

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

02/20/2009

Dan Appelt Safety-Kleen Systems Inc 3003 W Breezewood Lane P O Box 368 Neenah, WI 54957-0368

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **5610 Alpha Dr**, **Boynton Beach**, **FL 33426-8329** has been registered through **March 1**, **2010** with the following status:

Facility ID # FLD984167791

Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices
(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year 2010 will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace

Environmental Specialist

Hazardous Waste Management Section

Enclosures



SAFETY-KLEEN SYSTEMS, INC.

Corp. Compliance, 1502 Villa Street, 2nd Floor, Elgin, IL 60120

CERTIFIED MAIL - 7005 1160 0004 8573 9640

January 21, 2009

FLDEP – HW Management Section Attn: Laurie Tenace, MS 4555 2600 Blair Stone Road Tallahassee, FL 32399-2400

RE: 2008 Lamp and Device Transporter Renewal

Ms. Tenace,

Please find attached the 2008 Report for Safety-Kleen Systems, Inc. It includes a registration form and checklist for all Safety-Kleen sites servicing Florida Lamp and Device generators.

If there is any additional information required, or should you have any questions/comments, please contact me at 800-669-5840 ext. 6725 or email ben.smith@safety-kleen.com

Sincerely,

Ben Smith

Safety-Kleen Systems, Inc.

847-468-6725 - phone

847 - 468 - 6729 - fax

ben.smith(a)safety-kleen.com

Cc: file, CWC

FLORIDA

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division–HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8772 Date Received (for FDEP Official Use Only).

EPA ID F L D	9 8 4 1 6	7 7 9 1	MTS			RCRA	nio
1. 2. 643011 101	Mark 'X' in						
2. Facility or Business Name	SAFETY-KLEEN SYSTEMS, INC.				FEID No. 396090019		
3. Facility Operator (List additional Operators in the	Name of Operator: SAFETY-KLEEN SYSTEMS, INC.				New Operator Date became Operator: 10 /10 /89 mm dd yy		
comments section).	Street or P.O. Box	[:] 5610 AL	PHA DRIVE		Phone	Number:	561-736-1339
	City or Town: BOYNTON BEACH			State:	FL.	Zip Code:	33426
	Operator Type:	Operator Type: Private Federal Municipal State Other					
4. Facility Physical Location	Physical Street Address: 5610 ALPHA DRIVE						
Information	City or Town: BOYNTON BEACH			State:	FL	Zip Code:	33426
	County: Palm Be	each	If available, please attach a map or sketch of the facility boundaries.				
	Latitude: Method: dd mm ss.ssss dd mm ss.ssss Datum:						
5. Facility North Am Classification Syst Code(s)		-			B. D.		
6. Facility or	Street Address or P.O. Box: 5610 ALPHA DRIVE						
Business Mailing Address	City or Town:	BOYNTON B	EACH	State:	FL	Zip Code:	33426
7. Facility or Business Contact Person	First Name:	JEFF	Last Name: C	URTIS		Title: EHS	MANAGER
	Phone Number:	(561)738-3026	Extension:	E-Mail:	jeff	.curtis@safe	ety-kleen.com
	Street or P.O. Box: 5610 Alpha Drive						
	City or Town: BOYNTON BEACH			State:	FL	Zip Code:	33426
8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments	Name of Real Property (Land) Owner: SAFETY-KLEEN SYSTEMS, INC.			New Owner Date became Owner: 10 / 10 / 89 mm dd yy			
	Street or P.O. Box5360 LEGACY DRIVE, BLDG 2, SUITE 100 Phone Number: 800-669-5840						
	City or Town:	: PLANO			TX	Zip Code:	75024
section.)	Owner Type: Private Federal Municipal State Other						

	EPA ID No. FLD984167791					
9. Type of Regulated Waste Activity (Mark 'X' in all that apply):						
9. Type of Regulated Waste Activity (Mark 'X' in all that A. Hazardous Waste Activities: (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):	For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste					
Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 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	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) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.					
and and company	waste only 🗵 b. For commercial purposes					
d. Transportation Mode Air Rail Highway	Telephone 972-265-2854 Expiration date 09-01-2009 □ Water □ Other - specify					
Florida Administrative Code (F.A.C.)]:	ity [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] Rule 62-730.171(3)(a)6., F.A.C.]					
Notification of changes in above items Annual update notification						

	FLD984167791 EPA ID No.				
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):					
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of	f any combination of UW accumulated				
Small Quantity Handler (SQH) = always less than 5,000 kg accur	mulated				
Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler					
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lam	Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler				
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamp	ps) accumulated by for-hire handler				
[Note: $4 \text{ lamps} = 1 \text{ kg}$, $62-737.200(10)$]					
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	eutical waste (UPW) accumulated				
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazard	dous ("P-listed") pharmaceutical waste accumulated				
Pharmaceuticals SQH = always less than 5,000 kg of UPW and a	always 1 kg or less of acutely hazardous UPW accumulated				
	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.				
a. Batteries	550				
b. Pesticides	500				
c. Pharmaceuticals	500				
d. Mercury Containing Devices	150				
e. Mercury Containing Lamps	1000				
· · · · · · · · · · · · · · · · · · ·	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]				
(4) Reverse Distributor of UW Pharmaceuticals	☐ Lamps ☐ Devices ☐				
(5) Destination Facility for UW Note: for this activity storage prior to recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for veling.				
	8) Specific Certification to be signed by all Used Oil Transporters				
(1) Used Oil Transporter - indicate type(s) of activity(ies):	I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C. Signature of Authorized Person DAN APPELT Print Name of Authorized Person				
(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection. ☐ A check is enclosed.	(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one): ☐ our mailing (business) address ☐ the site (facility) address				

				EPA ID No.		FLD9841	67791
D. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.							
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.							
⁷ D001	D001 ² D004 ³ D005 ⁴ D006 ⁵ D007 ⁶ D008 ⁷ D009						
⁸ D010	⁹ D011	^{/0} D018	¹¹ D019	^{/2} D021	13 D	022	D023
¹⁵ D024	¹⁶ D025	¹⁷ D026	¹⁸ D027	¹⁹ D028	²⁰ D(029 21	D030
²² D032	²³ D033	²⁴ D034	²⁵ D035	²⁶ D036	²⁷ D(037 28	D038
11. Other Statu	is Changes (Mar	k 'X' in all that a	pply):				
 □ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste □ (2) Waste generated by business has been delisted. □ (3) Other (explain) ■ Facility Closed □ (1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there. □ (2) Out of Business - Business closed on							
C. Pro	C. Property Tax Default D. Petition for Bankruptcy Protection						
12. 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 knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.							
Signature of ow	ner, operator, o representative	r an authorized	P	rint Name and	Title		Date Signed (mm-dd-yyyy)
(c) con	- Worn	b	DAN A	PPELT - DIF	RECTOR		121/2009
(
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below: BEN SMITH 847-468-6725 BEN.SMITH@SAFETY-KLEEN.COM							
(Name of person o	completing this form	n)	(Phone Number)		(E-mail A	Address)	
13. Comments: 10. CONT. E	0039, D040, D0	D41, D042, D0	043, F002, F00	3, F005			



Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 David B. Struhs Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers that are not engaging in transport activities need not complete this form.

Salety -Kleen Systa	ms, Inc 5610	Alpha Dr Soyn to	a Beach, FL
Salety - Riken Systs Facility Name	Street Address	City and St	a Beach, FL
847-468-6725	847-468-6	729 ben. smi	the Oscolety-hern, co.
Phone	Fax	E-mail	•
		acilities (in-state and out-of all boxes that apply.	f-state).
1. Estimated <u>number</u> of 10, 800	LAMPS handled du	iring the last calendar year.	
Types: Fl	uorescent	HID I	•
Types: Thermost Thermon	ats Electri Eters Manor	during the last calendar year c Switches/Relays neters Other Luring the last calendar year	<u> </u>
4. Where do the lamps (and provide the quant		go for recycling? Check the	appropriate box
10,800 AER	C. Com	W. Malbourne, FL City/State	321.952.1516
Number L☑D□ Fa	acility Name	City/State	Phone
Number L \(\Bar{\pi} \) D \(\Bar{\pi} \)	acility Name	City/State	Phone
Number L D D Fa	acility Name	City/State	Phone
Print Name of Authoriz	ed Agent Sig	nature of Authorized Agent	1/2/2017 Date