



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 **161 Industrial Loop S, Orange Park, FL 32073-6259** has been registered through **March 1, 2010** with the following status:

Facility ID # **FLD980847214**
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,

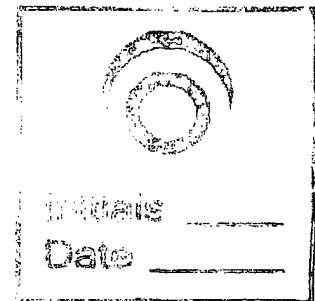
Please find attached the 2008 Report for Safety-Kleen Systems, Inc. It includes a registration form and checklist for all Safety-Kleen sites servicing Florida Lamp and Device generators.

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@safety-kleen.com

Cc: file, CWC



**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772Date Received
(for FDEP Official Use Only)

EPA ID

F L D 9 8 0 8 4 7 2 1 4

MTS

RCRAInfo

**1. Reason for
Submittal**Mark 'X' in
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).
- ☐ Is this the **final notification** (see instructions) for the facility?

**2. Facility or
Business Name**

SAFETY-KLEEN SYSTEMS, INC.

FEID No.

396090019

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

Name of Operator:

SAFETY-KLEEN SYSTEMS, INC.

☐ New OperatorDate became Operator: 10 / 20 / 86
mm dd yy

Street or P.O. Box:

161 INDUSTRIAL LOOP SOUTH

Phone Number:

904-264-2607

City or Town:

ORANGE PARK

State:

FL

Zip Code:

32073

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

If available, please attach a map or sketch of the facility
boundaries.

Latitude:

dd

mm

ss

.ssss

Longitude:

dd

mm

ss

.ssss

Method:

Datum:

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

A.

562112

B.

C.

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

161 INDUSTRIAL LOOP SOUTH

City or Town:

ORANGE PARK

State:

FL

Zip Code:

32073

**7. Facility or
Business Contact
Person**

First Name:

JEFF

Last Name:

CURTIS

Title:

EHS MANAGER

Phone Number:

(561)738-3026

Extension:

E-Mail:

jeff.curtis@safety-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
section.)

Name of Real Property (Land) Owner:

SAFETY-KLEEN SYSTEMS, INC.

☐ New OwnerDate became Owner: 10 / 20 / 86
mm dd yy

Street or P.O. Box:

5360 LEGACY DRIVE, BLDG 2, SUITE 100

Phone Number:

800-669-5840

City or Town:

PLANO

State:

TX

Zip Code:

75024

Owner Type: ☒ Private☐ Federal☐ Municipal☐ State☐ Other _____

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**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):
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

For Items 2 through 7, mark 'X' in all that apply.**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☒ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial: ☐ Non-Commercial.

A permit is required for storage prior to recycling.

(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 - 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.****(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 AMERICAN HOME INSURANCE CO C/O MARSH USA INC.Address 550 SOUTH MAIN STREET, SUITE 600
GREENVILLE, SC 29601Contact CARLA AYER - SK RISK MANAGEMENT Telephone 972-265-2854Policy Number MULTIPLE-SEE ATTACH Expiration date 09-01-2009d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____e. ☒ **Hazardous Waste Transfer Facility:**

Storage Volume _____

☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

☐ **Notification of changes in above items**☒ **Annual update notification**

EPA ID No.

FLD980847214

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 any combination of UW accumulated
- ☒ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ 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 lamps) or more accumulated by for-hire handler
- ☒ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg. 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☒ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	550
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	500
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	500
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	150
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1300

(3) **Mercury Recovery and/or Reclamation Facility** ☐ [Chapter 62-737, F.A.C.] 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, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☒ a. Transporter
- ☒ b. Transfer Facility

(2) ☐ Collection Center**(3) ☐ Used Oil Processor (A permit is required for this activity.)****(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

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. FLD980847214
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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.

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 all that apply):

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 Form 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.

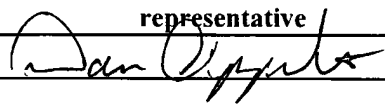
Contact _____ Phone _____

Address _____

City, State, Zip _____

<input type="checkbox"/> C. Property Tax Default	<input type="checkbox"/> D. Petition for Bankruptcy Protection
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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 owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	DAN APPELT - DIRECTOR	1/21/2009

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 completing this form)	(Phone Number)	(E-mail Address)

13. Comments:
 10. CONT. D039, D040, D041, D042, D043, F002, F003, 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.

SAFETY-KLEEN SYSTEMS, INC 161 INDUSTRIAL LOOP SUMMIT ORANGE PARK FL
Facility Name Street Address City and State
847-468-6725 847-468-6729 ben.sm.th@safety-kleen.com
Phone Fax E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

- Estimated number of LAMPS handled during the last calendar year.
15,000
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 2000
Types: Thermostats ☒ Electric Switches/Relays ☒
Thermometers ☒ Manometers ☒ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. 1820 lb.
(NOT ballasts)
- Where do the lamps (L) and devices (D) go for recycling? Check the appropriate box and provide the quantity recycled.

<u>15,000</u>	<u>AERC.COM</u>	<u>W. MELBOURNE FL</u>	<u>321-952-1516</u>
Number L <input checked="" type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State	Phone
<u>1900</u>	<u>AERC.COM</u>	<u>W. MELBOURNE, FL</u>	<u>321-952-1516</u>
Number L <input type="checkbox"/> D <input checked="" type="checkbox"/>	Facility Name	City/State	Phone
<u>100</u>	<u>AERC.COM</u>	<u>ALLENTOWN, PA</u>	<u>610-797-7608</u>
Number L <input type="checkbox"/> D <input checked="" type="checkbox"/>	Facility Name	City/State	Phone
<u>DAN APPSLT</u>	<u>[Signature]</u>	<u>1/21/2009</u>	
Print Name of Authorized Agent	Signature of Authorized Agent	Date	