



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

06/28/2024

Ken Dean, EHS Compliance Specialist
US Ecology Tampa Inc
7202 E 8th Ave
Tampa, FL 33619-3380

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 for reports for **US Ecology Tampa Inc** located at **2002 N Orient Rd, Tampa, FL 33619-3356**

DEP/EPA Identification Number: **FLD981932494**

Your facility status is the following: **Large Quantity Generator (LQG), Universal Waste - Batteries, Universal Waste - Pesticides, Universal Waste - Devices, Hazardous Waste Pharmaceutical - Reverse Distributor, Recognized Trader Importer, U.S. Importer of Hazardous Waste, 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://fldeplc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD981932494 .

For further assistance, please contact me at (850) 245-8707 or email me at

Jeff.Gregg@dep.state.fl.us

Sincerely,

A handwritten signature in cursive script, appearing to read "Jeff Gregg".

Jeff Gregg
Environmental Manager
Waste Compliance Assistance Program

ME ID: 21659, Email Address: ken.dean@usecology.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)

DIVISION OF WASTE MANA
'24 MAR 5 AM 10:25:51

EPA ID: F L D 9 8 1 9 3 2 4 9 4

Please use the instructions document to complete this form

* mandatory fields

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
the correct box*:

☐ To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).

(must choose one
if a notification)

☒ To provide updated information for an EPA ID number (to update status and facility identification information).

☐ To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7)

☐ To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities.

☐ Submitting new or revised notification for Part A for permitted facilities.

FL Registration(s)

☐ UW Mercury (see page 4)

☐ HW Transporter (see page 5)

☒ Used Oil (see page 6)

2. Facility or Business Name:*

US Ecology Tampa, Inc.

3. Facility Physical Location Information: (No P.O. Boxes)

Physical Street Address*:

☐ Vessel

2002 North Orient Road

City or Town:

Tampa

State:

FL

Zip Code:

33619

County*:

Hillsborough

Country (if not USA)*:

4. Facility or Business Mailing Address:

☐ Same address as #__ above or*:

7202 East 8th Avenue

City or Town*:

Tampa

State*:

FL

Zip/Postal Code*:

33619

Country (if not USA):

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

A. | 5 | 6 | 2 | 2 | 1 | 1 | (required)

B. | 5 | 6 | 2 | 1 | 1 | 1 |

C. | 5 | 6 | 2 | 2 | 1 | 9 |

D. | 5 | 6 | 2 | 1 | 1 | 2 |

6. Facility or Business RCRA Contact Person: ☒ Same address as # 4 above or:

First Name*:

Ken

Last Name*:

Dean

Title*:

EHS Compliance Manager

Phone Number*:

813-319-3433

Extension*:

Fax*:

813-626-7451

E-Mail*:

KDean2@RepublicServices.com

Street or P.O. Box (or same address box is checked)*:

City or Town*:

State*:

Zip Code*:

Country (if not USA):

RCRA Hazardous Waste Status Notification or Out of Business Notification		EPA ID No.* FLD981932494	
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)			
Name of Owner*: US Ecology Tampa, Inc.		Date became Owner*: <u>06</u> / <u>28</u> / <u>19</u> <input type="checkbox"/> New Owner 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*:			
Owner Type*: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
8. Facility Operator (List additional Operators in the comments section). Same address as # <u>4</u> above or:			
Name of Operator*:		Date became Operator*: ____/____/____ <input type="checkbox"/> 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*: <input type="checkbox"/> Private <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____			
Comments:			
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):			
(1) Generator of Hazardous Waste			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (This does not include Universal Waste or Used Oil)			
If YES, Choose only one of the following three categories.			
<input checked="" type="checkbox"/> a. Large Quantity Generator (LQG):			
<ul style="list-style-type: none"> - 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 accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or - Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup material. 			
<input type="checkbox"/> b. Small Quantity Generator (SQG):			
<ul style="list-style-type: none"> - 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 and/or no more than 100 kg (220 lbs) of any acute hazardous spill cleanup material. 			
<input type="checkbox"/> c. Very Small Quantity Generator (VSQG):			
<ul style="list-style-type: none"> - Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste. 			
In addition, indicate other generator activities that apply.			
<input type="checkbox"/> d. Short-Term Generator (one-time, not on-going)			
<input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator			
<input checked="" type="checkbox"/> f. United States Importer of hazardous waste			
<input type="checkbox"/> g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required)			
<input type="checkbox"/> h. Episodic: Not lasting more than 60 days: <input type="checkbox"/> SQG <input type="checkbox"/> LQG (Addendum B Required)			
<input type="checkbox"/> i. Electronic Manifest Broker , as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and transmit an electronic manifest under a contractual relationship with a hazardous waste generator.			

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

For Items 3 through 9, mark 'X' in all that apply.

- (2)
- Treater, Storer, or Disposer of Hazardous Waste**
- (at your facility—Choose Only One) 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-CommercialSpecify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.

Note: A permit maybe 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 Very Small Quantity 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**

- (8)
- ☐
- Recognized Trader**
- Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

- (9)
- ☐
- Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G**
- Mark all that apply

- ☐ a. Importer
- ☐ b. Exporter

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 must list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.

¹ D001	² D002	³ D003	⁴ D004	⁵ D005	⁶ D006	⁷ D007
⁸ D008	⁹ D009	¹⁰ D010	¹¹ D011	¹² D012	¹³ D013	¹⁴ D014
¹⁵ D015	¹⁶ D016	¹⁷ D017	¹⁸ D018	¹⁹ D019	²⁰ D020	²¹ D021

11. Other Status Changes (If no longer handling waste or closed, items 9 and 10 should be left blank and items 12-16 skipped):**(A) Central Accumulation Area (CAA) or Facility Closed:**

- ☐ Central Accumulation Area (CAA)
- ☐ Facility Closed (Complete this section only if all business activities at this facility have ceased.)

(B) Closure Dates:

- ☐ (1) Expected closure date _____ (date in mm/dd/yyyy)
- ☐ (2) Requesting new closure date _____ (date in mm/dd/yyyy)
- ☐ (3) Date of closure: _____ (date in mm/dd/yyyy)
- ☐ a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)
- ☐ b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)

(C) Property Tax Default ☐**(D) Petition for Bankruptcy Protection** ☐

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

☒ 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 20,000 Gallons or 100 Cubic Yards

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

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

F	L	D	9	8	1	9	3	2	4	9	4
---	---	---	---	---	---	---	---	---	---	---	---

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.*

FLD981932494

16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)

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. 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 changes ☐ Cancel Registration

☐ If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.
UO Collection Centers must check 16.(2) of this form (not as a registration).

(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 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 19 (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.

17. Notification of Hazardous Secondary Material (HSM) Activity

(1) ☐ Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). **(Addendum C Required)**

(2) ☐ Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate.
(Addendum C Required)

Required signature page

EPA ID No.*

FLD981932494

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

See Attachment 1 for additional EPA Waste Codes.

19. 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 known 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:

Date Signed (mm-dd-yyyy):

Print Name (First, Middle Initial, Last):

Kenneth S. Dean

Title:

Environmental Compliance Manager

Organization:

US Ecology Tampa, Inc.

Used Oil ☒

Email:

KDean2@republicservices.com

Signature of owner, operator, or an authorized representative:

Date Signed (mm-dd-yyyy):

Print Name (First, Middle Initial, Last):

Title:

Organization:

Used Oil ☐

Email:

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)



US Ecology Tampa, Inc.

PERMITTED HAZARDOUS WASTE CODES

CHARACTERISTIC WASTE

D001	D002	D003	D004	D005	D006	D007	D008	D009	D010	D011	D012	D013	D014	D015	D016	D017	D018
D019	D020	D021	D022	D023	D024	D025	D026	D027	D028	D029	D030	D031	D032	D033	D034	D035	D036
D037	D038	D039	D040	D041	D042	D043											

HAZARDOUS WASTE FROM NON-SPECIFIC SOURCES

F001	F002	F003	F004	F005	F006	F007	F008	F009	F010	F011	F012	F019	F020	F021	F022	F023	F024
F025	F026	F027	F028	F032	F034	F035	F037	F038	F039								

HAZARDOUS WASTE FROM SPECIFIC SOURCES

K001	K002	K003	K004	K005	K006	K007	K008	K009	K010	K011	K013	K014	K015	K016	K017	K018	K019
K020	K021	K022	K023	K024	K025	K026	K027	K028	K029	K030	K031	K032	K033	K034	K035	K036	K037
K038	K039	K040	K041	K042	K043	K044	K045	K046	K047	K048	K049	K050	K051	K052	K060	K061	K062
K069	K071	K073	K083	K084	K085	K086	K087	K088	K093	K094	K095	K096	K097	K098	K099	K100	K101
K102	K103	K104	K105	K106	K107	K108	K109	K110	K111	K112	K113	K114	K115	K116	K117	K118	K123
K124	K125	K126	K131	K132	K136	K141	K142	K143	K144	K145	K147	K148	K149	K150	K151	K161	

DISCARDED COMMERCIAL CHEMICAL PRODUCTS, OFF-SPECIFICATION SPECIES, CONTAINER RESIDUES AND SPILL RESIDUES THEREOF

P001	P002	P003	P004	P005	P006	P007	P008	P009	P010	P011	P012	P013	P014	P015	P016	P017	P018
P020	P021	P022	P023	P024	P026	P027	P028	P029	P030	P031	P033	P034	P036	P037	P038	P039	P040
P041	P042	P043	P044	P045	P046	P047	P048	P049	P050	P051	P054	P056	P057	P058	P059	P060	P062
P063	P064	P065	P066	P067	P068	P069	P070	P071	P072	P073	P074	P075	P076	P077	P078	P081	P082
P084	P085	P087	P088	P089	P092	P093	P094	P095	P096	P097	P098	P099	P101	P102	P103	P104	P105
P106	P108	P109	P110	P111	P112	P113	P114	P115	P116	P118	P119	P120	P121	P122	P123	P127	P128
P185	P188	P189	P190	P191	P192	P194	P196	P197	P198	P199	P201	P202	P203	P204	P205		
U001	U002	U003	U004	U005	U006	U007	U008	U009	U010	U011	U012	U014	U015	U016	U017	U018	U019
U020	U021	U022	U023	U024	U025	U026	U027	U028	U029	U030	U031	U032	U033	U034	U035	U036	U037
U038	U039	U041	U042	U043	U044	U045	U046	U047	U048	U049	U050	U051	U052	U053	U055	U056	U057
U058	U059	U060	U061	U062	U063	U064	U066	U067	U068	U069	U070	U071	U072	U073	U074	U075	U076
U077	U078	U079	U080	U081	U082	U083	U084	U085	U086	U087	U088	U089	U090	U091	U092	U093	U094
U095	U096	U097	U098	U099	U101	U102	U103	U105	U106	U107	U108	U109	U110	U111	U112	U113	U114
U115	U116	U117	U118	U119	U120	U121	U122	U123	U124	U125	U126	U127	U128	U129	U130	U131	U132
U133	U134	U135	U136	U137	U138	U140	U141	U142	U143	U144	U145	U146	U147	U148	U149	U150	U151
U152	U153	U154	U155	U156	U157	U158	U159	U160	U161	U162	U163	U164	U165	U166	U167	U168	U169
U170	U171	U172	U173	U174	U176	U177	U178	U179	U180	U181	U182	U183	U184	U185	U186	U187	U188
U189	U190	U191	U192	U193	U194	U196	U197	U200	U201	U203	U204	U205	U206	U207	U208	U209	U210
U211	U213	U214	U215	U216	U217	U218	U219	U220	U221	U222	U223	U225	U226	U227	U228	U234	U235
U236	U237	U238	U239	U240	U243	U244	U246	U247	U248	U249	U271	U278	U279	U280	U328	U353	U359
U364	U367	U372	U373	U387	U389	U394	U395	U404	U409	U410	U411						



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
06/13/2023

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 have ADDITIONAL INSURED provisions or 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 CANNON COCHRAN MANAGEMENT SERVICES, INC. 17015 NORTH SCOTTSDALE ROAD SCOTTSDALE, AZ 85255	CONTACT NAME: PHONE (A/C No.Ext): FAX (A/C No.Ext): E-MAIL ADDRESS: certificateteam@ccmsi.com														
INSURED REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: ACE American Insurance Co.</td><td>22667</td></tr><tr><td>INSURER B: Indemnity Insurance Co. of North America</td><td>43575</td></tr><tr><td>INSURER C: Illinois Union Insurance Company</td><td>27960</td></tr><tr><td>INSURER D: ACE Property & Casualty Insurance Company</td><td>20699</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Co.	22667	INSURER B: Indemnity Insurance Co. of North America	43575	INSURER C: Illinois Union Insurance Company	27960	INSURER D: ACE Property & Casualty Insurance Company	20699	INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: ACE American Insurance Co.	22667														
INSURER B: Indemnity Insurance Co. of North America	43575														
INSURER C: Illinois Union Insurance Company	27960														
INSURER D: ACE Property & Casualty Insurance Company	20699														
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER: 2284489****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			HDO G47334433	06/30/2023	06/30/2024	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 30,000,000 PRODUCTS -COMP/OP AGG \$ 20,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H10735786	06/30/2023	06/30/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY(Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			G46782148 007	06/30/2023	06/30/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B A A A C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WLR C50710397 - AOS WLR C50710324 - OR SCF C5071049A - WI WCU C50710555 - OH XS TNS C66934172 - TX NS/XS	06/30/2023 06/30/2023 06/30/2023 06/30/2023	06/30/2024 06/30/2024 06/30/2024 06/30/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE -EA EMPLOYEE \$ 3,000,000 E.L. DISEASE -POLICY LIMIT \$ 3,000,000

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

EVIDENCE OF COVERAGE - FOR USE FOR REPUBLIC SERVICES, INC. AND ALL ITS SUBSIDIARIES

CERTIFICATE HOLDER**CANCELLATION**

EVIDENCE OF COVERAGE

United States

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



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED	
POLICY NUMBER See First Page		REPUBLIC SERVICES, INC. 18500 N. ALLIED WAY PHOENIX, AZ 85054	
CARRIER See First Page	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

CERTIFICATE NUMBER: 2284489

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The following provisions apply when required by written contract. As used below, the term certificate holder also includes any person or organization that the insured has become obligated to include as a result of an executed contract or agreement.

GENERAL LIABILITY:

Certificate holder is Additional Insured including on-going and completed operations when required by written contract. Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

AUTO LIABILITY:

Certificate holder is Additional Insured when required by written contract. Coverage is primary and non-contributory when required by written contract.

Waiver of Subrogation in favor of the certificate holder is included when required by written contract.

WORKERS COMPENSATION AND EMPLOYERS LIABILITY:

Waiver of Subrogation in favor of the certificate holder is included when required by written contract where allowed by state law.

Stop gap coverage for ND and WA is covered under policy no. WLR C50710397 and stop gap coverage for OH is covered under policy no. WCU C50710555 as noted on page 1 of this certificate.

TEXAS EXCESS INDEMNITY AND EMPLOYERS LIABILITY:

Insured is a registered non-subscriber to the Texas Workers Compensation Act. Insured has filed an approved Indemnity Plan with the Texas Department of Insurance which offers an alternative in benefits to employees rather than the traditional Workers Compensation Insurance in Texas. The excess policy (#TNS C66934172) shown on this certificate provides excess Indemnity and Employers Liability coverage for the approved Indemnity Plan.

Contractual Liability is included in the General Liability and Automobile Liability coverage forms. The General Liability and Automobile Liability policies do not contain endorsements excluding Contractual Liability.

Separation of Insured (Cross Liability) coverage is provided to the Additional Insured, when required by written contract, per the Conditions of the Commercial General Liability Coverage form and the Automobile Liability Coverage form.

Umbrella/Excess Liability provides additional limits over the underlying General Liability, Automobile Liability and Employer's Liability policies shown on this certificate.



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, 2023 through December 31, 2023

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: US Ecology Tampa, Inc. 2. Site Address: 2002 N. Orient Road
3. Telephone No: 813-319-3433 ☐ Check box if any of the above items (1-3) have changed since your last registration.
4. EPA ID No. FLD 981 932 494 5. Name of person preparing report (please print) Ken Dean
6. Title: Environmental Compliance Manager 7. Phone number (if different from #3, above) _____
8. Type of operation (check all that apply): 9. Email Address: KDean2@republicservices.com
- Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor
- ☐ Marketer: ☐ On Spec ☐ Off Spec
- ☐ Burner (off-specification used oil): ☐ Industrial Furnace ☐ Industrial Boiler ☐ Utility Boiler ☐ Heater
- Used Oil Filter: ☒ Transporter ☒ Transfer Facility ☐ Processor ☐ End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS). SEE DIRECTIONS BELOW

1. Amount (in gallons) of Used Oil and Oily Wastes collected (type code)

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
14,165	36,185	0	50,350
0	0	0	
			50,350

2. Amount (in gallons) of Used Oil and Oily Wastes managed (end use code)

N - Transferred to another facility (not an end use).....

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 Line 1d and Line 3)

In State	Out of State
50,350	
50,350	
0	

DIRECTIONS FOR SECTION B

- Enter the amount of Used Oil or Oily Waste collected in gallons for type code: Automotive, Industrial, and Mixed.
 - In State
 - from Out of State
 - Beginning Inventory from last year's ending amount
 - Enter the total sum of lines a + b + c
- Enter the amount of used oil managed by your facility by end use code (N, O, F, I, B, and D).
- Enter total amount in gallons of Used Oil managed.
- 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	0	
2. Number of used oil filters collected	23,505	
3. Total number of used oil filters to manage (Line 1 plus Line 2)	23,505	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility	23,505	
b. Burned for energy recovery at a Waste-To-Energy facility	0	
c. Transferred directly to a metal foundry for recycling	0	
d. TOTAL	23,505	
5. End of year, on hand estimate (Line 3 minus 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 <input type="checkbox"/> gallons <input type="checkbox"/> cubic yards.....	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

- Enter the number of Used Oil Filters on hand, from previous year's inventory.
- Enter the number of Used Oil Filters collected.
- Enter the sum of Line 1 + Line 2.
- Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- Enter the number of filters on hand at your site as of December 31, last year.
- Fill in the number of gallons of used oil collected by your filter operation.
- Enter the number of gallons transferred to a used oil transporter or processor.
- 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.
- 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.



Sustainability in Action

Delivered via FedEx

March 4, 2024

Florida Department of Environmental Protection
Waste Management Division – HWRS, MS4560
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Re: US Ecology Tampa, Inc. – FLD981932494
Registration Renewal for Used Oil/Oil Filter Transporter and Transfer Facility

Dear Ms. Ashwood:

Please find attached the following documents for the renewal of the US Ecology Tampa, Inc. Universal Waste, Hazardous Waste, Transporter and Transfer Facility registrations.

- 8700-12FL Florida Notification or Regulated Waste Activity;
- Annual Report by Used Oil and Used Oil Filter Handlers;
- ACCORD Certification of Liability Insurance. The insurance carrier and policy are the same as what was submitted for the Department on the State of Florida Certificate of Liability Insurance in June 2023; and
- \$100.00 Used Oil and Used Oil Filter registration fee (Check no.90560). Was delivered on March 1st to the Department.

If you have questions or comments concerning this matter, please contact me at KDean2@republicservices.com or call me at 813-319-3433.

Sincerely,

Kenneth S. Dean
Environmental Compliance Manager