



## 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 **8755 NW 95th St, Medley, FL 33178-1462** has been registered through **March 1, 2010** with the following status:

Facility ID # **FLD984171694**  
**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](mailto: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,

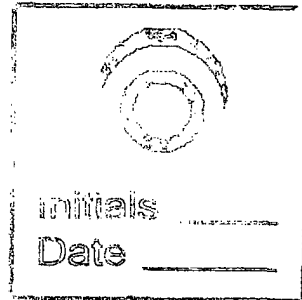
Please find attached the 2008 Report for Safety-Kleen Systems, Inc. It includes a registration form and checklist for all Safety-Kleen sites servicing Florida Lamp and Device generators.

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](mailto: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](mailto: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 4 1 7 1 6 9 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: 07 / 30 / 91  
mm dd yy

Street or P.O. Box:

8755 NORTHWEST 95TH ST

Phone Number: 305-884-0123

City or Town:

MEDLEY

State:

FL

Zip Code:

33178

Operator Type: ☒ Private☐ Federal☐ Municipal☐ State☐ Other \_\_\_\_\_**4. Facility Physical  
Location  
Information**

Physical Street Address:

8755 NORTHWEST 95TH ST

City or Town:

MEDLEY

State:

FL

Zip Code:

33178

County:

Dade

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:

8755 NORTHWEST 95TH ST

City or Town:

MEDLEY

State:

FL

Zip Code:

33178

**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: 07 / 30 / 91  
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**

**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"/>	500
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"/>	1400
e. Mercury Containing Lamps	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1500

(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

(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.

**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.

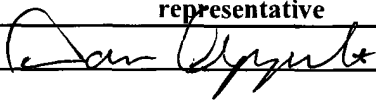
  
Signature of Authorized Person

DAN APPELT

Print Name of Authorized Person

(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. <b>FLD984171694</b>					
<b>D. Other State Regulated Waste Activities:</b> <input type="checkbox"/> <b>Petroleum Contact Water (PCW) Handler</b> [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.						
<b>10. Waste Codes for Federally Regulated Hazardous Wastes:</b> 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
<b>11. Other Status Changes (Mark 'X' in all that apply):</b>						
<b>A. Non-Handler of Regulated Waste at This Facility</b> <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste <input type="checkbox"/> (2) Waste generated by business has been delisted. <input type="checkbox"/> (3) Other (explain) _____						
<b>B. Facility Closed</b> <input type="checkbox"/> (1) Closed at this location and <b>moved or moving</b> to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there. <input type="checkbox"/> (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"/> <b>C. Property Tax Default</b>			<input type="checkbox"/> <b>D. Petition for Bankruptcy Protection</b>			
<b>12. Certification:</b> 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.						
<b>Signature of owner, operator, or an authorized representative</b> 		<b>Print Name and Title</b> DAN APPELT - DIRECTOR			<b>Date Signed (mm-dd-yyyy)</b> 1/21/2009	
<b>If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:</b>						
BEN SMITH		847-468-6725		BEN.SMITH@SAFETY-KLEEN.COM		
(Name of person completing this form)		(Phone Number)		(E-mail Address)		
<b>13. Comments:</b> 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 8755 NW 95th St Medley, FL  
Facility Name Street Address City and State  
847-468-6725 847-468-6729 ben.smith@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.

1. Estimated number of LAMPS handled during the last calendar year.

15,000

Types: Fluorescent ☒ HID ☒

2. Estimated number of DEVICES handled during the last calendar year. 15,900

Types: Thermostats ☒ Electric Switches/Relays ☒  
Thermometers ☒ Manometers ☒ Other ☐

3. Estimated weight of DEVICES handled during the last calendar year. 15,989 lb.  
(NOT ballasts)

4. Where do the lamps (L) and devices (D) go for recycling? Check the appropriate box and provide the quantity recycled.

15,000 AERL.COM INC W. Melbourne, FL 321-952-1516  
Number L ☒ D ☐ Facility Name City/State Phone

15,900 AERL.COM INC W. Melbourne, FL 321-952-1516  
Number L ☐ D ☒ Facility Name City/State Phone

Number L ☐ D ☐ Facility Name City/State Phone  
DAN APPELT [Signature] 1/21/2009  
Print Name of Authorized Agent Signature of Authorized Agent Date