



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blairstone Road
Tallahassee, Florida 32399-2400

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

01/26/2009

Jeff Curtis, EHS Manager
Safety - Kleen Systems Inc
5610 Alpha Dr
Boynton Beach, FL 33426-8329

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Safety - Kleen Systems Inc located at **4426 Entrepot Blvd, Tallahassee.**

FLD982133159

Your facility has been registered with the following requested status/activities:

**Treater/Storer/Disposer, HW Transporter, Large Quantity Generator
Used Oil Recycler, Oil Filters, Transfer Facility, Used Oil Transporter
Small Quantity Handler of Universal Battery Transporter, Universal Lamp Transporter,
Univers**

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706.

Sincerely,

for Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 20821 , Email Address: jeff.curtis@safety-kleen.com

Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD982133159



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8760

Date Received _____
(for FDEP Official Use Only)

EPA ID

FLD 982133159

MTS

RCA Info

1. Reason for Submittal

Check correct
box:

☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).

☒ To provide subsequent notification (to update status and facility identification information).

2. Facility or Business Name

Safety-Kleen Systems, Inc.

3. Facility Operator (List additional Operators in the comments section).

Name of Operator:

Safety-Kleen Systems, Inc.

☐ New Operator

Date became Operator: 1/1/1990
mm dd yyyy

Street or P.O. Box:

5360 Legacy Dr., Bldg. 2, Suite 100

Phone Number:

972-265-2000

City or Town:

Plano

State:

TX

Zip Code:

75024

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical Location Information

Physical Street Address:

4426 Entrepot Blvd.

City or Town:

Tallahassee

State:

FL

Zip Code:

32310

County:

Leon

Land Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

Latitude:

30

23

58. N

Longitude:

84

19

36 W

Method:

d d m m s s . ssss

d d m m s s . ssss

Datum:

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

A.

562112

B.

C.

D.

6. Facility Mailing Address

Street Address or P.O. Box:

4426 Entrepot Blvd.

City or Town:

Tallahassee

State:

FL

Zip Code:

32310

7. Facility Contact Person

First Name:

JEFF

Last Name:

Curth

Title:

EHS Manager

Phone Number:

561-523-4719

Extension:

E-Mail:

jeff.curth@safety-kleen.com

Street or P.O. Box:

5610 Alpha Dr.

City or Town:

Boynton Beach

State:

FL

Zip Code:

33426

8. Real Property Owner of the Facility's Physical Location

Name of Real Property Owner:

Safety-Kleen Systems, Inc.

☐ New Owner

Date became Owner: 1/1/1990
mm dd yyyy

Street or P.O. Box:

5360 Legacy Dr., Bldg. 2, Suite 100

Phone Number:

972-265-2000

City or Town:

Plano

State:

TX

Zip Code:

75024

Owner Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other



Initials _____

Date _____

9. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes):

A. Hazardous Waste Activities:

For Items 2 through 7, check all that apply.

1. Generator of Hazardous Waste

(Choose only one of the following three categories.)

- ☒ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):
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).

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

2. ☒ Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.

3. ☐ Recycler of Hazardous Waste (at your facility)
Specify: ☐ Commercial; ☐ Non-Commercial.
Note: A hazardous waste permit may be required for this activity.

4. ☐ Exempt Boiler and/or Industrial Furnace
☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

5. ☐ Person Authorized to Manage Conditionally Exempt Waste generated at other facilities - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

6. ☐ Underground Injection Control

7. ☒ Transporter of Hazardous Waste Note: A Certificate of Liability Insurance is required along with this registration. Registration must be renewed annually. ☐ a. For own waste only; ☒ b. For Commercial Purposes

c. Hazardous Waste Transporter Insurance Information:

Insurance Company _____

Address _____

Contact: _____ Telephone: _____

Policy Number: _____ Expiration date: _____

- d. Transportation Mode: ☐ Air; ☐ Rail; ☒ Highway; ☐ Water; ☐ Other - specify _____

- e. ☒ Hazardous Waste Transfer Facility: Storage Volume _____

B. Universal Waste (UW) Activities:

1. Indicate types of UW generated and/or accumulated at your facility (includes destination facilities). (check all boxes that apply)

	Generate/ Accumulate	Transport
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Mercury Containing Thermostats	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) <u>Electronics</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Maximum quantity of UW handled/transported at any time

- ☐ a. 5,000 kg or more; Large Quantity Handler (LQH)
- ☐ b. More than 1 kg of acutely hazardous pharmaceutical waste ("P-listed") (LQH)
- ☒ c. Less than 5,000 kg (11,000 lbs); Small Quantity Handler (SQH)

3. ☐ Destination Facility for UW

Note: For this activity, a facility must treat, dispose or recycle a UW. A facility must either have a hazardous waste permit or recycle the UW without storing it.

4. ☒ Transporter of UW

9. Type of Regulated Waste Activity - continued (Mark 'X' in the appropriate boxes):**C. Used Oil Activities:****1. Used Oil Transporter - Indicate type(s) of activity(ies)**

- ☒ a. Transporter
☒ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate type(s) of activity(ies)

- ☐ a. Processor
☐ b. Re-refiner

3. ☐ Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate type(s) of activity(ies)**

- ☐ a. Marketer who directs shipment of off-specification used oil to off-specification used oil burner
☐ b. Marketer who first claims the used oil meets the specifications

5. ☐ Used Oil Generator**D. Other State Regulated Waste Activities:****1. ☒ Used Oil Filter Handler****2. ☐ PCW Handler**

These activities may require additional submissions.

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

1 D001	2 D004	3 D005	4 D006	5 D007	6 D008	7 D009
8 D010	9 D011	10 D018	11 D019	12 D021	13 D022	14 D023
15 D024	16 D025	17 D026	18 D027	19 D028	20 D029	21 D030
22 D032	23 D033	24 D034	25 D035	26 D036	27 D037	28 D038

11. Other Status Changes (Mark 'X' in the appropriate boxes):D039, D040, D041, D042, D043
F001, F002, F003, F004, F005**A. Non-Handler of Regulated Waste at this facility**

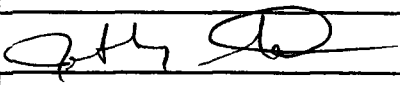
- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.
☐ 2. Waste generated by business has been delisted.
☐ 3. Other (explain) _____

B. Facility Closed

- ☐ 1. Closed at this location and **moved or moving** to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ 2. Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.
 Contact _____ Phone _____
 Address _____
 City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection****12. Comments:**

13. 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. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	JEFF CURTIS, EHS manager	2/2/09

14. Additional Comments

or optionally, include a map or sketch of the facility boundaries to aid in establishing an accurate Latitude/Longitude for your facility: