NOTICE OF POTENTIAL HAZARDOUS WASTE NON-COMPLIANCE – Page 1 of 2

FACILITY NAME		TYPE OF INSPECTION:			
Safety Kleen		CAV: ☐	CEI: ☒	CI: ☐	OTHER: ☐
ADDRESS	CITY	STATE	ZIP CODE		
8755 NW 95th Street	Medley	FL	33178		
EPA ID NUMBER	DATE OF INSPECTION	PAGE	OF		
	4/10/08	1	2		
FOLLOW UP CAV INSPECTION WITHIN 120 DAYS:	☐ YES	☒ NO			

A hazardous waste/used oil compliance inspection was made this date, under the authority of Section 403.091, Florida Statutes (F.S.), to determine your facility's compliance with Chapter 403, F.S. and Chapters 62-730 and 62-710, Florida Administrative Code (F.A.C.). Provisions of Title 40 Code of Federal Regulations (C.F.R.) Parts 260 through 268 and 279, which are cited on this form, have been adopted by reference as the state hazardous waste and used oil rules in Chapter 62-730 and 62-710, F.A.C. The following potential items of non-compliance were identified by the inspector(s). ***This is not a formal enforcement action and may not be a complete listing of all items of non-compliance which exist at the time of this inspection.***

GENERAL REQUIREMENTS:

- ☐ Failure to ensure delivery of HW to proper HW facility § 261.5
- ☐ Failure to provide hazardous waste determination § 262.11
- ☐ Failure to notify as generator § 262.12
- ☐ Failure to use a manifest or reclamation agreement § 262.20
- ☐ Failure to provide personnel training § 265.16, 262.34
- ☐ Evidence of release(s) of waste § 265.31
- ☐ Facility exceeds 90/180 day time limit § 262.34

USED OIL VIOLATIONS:

- ☒ Failure to label containers § 279.22 fix during inspection
- ☐ Failure to respond to releases § 279.22
- ☐ Failure to document used oil disposal § 279.10

CONTAINER MANAGEMENT:

- ☐ Unlabeled containers § 262.34
- ☐ Undated containers § 262.34
- ☐ Leaking or bulging containers § 262.34
- ☐ Open containers § 265.173
- ☐ Inadequate aisle space § 62-730.160

RECORDKEEPING REQUIREMENTS:

- ☐ Manifests § 262.40, § 262.44
- ☐ Training records § 262.34
- ☐ Contingency Plan § 262.34
- ☐ Weekly Inspection records § 62-730.160
- ☐ Information not posted by phone § 262.34
- ☐ Authorities not notified § 262.37

MATERIALS PROVIDED to assist in accomplishing corrective actions

- ☐ DEP Small Quantity Generator Handbook
- ☐ EPA *Understanding the Hazardous Waste Rules*
- ☐ EPA *Notification of Regulated Waste Activity*
- ☐ Florida Automotive Recyclers Handbook
- ☐ EPA *Managing Used Oil*
- ☐ Environmental Yellow Pages
- ☐ List of HW/Used Oil Transporters
- ☐ Antifreeze Recycling Vendors
- ☐ Mercury Lamp Recyclers
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

Florida Fact Sheets

- ☐ Antifreeze for Recycling / Waste Antifreeze
- ☐ Summary of Hazardous Waste Regulations
- ☐ Summary of Used Oil/Used Oil Filter Regulations
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

HAZARDOUS WASTE INSPECTION EXIT INTERVIEW SUMMARY, NOTICE OF POTENTIALVIOLATIONS

ITEMS REQUESTED OR RECOMMENDATIONS BY THE *"INSPECTOR"*:

1- Department will get back to you regarding requirements for transporter phone #s on manifests

2- Please create Operating Record for Transfer Facility that meets requirement (62.730.171(2)(e)(fac)

3- will get back w/ facility on Used Oil Acceptance and Delivery Records.

4- Please remember to label all containers while waiting for bulking

OWNER/OPERATOR COMMENTS:

The owner/operator is hereby requested to submit in writing, within 14 days of this inspection, 1) a description of all corrective actions taken, 2) a schedule for completion of corrective actions to be taken and 3) a description of efforts to prevent recurrence of the above items to the person signing as ***"INSPECTOR"***, Florida Department of Environmental Protection, 400 North Congress Avenue, Suite 200, West Palm Beach, FL 33401. The actions taken within __ days of this notice will be considered in determining whether enforcement, including the assessment of penalties, should be initiated.

IF YOU HAVE QUESTIONS, contact: Kathy Winston *at (561) 681-~~6600.~~* 6756

***"INSPECTOR"* (signature):** _____ **Date:** 4/10/08

The undersigned person hereby acknowledges that he/she received a copy of this notice and has read and understands the same.

SIGNATURE:	**PRINTED NAME:** Todd Klein
TITLE: Customer Service Manager	**DATE:** 4/10/08

3-097-02

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: FLD137901146
2. Page 1 of: 1
3. Emergency Response Phone: 1-800-468-1760
4. Manifest Tracking Number: 000404964 SKS

5. Generator's Name and Mailing Address
GOODYEAR 6644
NORTON TIRE
MIAMI
9001 S DIXIE HWY
FL 33186
Generator's Site Address (if different than mailing address)
Generator's Phone: 305-667-7575

6. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC.
U.S. EPA ID Number: TXR000050930

7. Transporter 2 Company Name
U.S. EPA ID Number:

8. Designated Facility Name and Site Address
SAFETY-KLEEN SYSTEMS, INC. 309702
8755 NORTHWEST 95TH ST
MEDLEY, FL 33178
Facility's Phone: 305-884-0123
U.S. EPA ID Number: FLD984171694

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1 USED OIL (NOT USDOT HAZARDOUS MATERIAL)	1	TT	325	G	NONE
	2 USED OIL AND WATER MIXTURE (NOT USDOT HAZARDOUS MATERIAL)	1	TT		G	NONE
	3.					
	4.					

14. Special Handling Instructions and Additional Information: SK TRCKM108270794 0033768323 0000139249 0714 S1

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: [illegible] Signature: [illegible] Month Day Year

INT'L
16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER
17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: Eddie Hall Signature: Eddie Hall Month 3 Day 3 Year 07
Transporter 2 Printed/Typed Name: Signature: Month Day Year

DESIGNATED FACILITY
18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
18b. Alternate Facility (or Generator) U.S. EPA ID Number
Facility's Phone:
18c. Signature of Alternate Facility (or Generator) Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.
H141	H141		

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: [illegible] Signature: [illegible] Month 4 Day 3 Year 07

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.
1)0000850 2) 0000927 3) 4)

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

3-097-02

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
FLD137901146	1	1-800-468-1760	001672342 SKS

GENERATOR

5. Generator's Name and Mailing Address
GOODYEAR 6644
9001 S DIXIE HWY
MIAMI FL 33186
Generator's Phone: 305-667-7575

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC. — U.S. EPA ID Number: TXR000050930

7. Transporter 2 Company Name — U.S. EPA ID Number

8. Designated Facility Name and Site Address: SAFETY-KLEEN SYSTEMS, INC. 309702
8755 NORTHWEST 95TH ST
MEDLEY, FL 33178
Facility's Phone: 305-884-0123
U.S. EPA ID Number: FLD984171694

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
X	1 WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII	1	DM	8	G	D039		
X	2 HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)	1	DF	4	G	D039		
	3.							
	4.							

14. Special Handling Instructions and Additional Information: SK TRCK#110430408 0038707653 0000139249 0915 12
1)ERG#128; 2)ERG#171

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name — Signature — Month Day Year

INT'L

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:
Transporter signature (for exports only):

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name — Signature — Month Day Year
Transporter 2 Printed/Typed Name — Signature — Month Day Year

DESIGNATED FACILITY

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

18b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:

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West Palm Beach

18c. Signature of Alternate Facility (or Generator) — Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.
H141	H141		

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name — Signature — Month Day Year

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

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11-01-05 10:11 FROM

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number FLD137701146	2. Page 1 of 1	3. Emergency Response Phone 1-800-468-1760	4. Manifest Tracking Number 002087619 SKS

5. Generator's Name and Mailing Address
GOODYEAR 6644
9001 S DIXIE HWY
MIAMI FL 33186
Generator's Phone: 305-667-7575

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC. — U.S. EPA ID Number: TXR000050930

7. Transporter 2 Company Name — U.S. EPA ID Number

8. Designated Facility Name and Site Address: SAFETY-KLEEN SYSTEMS, INC. 309702
8755 NORTHWEST 95TH ST
MEDLEY, FL 33178
Facility's Phone: 305-884-0123
U.S. EPA ID Number: FLD984171694

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
X	1WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII	1	DM	8	G	D039		
X	2HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)	1	DF	4	G	D039		
	3.							
	4.							

14. Special Handling Instructions and Additional Information: SK TRCK#110770598 0039540799 0000139249 0933 12
1)ERG#128;2)ERG#171

SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: [illegible] — Signature — Month 10 Day 4 Year 09

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:
Transporter Signature (for exports only):

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: [illegible] — Signature — Month 10 Day 04 Year 09
Transporter 2 Printed/Typed Name — Signature — Month Day Year

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:
18b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:
18c. Signature of Alternate Facility (or Generator) — Month Day Year

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19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.
H141	H141		

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name: [illegible] ADAMS — Signature — Month 10 Day 04 Year 09

GENERATOR — TRANSPORTER — INTL — DESIGNATED FACILITY

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DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

7096

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: FLD137901146
2. Page 1 of: 1
3. Emergency Response Phone: 1-800-468-1760
4. Manifest Tracking Number: 003660435 FLE

GENERATOR

5. Generator's Name and Mailing Address:
GOODYEAR 6644
9001 S DIXIE HWY
MIAMI FL 33156-1620
Generator's Phone: 305-667-7575

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC.
U.S. EPA ID Number: TXR000050930

7. Transporter 2 Company Name:
U.S. EPA ID Number:

8. Designated Facility Name and Site Address:
SAFETY-KLEEN SYSTEMS, INC.
8755 NORTHWEST 95TH ST
MEDLEY, FL 33178
Facility's Phone: 305-884-0123
U.S. EPA ID Number: 7098 FLD984171694

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
X	1. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA)NA1993 PGIII	1	DM	10	G	D039		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information
SK SHIP#202300158 52375668 139249 201047 CSO: 12

1)ERG#128;
24 HR EMERGENCY #1-800-468-1760 (SAFETY-KLEEN - 94138)
SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: [illegible] Signature: [signature] Month: 11 Day: 18 Year: 10

INT'L

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Lazwo Hender Signature: [signature] Month: 11 Day: 18 Year: 10

Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

18b. Alternate Facility (or Generator) U.S. EPA ID Number:
Facility's Phone:

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18c. Signature of Alternate Facility (or Generator) Month: Day: Year:

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.
H141			

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name: Bo Adams Signature: [signature] Month: 11 Day: 18 Year: 10

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

7096

Signed 12/28/10

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Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
	FLD137901146	1	1-800-468-1760	003630436 FLE

GENERATOR

5. Generator's Name and Mailing Address
GOODYEAR 6644
9001 S DIXIE HWY
MIAMI FL 33156-1620
Generator's Phone: 305-667-7575

Generator's Site Address (if different than mailing address)

6. Transporter 1 Company Name: SAFETY-KLEEN SYSTEMS, INC. — U.S. EPA ID Number: TXR000050930

7. Transporter 2 Company Name — U.S. EPA ID Number

8. Designated Facility Name and Site Address: SAFETY-KLEEN SYSTEMS, INC.
433 E 138TH ST
DOLTON, IL 60419
Facility's Phone: 708-225-6100 — U.S. EPA ID Number: ILD980613913

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
X	1. HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039)	1	DF	5	G	D039		
	2.							
	3.							
	4.							

14. Special Handling Instructions and Additional Information: SK SHIP#202300159 52375668 129249 201047 CSB 12

1)ERG#171;
24 HR EMERGENCY #1-800-468-1760 (SAFETY-KLEEN - 94138)
SK AUTHORIZED TO RETAIN LICENSED SUBSEQUENT CARRIERS AS NECESSARY

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: X — Signature: X — Month 11 Day 18 Year 10

INT'L

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials
Transporter 1 Printed/Typed Name: — Signature — Month 11 Day 18 Year 10
Transporter 2 Printed/Typed Name: — Signature — Month Day Year

DESIGNATED FACILITY

18. Discrepancy
18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

18b. Alternate Facility (or Generator) — U.S. EPA ID Number
Facility's Phone:

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16c. Signature of Alternate Facility (or Generator) — Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
1. 2. 3. 4.

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
Printed/Typed Name — Signature — Month Day Year

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY'S COPY

REFERENCE NBR.
CUSTOMER#/GENERATOR: 139249 GOODYEAR 6644 51910334
9001 S DIXIE HWY
MIAMI FL 33156-1620 SRVC DATE: 09/23/10
PHONE 305-667-7575
GENERATOR USEPA ID. FLD137901146 GENERATOR STATE
MANIFEST# 51910334 FORM CD: NR SK SHIP# 201826043
CARRIER 1 TXR000050830
CARRIER 2

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)

USED OIL
(NOT USDOT HAZARDOUS MATERIAL)
FEDERAL WASTE CODES NONE
STATE WASTE CODES
TOTAL CONT 1 TYPE TT WT/VOL G SKDOT 850
CNT#: 100829682460 QTY: 425 PROFILE: 0150105

DESIGNATED FACILITY NAME/ADDRESS:
SAFETY-KLEEN SYSTEMS, INC.
8755 NORTHWEST 95TH ST
MEDLEY, FL 33178

FACILITY USEPA ID NO FLD984171694
FACILITY STATE ID NO

Used oil in drums for non-auto generators classified as high risk.
Used oil certification form is required for all customers (initial sign-up and when status changes).

GENERATOR STATUS
CESQG: Vehicle

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrichloroethane dry cleaning solvents. Safety-Kleen and customer agree that this agreement is intended to satisfy the requirements of 40 CFR 262.20(e). IN THE EVENT OF AN EMERGENCY CALL 24 HR EMERGENCY

X

CUSTOMER / GENERATOR :chino

X

TRANSPORTER :EHALL

LAST PAGE

BRANCH 7096 CSG 52 EHALL. 09/23/10 10:20 PAGE 1

Safety-Kleen Systems, Inc.

5360 Legacy Drive.
Building 2, Suite 100
Plano, Texas 75024
800-669-5740
305-884-0123

REFERENCE NBR. 51910334
SRVC WEEK: 2010-39
SRVC DATE: 09/23/10 10:20

CUSTOMER# 139249 GOODYEAR 6644
9001 S DIXIE HWY
MIAMI FL 33156-1620
PHONE 305-667-7575

TAX EXEMPTION NBR

PURCHASE ORDER#

PRODUCT/SERVICES

SERVICE/ PRODUCT		QTY	UNIT PRICE	TAX	TOTAL CHARGE
66673	USED OIL SKV NON PHEQ CRE	425.000	-0.5500	0.00	-233.75
	SERVICE TERM 4				
	HALOGEN / CHLOR-D-TECT TEST RESULT PASS: PPM < 1000				
	TOTAL SERVICE/PRODUCTS		-0.5500	0.00	0.00

TOTAL CHARGE 0.00
CREDITS -233.75
TOTAL DUE -233.75

UNPAID BALANCE THIS RECEIPT 0.00

Used oil in drums for non-auto generators classified as high risk. Used oil certification form is required for all customers (initial sign-up and when status changes).

GENERATOR STATUS
CESQG: Vehicle

Customer certifies that (i) the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and (ii) no material change has occurred either in the characteristics of the waste/material or in the process generating the waste/material. Customer agrees to pay the above charges and to be bound by the terms and conditions (1) set forth in (a) the General Terms and Conditions provided separately to Customer or (b) any SK agreement signed by Customer and SK, and (2) incorporated herein by reference. Unless otherwise indicated in the payment received section, SK is authorized to charge Customer's account for this transaction. Customer certifies that the individual signing this Service Acknowledgement is duly authorized to sign and bind Customer. The following provision is applicable to Safety-Kleen's parts cleaner and paint gun cleaner services: Customer agrees that it will not introduce any substance into the solvent or aqueous cleaning solution, including without limitation any hazardous waste or hazardous waste constituent, except to the extent such introduction is incidental to the normal use of the machine. Customer further agrees that it will not clean parts/paint guns that have been contaminated with or otherwise introduce polychlorinated biphenyls (PCB's), herbicides, pesticides, dioxins or listed hazardous waste into the solvent or aqueous cleaning solution. Safety-Kleen has the capacity and is permitted to accept, store, and/or reclaim the spent parts washer solvent; paint thinners, solvents and paints generated by customer; or dry cleaning filter cartridges, powder, and still residues containing perchloroethylene, petroleum naphtha, or trifluorotrichloroethane dry cleaning solvents. Safety-Kleen and customer agree that this agreement is intended to satisfy the requirements of 40 CFR 262.20(e). IN THE EVENT OF AN EMERGENCY CALL 24 HR EMERGENCY

X

CUSTOMER / GENERATOR :chino

X

TRANSPORTER :EHALL

Safety-Kleen
1501 Gervais Street - Suite 300
COLUMBIA, SOUTH CAROLINA 29201

OIL RECOVERY PLACEMENT FORM

0000-1392-49

FOR SERVICE CALL	BRANCH MANAGER	
305 884-0123	TOM KLEIN	P002069978

BILL TO: (IF DIFFERENT FROM LOCATION)

NAME	TITLE	SIGI
1.		
2.		

NAME: Goodyear 6644
INFORMATION / ATTENTION LINE:
DELIVERY ADDRESS: 9005 NW 116 Way
CITY: Medley STATE: FL
ZIP: 33166

NAME:
INFORMATION / ATTENTION LINE:
DELIVERY ADDRESS:
CITY: STATE:
ZIP:

LOCATION

BUSINESS TYPE	CHAIN	OUTER COUNTY	SVO P/C	PROD. P/

TERRITORY	CREDIT CODE	TAX EXEMPTION NO.

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
4/16/09	433941								

DEPT	SERVICE/ PRODUCT	SURVEY NUMBER	UNIT PRICE	QUANTITY	CHARGE	SALES TAX	TOTAL CHARGE	CHLORINE TEST RESULTS: HALOGEN PRESENT PASS	FAIL	CHLOR-D-TECT RESULTS (PPM)	TESTERS INITIALS	SK DOT NUMBER	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCH. DATE	PROMO NO.	RELEASE
1	66455		Used Oil	450				☑	☐	2-100	BM	850						
2								☐	☐									
3								☐	☐									
4	66663		O&G Wtr.	185				☑	☐	2-100	BM	927						
5								☐	☐									
	TOTAL-SERVICE/PRODUCTS							TANK CAPACITY										

TRANSPORTER DATE 4/16/09

Eddie Abel — PRINT NAME

x Eddie Abel — SIGNATURE

FACILITY DATE / /

PRINT NAME

X SIGNATURE

GENERATOR STATUS: CHECK ONLY ONE BOX BELOW

GENERATOR: HAZARDOUS WASTE CLASSIFICATION *	VEHICLE FLUIDS ONLY	OTHER NON-VEHICLE FLUIDS
CESQG	☑ 1	☐ 3
SQG/LQG	☐ 2	☐ 4

1 NO PREQUAL REQUIRED, NO HALOGEN TEST
2 NO PREQUAL REQUIRED, HALOGEN TEST AT PICK-UP
3 PREQUAL REQUIRED, NO HALOGEN TEST
4 PREQUAL REQUIRED, HALOGEN TEST AT PICK-UP
* REFER TO REVERSE SIDE FOR DEFINITIONS

MANIFEST NO.

USEPA TRANSPORTER ID NO. TXR000050930

GENERATOR USEPA ID NO.

GENERATOR STATE ID NO.

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
A. USED OIL (NOT USDOT HAZARDOUS MATERIAL)	001	TT	450	GL	850
B. USED OIL AND WATER MIXTURE (NOT USDOT HAZARDOUS MATERIAL)	001	TT	185	GL	927
C. USED ANTIFREEZE (NOT USEPA OR USDOT REGULATED)					1176
D.					

INTERMEDIATE FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC.

USA EPA ID NO.

STATE ID NO.

CASH ☐ CHECK NUMBER

TOTAL RECEIVED

APPLY PAYMENT TO:
☐ TODAY'S SERVICE/SALE
☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST CODE	SEQ #
	2

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION

Customer certifies 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 U.S. Environmental Protection Agency and the U.S. Department of Transportation

ADDITIONAL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS DOCUMENT ARE INCORPORATED HEREWITH MADE A PART HEREOF.

Print Name

X GENERATOR/SHIPPER DESIGNATED REPRESENTATIVE SIGNATURE

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

TOTAL DUE

DO NOT WRITE IN THE AREA BEL

P002069978

433941

3056611744 p.10 Goodyear 6644 Sep 22 10 10:54a

safety-kleen
5400 Legacy Drive, Cluster II, B3
Plano, Texas 75024
800-669-5740
www.safety-kleen.com

WE CARE

CUSTOMER NO. 000-139-249

CUSTOMER / GENERATOR: Good Year / 9001 Sapphire Way / Naples FL

BILL TO

FOR SERVICE CALL	BRANCH MANAGER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
305 364-0121	TODD KLEIN		39		M0055800

CREDIT CODE	PREVIOUS BALANCE	BAL. OVER 60 DAYS

CUSTOMER SEGMENT	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P/C

LOCATION	TAX EXEMPTION NO.
309702	

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	DATE EQPT/PROD ORDERED	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
6/17/13	434167				PW			

	DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN.	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS CLEAN	SPENT	# OF CONT.	SK DOT	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)(INITIAL)	CHANGE SCH DATE (YY WY)	INV. CODE	PROMO NO.
1		15501	[illegible]	5.0	1		1.5	315											
2		822		295	1		2.03	31.55											
3																			
4																			
5																			
6										RECEIVING RECORD									
7																			
8																			
9																			
10																			
11																			
12																			

TOTAL-SERVICE/PRODUCTS 32552

CHECK APPROPRIATE BOXES

	GOOD	POOR
MACHINE CONDITION & CLEANLINESS	☐	☐
LAMP ASSEMBLY CONDITION	☐	☐

	YES	NO
DECALS IN PLACE AND LEGIBLE	☐	☐
FUSIBLE LINK INSTALLED	☐	☐
EMERGENCY CLOSING OF LID UNOBSTRUCTED	☐	☐
MACHINE PROPERLY GROUNDED	☐	☐
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	☐	☐
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	☐	☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
TXR000050930			

	11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	TYPE	13. TOTAL QUANTITY	14. UNIT WT/VOL	SK DOT NUMBER
A.	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PG III (D039) ERG#128) 6.7LBS/GAL					717
B.	WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PG III RQ (D003) (ERG#128) 6.7 LBS/GAL (D018,D039,D040)					801
C.	HAZARDOUS WASTE, LIQUID, N.O.S. 9 NA3082 PG III (D039) ERG#171 AQUEOUS BRAKE CLEANER (8.33 GAL)					829
D.						

11/03/05

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

- 0 TO 220 LBS./MONTH ____ INITIALS
- 220 LBS. TO 2,200 LBS./MONTH ____ INITIALS
- GREATER THAN 2,200 LBS./MONTH ____ INITIALS

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN SYSTEMS, INC.

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO.

STATE ID NO.

PAYMENT RECEIVED SECTION

CASH ☐	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #	AMOUNT $	INVOICE #	AMOUNT $

PREVIOUS CREDIT CARD NO

CREDIT CARD NO. | AMEX VISA MC | EXP. DATE

CUSTOMER REFERENCE INFORMATION

MANIFEST NO.	
LDR MESSAGE	
MANIFEST CODE	SEQ #
	2

IN THE EVENT OF AN EMERGENCY CALL 1-800-468-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

"This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Print Customer Name

By: ____ Customer's Authorized Representative

VISA

TOTAL CHARGE (FROM ABOVE)	
WASTE MIN. (FROM ABOVE)	
TOTAL DUE	

DO NOT WRITE IN THE AREA BELOW

M0055800
434167

THIS AGREEMENT CONTINUES ON THE REVERSE SIDE