

# PURCHASING POLICY EXCEPTION FORM

**FROM:**

DATE: 3/16/2026  
DEPARTMENT: Landfill  
VENDOR: Shamrock Environmental Corporation

DEPT DIRECTOR/  
MGR SIGNATURE:  DATE: 3/18/2026

**Amount of Invoice:** \$5,106.23 **Invoice Date:** 7/17/2025

The attached request for disbursement does not appear to be in compliance with County Purchasing Policy, for the following reason:

This is a Piggy-Back Contract 25-P0200/FH and invoice 428069 dated 7/17/2025 did not get paid in Fiscal Year 2025. Purchase order was closed prior to processing payment.  
PO #25000594

**Please forward all documentation with this form attached, and letter of explanation, to the Chief Procurement Officer.**


**TO:** CHIEF PROCUREMENT OFFICER  
Please review, and upon approval, forward to County Administration.

 Date: 3/24/26

Resolution: Approved.

**To process this disbursement, the request must be approved by the County Administrator.**

**TO:** COUNTY ADMINISTRATOR  
Please review, and upon approval, forward to the Finance Department for processing.  
APPROVED FOR PAYMENT:

COUNTY ADMINISTRATOR (or designee):   
DATE: 3/25/26

APPROVED FOR PAYMENT:  
FINANCE DIRECTOR/  
ASST. FINANCE DIRECTOR  Date: \_\_\_\_\_

#1071444 PO # 25000594



Michaela Gambrel  
Hernando County Boco-swd  
14450 Landfill Road  
Attn: Michaela Gambrel  
Brooksville, FL 34614

Invoice Number: 428069  
Invoice Date: July 17, 2025  
Contract:  
Project: 17-WNB-25-0019  
Terms: Net 30 Days  
Customer ID: 17004204  
Page: 1 of 1

Line 1: 07602 - 5303401  
B421-220-14201-40-53400-533400

Manager: Elise Rothweiler  
Salesperson: Roger Morganett

RECEIVED FEB 19 2026

	Current Qty	Unit of Measure	Rate	Current Amount
<b>Waste Non-Hazardous Bulk T&amp;D</b>				
Date of Service 07/03/2025 PO #25000594				
Pump, transport and dispose of Leachate, Manifest Id: 378286	6,499.00	GALLON	0.230	1,494.77
Date of Service 07/05/2025 PO #25000594				
Pump, transport and dispose of Leachate, Manifest Id: 379902	7,206.00	GALLON	0.230	1,657.84
Pump, transport and dispose of Leachate, Manifest Id: 379903	8,494.00	GALLON	0.230	1,953.62
<b>Invoice Total</b>				<b>5,106.23</b>

Bill to:

Approved By:

Please remit payment to our new remittance address:

Dept #330  
PO Box 1431  
Charlotte, NC 28201

If you would like to sign up to pay via ACH please contact:  
Shamrock AR Department and/or your CSR  
receivables@shamrockenviro.com  
336-375-1989

Terms: Payment not received within 30 days  
is subject to a finance charge of  
11/2% per month or fraction thereof.

6106 Corporate Park Dr. Browns Summit, NC 27214 336-375-1989  
800-881-1098 Fax 336-375-1801

# NON-HAZARDOUS WASTE MANIFEST

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No.	Manifest Document No: <b>378286</b>	2. Page 1 of 1
3. Generator's Name and Mailing Address <b>14450 Louchkill rd Hernando County Louchkill Brooksville, FL 34614</b>		Job # <b>17WUB250019</b>		
4. Generator's Phone		Approval # <b>2021-0277</b> Waste Code <b>HMO2K</b>		
5. Transporter 1 Company Name <b>Aqua Clean Environmental</b>	6. US EPA ID Number <b>FLR 000034033</b>	A. State Transporter's ID		
7. Transporter 2 Company Name	8. US EPA ID Number	B. Transporter 1 Phone		
9. Designated Facility Name and Site Address <b>Aqua Clean Environmental 3210 Whitten Rd. Lakeland, FL 33811</b>		C. State Transporter's ID		
10. US EPA ID Number <b>FLR 000034033</b>		D. Transporter 2 Phone		
		E. State Facility's ID		
		F. Facility's Phone <b>(863) 644-0665</b>		
11. WASTE DESCRIPTION		12. Containers No.	13. Total Quantity	14. Use Vol. Adj.
a. <b>NON HAZARDOUS NON REGULATED</b>		<b>1</b>	<b>6499</b>	<b>G</b>
b. <b>Leachate Water</b>				
c.				
d.				
G. Additional Descriptions for Materials Listed Above		H. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information <b>8,34</b>				
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described and are in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. I also certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.				
Printed/Typed Name <b>KEVIN PAGOTT</b>		Signature <i>[Signature]</i>	Date Month Day Year <b>7/3/25</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name <b>JEFF MARTIN</b>		Signature <i>[Signature]</i>	Month Day Year <b>7/3/25</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name		Signature	Month Day Year	
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				
Printed/Typed Name <b>RUSIN ROTCHIL</b>		Signature <i>[Signature]</i>	Date Month Day Year <b>7/3/25</b>	

NON-HAZARDOUS WASTE GENERATOR



# NON-HAZARDOUS WASTE MANIFEST

Please print or type

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1 Generator's US EPA ID No.	Manifest Document No. <b>379902</b>	2 Page 1 of 1
3 Generator's Name and Mailing Address <b>HERNANDO LAO FILL BROOKSVILLE FL</b>		Job # <b>17-W-019-25-009</b>		Approval # <b>2021-0277</b> Waste Code <b>HM02C</b>
4 Generator's Phone:		5 Transporter 1 Company Name <b>Aqua Clean Environmental</b>	6 US EPA ID Number <b>FLR 000034033</b>	A. State Transporter's ID
		7 Transporter 2 Company Name <b>I CAQUEZ TRUCKING</b>	8 US EPA ID Number	B. Transporter 1 Phone
		9 Designated Facility Name and Site Address <b>Aqua Clean Environmental 3210 Whitten Rd. Lakeland, FL 33811</b>	10 US EPA ID Number <b>FLR 000034033</b>	C. State Transporter's ID
				D. Transporter 2 Phone
				E. State Facility's ID
				F. Facility's Phone <b>(863) 644-0665</b>
11 WASTE DESCRIPTION		12 Containers	13 Total Quantity	14 Unit Wt/Apt
		No.	Type	
a. <b>NON HAZARDOUS NON REGULATED</b>		<b>1</b>	<b>TT</b>	<b>7208</b>
b.				<b>G</b>
c.				
d.				
G. Additional Descriptions for Materials Listed Above		H. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and ADDITIONAL INFORMATION				
16. GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described herein in all respects in proper condition for transport. The materials described on this manifest are not subject to federal hazardous waste regulations. I also certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.				
Printed/Typed Name <b>Kevin Ferguson</b>		Signature <i>[Signature]</i>	Date Month Day Year <b>7 15 25</b>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name <b>YONANDER DOMINGUEZ</b>		Signature <i>[Signature]</i>	Month Day Year <b>7 15 25</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name		Signature	Month Day Year	
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				
Printed/Typed Name <b>Cham + Jani</b>		Signature <i>[Signature]</i>	Date Month Day Year <b>7 15 25</b>	

NON-HAZARDOUS WASTE GENERATOR



# NON-HAZARDOUS WASTE MANIFEST

Please print or type

<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No	Manifest Document No <b>379903</b>	2. Page 1 of
3. Generator's Name and Mailing Address <i>Herndon Landfill</i>		Job # <i>17-WWRB-25-0019</i>		
4. Generator's Phone <i>Brooksville FL</i>		Approval # <i>2021-0270</i> Waste Code <i>HM02C</i>		
5. Transporter 1 Company Name <b>Aqua Clean Environmental</b>	6. US EPA ID Number <b>FLR 000034033</b>	A. State Transporter's ID		
7. Transporter 2 Company Name <i>In Charge Trucking</i>	8. US EPA ID Number	B. Transporter 1 Phone		
9. Designated Facility Name and Site Address <b>Aqua Clean Environmental</b> 1006 N. 19th St. Tampa, FL 33605		10. US EPA ID Number <b>FLR 000034033</b>	C. State Transporter's ID	
		D. Transporter 2 Phone		
		E. State Facility's ID		
		F. Facility's Phone <b>(863) 644-0665</b>		
11. WASTE DESCRIPTION		12. Containers	13. Total Quantity	14. Unit Wt./Vol.
a. <b>NON HAZARDOUS NON REGULATED</b>		No. <b>1</b>	Type <b>TT</b>	<b>8.494</b>
b.				
c.				
d.				
G. Additional Descriptions for Materials Listed Above		H. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information				
<p><b>16. GENERATOR'S CERTIFICATION:</b> I hereby certify that the contents of this shipment are fully and accurately described and are in proper condition for transport. The materials described on this manifest are not subject to Federal hazardous waste regulations. I also certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</p>				
Printed/Typed Name <i>Kevin Ferguson</i>		Signature <i>[Signature]</i>	Date Month Day Year <i>7 5 25</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>	Month Day Year <i>7 5 25</i>	
18. Transporter 2 Acknowledgement of Receipt of Materials		Date		
Printed/Typed Name		Signature	Month Day Year	
19. Discrepancy Indication Space				
20. Facility Owner or Operator: Certification of receipt of the waste materials covered by this manifest, except as noted in item 19.				
Printed/Typed Name <i>Chas Smith</i>		Signature <i>[Signature]</i>	Date Month Day Year <i>7 5 25</i>	

NON-HAZARDOUS WASTE GENERATOR



---

RE: Shamrock Environmental Corp Inv #428069 & #448730

---

From Jeff Howley <jhowley@co.hernando.fl.us>  
Date Tue 2/24/2026 12:04 PM  
To Shannon Welge <swelge@co.hernando.fl.us>

OK TO PAY

**From:** Shannon Welge <swelge@co.hernando.fl.us>  
**Sent:** Tuesday, February 24, 2026 11:31 AM  
**To:** Jeff Howley <jhowley@co.hernando.fl.us>  
**Cc:** Scott Harper <SHarper@co.hernando.fl.us>  
**Subject:** Shamrock Environmental Corp Inv #428069 & #448730

Good morning,

Please advise if the attached invoice can be processed for payment.

Thanks!



Best regards,

*Shannon Welge*  
**Accounting Clerk III**  
**Hernando County Solid Waste & Recycling**  
15365 Cortez Blvd, 2nd Floor  
Brooksville, FL 34613  
**Phone:** (352) 754-4112 Ext. 35153  
**Email:** [swelge@co.hernando.fl.us](mailto:swelge@co.hernando.fl.us)



**HERNANDO COUNTY**  
**BOARD OF COUNTY COMMISSIONERS**  
 15470 FLIGHT PATH DR  
 BROOKSVILLE, FL 34604

**PURCHASE ORDER NO.** 25000594

PAGE NO. 1

VENDOR

kkinney@shamrockenviro.com  
 87728  
 SHAMROCK ENVIRONMENTAL CORPORATION  
 AQUA CLEAN ENVIRONMENTAL CO. LLC  
 6106 CORPORATE PARK DR  
 BROWNS SUMMIT NC 27214

**PDF COPY**

SHIP TO

NORTHWEST LANDFILL  
 14450 LANDFILL ROAD  
 BROOKSVILLE FL 34614

ORDER DATE: 03/12/25		BUYER: M. SCHMIDT		REQ. NO: RQ250657	REQ. DATE: 09/30/25
TERMS: NET 30 DAYS		F.O.B.: DESTINATION		DESC: DISPOSAL AND TRANSPORTATI	
ITEM#	QUANTITY	UOM	DESCRIPTION	UNIT PRICE	EXTENSION
<p>This Purchase is a Piggy-Back off Agency Named: Hillsborough County with Shamrock Environmental Co DEA Aquaclean Environmental Co., LLC, in accordance with its Contract No. 23-24386, Hernando County File No. 25-P0200/FH, BOCC Use Approved on: 01/28/2025, Doc ID No. 15035. The Contract Terms and Conditions apply, and the Purchase Order terms and conditions (This PO) do not apply to this purchase. Hillsborough County awarded contract on 09/07/23 for a three-year term with no renewals. Contact will expire on 09/07/2026.</p> <p>Purchase order is for Leachate hauling and disposal services.</p> <p>County Contact: Scott Harper, 352-754-4112          Contractor Contact: Robert Torok, 863-712-6631, bbtorok@acelkd.com</p>					
01	150000.00	LOT	DISPOSAL AND TRANSPORTATION OF LEACHATE ON AN AS-NEEDED BASIS.	1.0000	150,000.00
				PAGE TOTAL \$	150,000.00
				<b>TOTAL \$</b>	<b>150,000.00</b>
ITEM#	ACCOUNT	AMOUNT	PROJECT CODE		
01	07602 5303401	150,000.00			

**PDF COPY**

\*\*SEE TERMS AND CONDITIONS ON REVERSE SIDE\*\*

**APPROVED BY:**

*Robert Torok*

CHIEF PROCUREMENT OFFICER

## HERNANDO COUNTY PURCHASE ORDER TERMS AND CONDITIONS

### **GENERAL**

The condition of this order may not be changed by Vendor/Contractor. If order is not acceptable, return to Hernando County Purchasing and Contracts Department. Failure of a Vendor/Contractor to deliver according to this purchase order awarded to him or to comply with any of the terms and conditions therein may disqualify him from receiving future orders.

### **QUALITY**

All material or services furnished on this order must be as specified and subject to County inspection and approval within a reasonable time after delivery at destination. Variations in materials or services from those specified in this order must not be made without written authority from the Chief Procurement Officer. Materials rejected will be returned at the Vendor/Contractor's risk and expense.

### **QUANTITY/PRICE**

The quantity of materials ordered or the prices specified must not be exceeded without written authority being first obtained from the Chief Procurement Officer.

### **INDEMNITY AND INSURANCE**

The Vendor/Contractor agrees to indemnify and hold harmless Hernando County, including its officers, agents and employees, from all claims, damages, losses and expenses, including reasonable attorneys' fees, and costs brought or incurred on account of injuries or damages sustained by any party due to the operations of the Vendor/Contractor under this contract. The Vendor/Contractor further agrees to provide workers' compensation for all employees, and to maintain such general and auto liability insurance as is deemed necessary by the County for the particular circumstances and operations of the Vendor/Contractor. The Vendor/Contractor further agrees to provide the County with Certificates of Insurance, indicating the amount of coverage in force, upon request.

### **PACKING**

Packages must be plainly marked with shipper's name and purchase order number; charges are not allowed for boxing or crating unless previously agreed upon in writing.

### **DELIVERY**

All materials must be shipped F. O. B. destination. The County will pay no freight or express charges, except by previous agreement. If specific purchase is negotiated on the basis of F.O.B. shipping point, **VENDOR/CONTRACTOR ARE TO PREPAY SHIPPING CHARGES AND ADD TO INVOICE.** Delivery must actually be affected within the time stated on purchase made between 8:00 AM and 5:00 PM Monday to Friday inclusive unless otherwise stated. In case of default by the Vendor/Contractor, Hernando County may procure the articles or services covered by this order from other sources and hold the Vendor/Contractor responsible for any excess occasioned thereby.

### **PAYMENT**

Partial billing will be accepted only for items received within the specified delivery period. Payments for items delivered after this specified delivery period will be made after the entire order is completed and accepted by Hernando County. Payment shall be made in accordance with Florida Statute 218, Florida Prompt Payment Act. Payment for accepted equipment/supplies/services will be accomplished by submission of an invoice, in duplicate; to the Ship To Address on the front of the purchase order unless otherwise indicated.

### **MATERIAL SAFETY DATA SHEET**

The Vendor/Contractor agrees to furnish Hernando County with a current Material Safety Data Sheet (MSDS) on or before delivery of each and every hazardous chemical or substance purchased which is classified as toxic under Florida Statute 442. Appropriate labels and MSDSs shall be provided for all shipments. Send MSDSs and other pertinent data to: Hernando County Purchasing and Contracts Department, 20 North Main Street, Room 365, Brooksville, FL 34601-2828.

### **OSHA REQUIREMENT**

The Vendor/Contractor or contractor hereby guarantees Hernando County that all materials, supplies and equipment as listed on the purchase order meet the requirements, specifications and standards as provided for under the Federal Occupations Safety and Health Administration Act of 1970, as from time to time amended and in force at the date thereof.

### **LEGALLY AUTHORIZED WORKFORCE**

VENDOR/CONTRACTOR represents and warrants that VENDOR/CONTRACTOR is in compliance with all applicable federal, state and local laws, including, but not limited to, the laws related to the requirement of an employer to verify an employee's eligibility to work in the United States. VENDOR/CONTRACTOR is encouraged (but not required) to incorporate the IMAGE best practices into its business and, when practicable, incorporate verification requirements into its agreements with subcontractors. The IMAGE Best Practices can be found on the COUNTY'S website at [www.hernandocounty.us/pur/](http://www.hernandocounty.us/pur/).

### **INSURANCE**

The Contractor shall maintain in effect at all times during the performance of the services insurance coverage according to the Contract between Contractor and COUNTY. All waiver of subrogation provisions of the Contract apply. In the absence of a current Contract, the Contractor shall, at its sole expense, maintain in effect at all times during the performance of the services insurance coverage with limits not less than those set forth below (unless the County agrees in writing to lower limits) and with insurers and under forms of policies satisfactory to COUNTY; Contractor shall endorse Hernando County as an additional insured on the commercial general liability (additional insured shall read "Hernando County Board of County Commissioners"); Contractor waives subrogation as to the General Liability policy unless a policy condition prohibits pre-loss waiver of subrogation, in which case Contractor shall request of the insurer that the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others unless such policy prohibits such an endorsement or voids coverage should VENDOR/CONTRACTOR enter into such an agreement on a pre-loss basis.

<u>Coverage</u>	<u>Minimum Amounts and Limits</u>
(a) Worker's Compensation Employer's Liability	Statutory requirements at location of work \$ 100,000 each accident \$ 100,000 by employee \$ 500,000 policy limit
(b) Commercial General Liability (Additional Insured & Waiver Of Subrogation)	\$ 2,000,000 General Aggregate \$ 2,000,000 Products-Comp. Ops Agg. \$ 1,000,000 Each Occurrence \$ 5,000 Medical Expense
(c) Automobile Liability Option of Split Limits: (1.) Bodily Injury	\$ 1,000,000 Combined Single Limit (owned, hired and non-owned) \$ 1,000,000 Per Person or \$1,000,000 Per Accident