



## 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

01/27/2009

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 **161 Industrial Loop S, Orange Park.**

**FLD980847214**

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 Redig

Michael X. Redig  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 2319 , Email Address: [jeff.curtis@safety-kleen.com](mailto:jeff.curtis@safety-kleen.com)

Link: [http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLD980847214](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD980847214)



# 8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 N 07 2009  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8760

Date Received  
(for FDEP Official Use Only)

EPA ID

FLD 980847214

## 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: 03/01/1985  
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:

161 Industrial Loop South

City or Town:

Orange Park

State:

FL

Zip Code:

32073

County:

Clay

Land Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

Latitude:

30 10 46. N

Longitude:

81 43 08. 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:

161 Industrial Loop South

City or Town:

Orange Park

State:

FL

Zip Code:

32073

## 7. Facility Contact Person

First Name:

JEFF R

Last Name:

Curts

Title:

Env manager

Phone Number:

561-523-4719

Extension:

E-Mail:

jeff.curts@safety-keen.com

Street or P.O. Box:

5610 Alpha Drive

City or Town:

Barton Beach

State:

FL

Zip Code:

33426

## 8. Real Property Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property Owner:

Safety-Kleen Systems, Inc.

☐ New Owner

Date became Owner: 03/01/1984  
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:**

These activities may require additional submissions.

**1. ☒ Used Oil Filter Handler****2. ☐ PCW Handler****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**

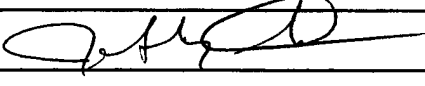
- ☐ 1. Business no longer generates, transports, treats, stores, or disposes of hazardous waste.  
☐ 2. Waste generated by business has been delisted.  
☐ 3. Other (explain) \_\_\_\_\_

**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 CLARK, 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: