Laboratories EPA ID No.* FLD980847271
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 as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.
Generators who transport waste only within the boundaries of their facility should NOT register in box 14.A below.
A. HW Transporter Registration Information (must be completed annually and when this information changes)
This form is: Initial Registration Renewal Notification of changes Cancel Registration
1. For own waste only
2. For commercial purposes
X 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: (as listed in Item 3) Storage Volume
This form is: I 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
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:
TXR000081205
Please see 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:
C. 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 facility 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 facility'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. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing
laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:
 a. College or University b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

Used Oil and Hazardous Secondary Material	EPA ID No.*	FLD980847271					
16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that ap	ply)						
Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers <u>must annually register</u> with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.							
This form is: Initial Registration 🗵 Renewal 🔲 Notification of c	hanges Cance	Registration					
If applicable, a check or money order, in the amount of \$100, payable to Florida Dep UO Collection Centers must check 16.(2) of this form (not as a registration).	partment of Environme	ental Protection is enclosed.					
(1) Used Oil Transporter - mark 'X' in all that apply: (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) Used Oil Re-refiner (A permit is required.)							
(5) Off-Specification Used Oil Burner Utility Boiler Industrial Boiler Industrial Furnace							
(6) Used Oil Fuel Marketer On-Spec Off-Spec							
(7) Used Oil Filter Management (must annually register)							
a. Transporter							
b. Transfer Facility c. Processor (Annual Report Required)							
d. End User (see instructions for definition)							
(8) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check	one):						
Our mailing (business) address (as listed in Item 4) The site (facility) address (as listed in Item 3)							
(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4)) • ALL registered UO transporters must submit an annual report except generator	s transporting UO fron	n noncontiguous operations					
within their own company.		8					
UO transporters transporting off-site over public highways only within their over the state of the state							
 UO transporters transporting more than 500 gallons/year must submit proof of submission as a certified used oil transporter in section 19 (except those exemp 							
The used oil annual report is attached	ant to 62-710.600(2)(e	e)., F.A.C. is attached.					
17. Notification of Hazardous Secondary Material (HSM) Activity		y .					
(1) Notifying under 40 CFR 260.42 that you will begin managing, are managing, or wunder 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Required)		rdous secondary material					
(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process comparable to or unable to be compared to a legitimate product or intermediate but (Addendum C Required)							

Required signature page			EPA ID No.*	FLD980847271
18. Comments (attach a page if more space is needed):				
#10 WASTE CODES LISTED CONTINUED: D029, D030, D033, D034, D035, D036, D037, I F003, F005	D038, D0	39, D04	10, D041, D04	2, D043, F001, F002,
19. Certification: I certify under penalty of law that this documen accordance with a system designed to assure that qualified person submitted is, to the best of my knowledge and belief, true, accurat false information, including the possibility of fine and imprisonment	nel properly g e, and comple	gather and ete. I am av	evaluate the informat ware that there are sig	ion submitted. The information
I certify as a Used Oil Transporter that I am familiar with the tation and have an annual and new employee training program in public bility is demonstrated by the Used Oil Transporter Certificate of L	place covering	g the appli	cable used oil rules. I	Evidence of financial responsi-
Signature of owner, operator, or an authorized representative:	Date Si	gned (mn	n-dd-yyyy): 02/21/	2023
Print Name (First, Middle Initial, Last): Greg Van Stechelman	Title:	Sr.	Environmental	Compliance
Organization: Safety-Kleen Systems, Inc.	Used O	il 🗵		
Email: gvanstechelmar	n@safetv	-kleen.	com	
Signature of owner, operator, or an authorized representative:			n-dd-yyyy):	
Print Name (First, M.ddle Initial, Last):	Title:			
Organization:	Used O	il 🔲		
Email:				
If the person that filled in this form is not the Facility Contact or C	Operator, ple	ease comp	lete the information	below:
Greg Van Stechelman 941-201- (Name of person completing this form) (Phone Num		g\	vanstechelman@ (E-mail Address)	safety-kleen.com



DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Station 4560, 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 12/2019
Incorporated in Rule 62-710.510(5)

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Used Oil handlers are any person(s) subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. See Section A, Box 8 below.)

For the reporting period January 1, 2022 through December 31, 2022

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			92 E3 T 2 T & 2	HR LAMIV:30
1. Company Name: Safety-Kleen Systems, Inc. 2. Site Address:	5309 24tl	n Ave South	n Tampa, Fl	_ 33619
040 COC 4000				
5. Telephone No.	k box if any of the above	0	g Van Stecl	
4. LITT ID 110.	paring report (please pri		0.44.004.4	
	nber (if different from #3 stechelman@s			3170
8. Type of operation (check all that apply): 9. Email Address:		alety-kieer	i.com	
	on Point Processor			
Marketer: On Spec Off Spec		Dr.		
■Burner (off-specification used oil): ■Industrial Furnace ■Indu Used Oil Filter: ▼Transporter ▼Transfer Facility ■ Processor ■End Used		soller Heater		
SECTION B USED OIL (TO BE COMLETED BY ALL REGISTERED USED OI		DIRECTIONS BE	LOW	
1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)	Automotive	Industrial	Mixed	Total
a. In Florida	2,297,712	5,570	559,138	2,862,420
b. From out of State				
c. Beginning Inventory				3,112
d. Total (sum of totals from Lines $a + b + c$)				2,865,532
2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)			In State	Out of State
N - Transferred to another facility (not an end use)			33,318	2,766,348
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 treatmen	t unit			
Incinerated				
3. Total amount (in gallons) of Used Oil managed			33,318	2766348
4. End of year, on hand estimate (difference between Line 1d and Line 3)			65,866	

DEP Form #62-710.901(3)
Form Title Annual Report by
Used Oil and Used Oil Filter Handlers
Effective Date 12/2019
Incorporated in Rule 62-710.510(5)

DIRECTIONS FOR SECTION B

- 1. Enter the amount of Used Oil or Oily Waste collected in gallons for type code: Automotive, Industrial, and Mixed.
 - a. In State
 - b. from Out of State
 - c. Beginning Inventory from last year's ending amount
 - d. Enter the total sum of lines a + b + c
- 2. Enter the amount of used oil managed by your facility by end use code (N, O, F, I, B, and D).
- 3. Enter total amount in gallons of Used Oil managed.
- 4. Enter the end-of-year on hand amount (difference between Line 1d and Line 3).

SECTION C USED OIL FILTERS (USE TABLE BELOW FOR CONVERSIONS)	In State	Out of State
1. Number of filters on hand from previous year	64,000	
2. Number of used oil filters collected	318,461	
3. Total number of used oil filters to manage (Line 1 plus Line 2)	382,461	
4. Disposition of used oil filters collected: a. Transferred to another registered facility	308,175	
b. Burned for energy recovery at a Waste-To-Energy facility		
c. Transferred directly to a metal foundry for recycling)
d. TOTAL	308,175	
5. End of year, on hand estimate (Line 3 minus Line 4d)	74,286	
6. Gallons of used oil collected as a result of filter processing		
7. Gallons of used oil transferred to a used oil handler (transporter or processor)		
8. Volume of oily waste collected and managed as a result of filter processing gallons Cubic yards		
9. Description of oily waste management		

DIRECTIONS FOR SEC', ION C

Conversion Table

One 55-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters

One <u>55-</u> gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters

One <u>ton</u> of drained used oil filters = approximately <u>2.350</u> 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 Florida Administrative Code Rule 62-710.201(1), and include wastewaters, filter residues or sludges, tank bottoms, sorbents, wipes, etc.
- 9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

For assistance with this form, please contact the Used Oil Coordinator at 850-245-8707.

Mail original completed form to:

1.

Department of Environmental Protection

2600 Blair Stone Road, Mail Station 4560

Tallahassee, Florida 32399-2400

waq tan 0:40

For assistance call: 850-245-8707

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

Starr Indemnity & I	Liability Co.	
	(Name of Insurer)	
(the "Insurer"), of 3	99 Park Avenue, Mezzanine, Nev	v York, NY 10022
, , , _	(Address of Insurer)	
	t has issued liability insurance covering tion for sudden accidental occurrence	ng bodily injury and property damage including es to
Safety-Kleen Syste	ems, Inc. also known as Clean Ha	rbors Environmental Services, Inc.
	(Name of Insured)	
(the "Insured"), of 42	2 Longwater Drive, Norwell, MA 0	2061
(110 11101100), 01	(Physical Address of Insured)	
	e insured's obligation to demonstrate Rule 62-710.600(2) and 62-730.170.	financial responsibility under Florida The coverage applies at:
EPA/DEP I.D. No.	<u>Name</u>	Physical Address
FLD984167791	Safety-Kleen Systems, Inc. 5	610 Alpha Drive, Boynton Beach, FL 33426
FLD980847271 FLD984171694	Safety-Kleen Systems, Inc. Safety-Kleen Systems, Inc.	5309 24th Avenue S, Tampa, FL 33619 8755 NW 95th St., Medley, FL 33178
This insurance is prim \$ 5,000,000	nary and the company shall not be liated for each accident, exclusive of leg	ble for amounts in excess of gal defense costs. The coverage is provided
under policy number	1000679502221 , issued on 11/1/2	022 (date)
The effective date of	said policy is 11/1/2022 (date)	and the expiration date of said policy
is_11/1/2023		
(dat	te)	
This insurance is exce	ess and the company shall not be liable	e for amounts in excess of
	for each accident in excess of t	
		legal defense costs. The coverage is provided
under policy number		. The effective date of
		(date)
said policy is $\frac{11/1/202}{(11/1)^2}$	and the expiration d	late of said policy is 11/1/2023
(date)		(date)

Mail original completed form to:

Department of Environmental Protection 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.

For assistance call: 850-245-8707

- (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.

Docusigned by:
leslie lappe
(Signature of Authorized Representative of Insurer)
Leslie Lappe
(Typed name)
Profit Center Manager
(Title)
Authorized Representative of
Starr Indemnity & Liability Co.
(Name of Insurer)
399 Park Avenue, Mezzanine, New York, NY 10022
(Address of Representative)