

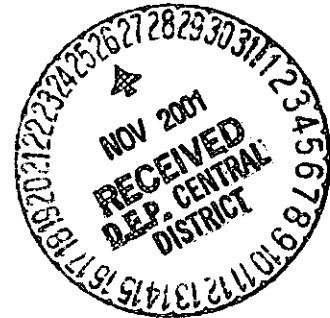


November 19, 2001

Certified Mail # 7000 520 0014 0101 4359

Mr. John White, Environmental Specialist  
Florida Department of Environmental Protection  
Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, FL 32803-3767

Re: Response to Letter Dated October 11, 2001  
Safety-Kleen Systems, Inc. Sanford, FL Facility  
EPA ID# FLD 984 171 165



Dear Mr. White:

I am in receipt of your letter dated October 11, 2001, regarding the Florida DEP's record reviews on August 10 and September 7, 2001. The letter asserts that Safety-Kleen Corp. transported and accepted hazardous waste, on multiple occasions, from two large quantity generators (U.S. Patrick Air Force Base and U.S. NASA Kennedy Space Center) without uniform hazardous waste manifests. The letter further requires Safety-Kleen to file unmanifested waste reports with the FDEP for the shipments described above. Subsequently, SK received additional FDEP correspondence, dated November 14, 2001 (referring to the October 11, 2001 letter) requesting the subject unmanifested waste reports.

As per our discussion, regarding the above, it was Safety-Kleen's intention to attend a meeting with your Department to discuss the situation and the underlying issues prior to submission of the unmanifested waste reports. Accordingly, I was informed that Mr. Jason Sherman, Office of General Counsel would coordinate any such effort and, it was my impression, that we should wait to hear from him. Following our later discussion on November 19, 2001, I now understand that the FDEP required submission of the unmanifested waste reports beyond any formal meeting with the Department. These reports are attached for your review.

As way of explanation for the above "unmanifested shipments," Safety-Kleen utilizes an "SK Service Document" to transport wastes from CESQG's and SQG's under a tolling agreement. Prior to your letter of October 11, 2001, it was SK's understanding that the two customers (Auto Skill Center and Dynacs) were CESQG's (the two companies operate as contractors for U.S. Patrick Air Force Base and U.S. NASA Kennedy Space Center respectively and generate minimal quantities of waste). Additionally, representatives for Auto Skill Center and Dynacs consistently initialed the SK Service Documents indicating a CESQG status.

Finally, as you are aware, Scott Schneider has left the environmental department to pursue other interest within Safety-Kleen. As such, I am assuming responsibilities of his position until I can fill the vacated position. Mr. Keith Marcille remains your point of contact at the facility.

Correspondence, which needs my attention, should be directed to me at: Safety-Kleen, 7140 Centennial Place, Nashville, TN 37209.

I look forward to meeting with you in the near future to discuss the aforementioned matter. If you have any questions or desire further clarification with, regard to this correspondence, please feel free to contact me at (615) 350-5369.

Sincerely,

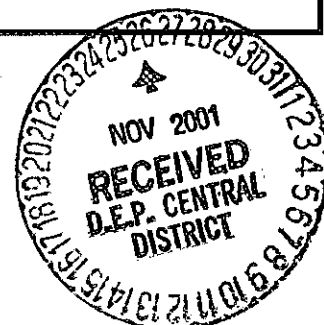
A handwritten signature in black ink, appearing to read "James C. Childress", written over a horizontal line.

James C. Childress, CHMM  
Regional Environmental Compliance Manager

Enclosures

Cc: Keith Marcille, Safety-Kleen  
Craig Lackey, Safety-Kleen  
Rick Peoples, Safety-Kleen

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin-top: 10px;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 31 2000         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 31 2000         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>            THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 04 / 12 / 2000         </div>
<b>II. INSTALLATION'S EPA ID NUMBER</b> FL D 9 8 4 1 7 1 1 6 5	
<b>III. NAME OF INSTALLATION</b> SAFETY-KLEEN SYSTEMS, INC.	
<b>IV. INSTALLATION MAILING ADDRESS</b> 600 CENTRAL PARK DRIVE SANFORD, FL 32771	
<b>V. LOCATION OF INSTALLATION</b> 600 CENTRAL PARK DRIVE SANFORD, FL 32771	
<b>VI. INSTALLATION CONTACT</b>	
NAME (last and first) KEITH MARCILLE	PHONE NO. (area code & no.) 407 321 6080
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>	
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b>	
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>	
\$	\$
<b>IX. CERTIFICATION</b>	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.	
_____ A. Print or Type Name	_____ B. Signature
_____ C. Date Signed	



## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL2570024404		AUTO SKILL CENTER			
XIX. GENERATOR NAME (specify)		1632 ATLAS AVENUE BLD. 331			
		PATRICK AFB, FL 32925			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D039 D018 D040	SO2		15 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.	PART A: GENERATOR ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0		
	PART B: FACILITY ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0		
		PART C: UNMANIFESTED WASTE REPORT	
		THIS REPORT IS FOR A WASTE	
		RECEIVED (day/mo/yr) 0 5 / 1 6 / 2 0 0 0	
II. INSTALLATION'S EPA ID NUMBER			
F L D 9 8 4 1 7 1 1 6 5			
III. NAME OF INSTALLATION			
S A F E T Y - K L E E N S Y S T E M S , I N C .			
IV. INSTALLATION MAILING ADDRESS			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
V. LOCATION OF INSTALLATION			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
VI. INSTALLATION CONTACT			
NAME (last and first)		PHONE NO. (area code & no.)	
K E I T H M A R C I L L E		4 0 7 3 2 1 6 0 8 0	
VII. TRANSPORTATION SERVICES USED (for Part A reports only)			
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)			
A. COST ESTIMATE FOR FACILITY CLOSURE			
\$		\$	
IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
A. Print or Type Name		B. Signature	
		C. Date Signed	

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. FLD984171165
	2. Received By		
XVIII. GENERATORS EPA ID NO. FL2570024404		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925	
XIX. GENERATOR NAME (specify)			

XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001D039 D018D040	SO2		17G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

<b>XXII. COMMENTS (enter information by line number - see instructions)</b> Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.
---

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin-top: 20px;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>            THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 6 / 1 4 / 2 0 0 0         </div>
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5	
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .	
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>VI. INSTALLATION CONTACT</b>	
<div style="display: flex; justify-content: space-between;"> <div>NAME (last and first)</div> <div>PHONE NO. (area code &amp; no.)</div> </div> K E I T H M A R C I L L E 4 0 7 3 2 1 6 0 8 0	
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>	
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b>	
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>	
\$	\$
<b>IX. CERTIFICATION</b>	
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p>	
_____ A. Print or Type Name	_____ B. Signature
_____ C. Date Signed	

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL2570024404		AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925			
XIX. GENERATOR NAME (specify)					
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D039 D018 D040	SO2		17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.					

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin-top: 20px;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>            THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 7 / 1 1 / 2 0 0 0         </div>				
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5					
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .					
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>VI. INSTALLATION CONTACT</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 60%; text-align: center; border-bottom: 1px solid black;">NAME (last and first)</th> <th style="width: 40%; text-align: center; border-bottom: 1px solid black;">PHONE NO. (area code &amp; no.)</th> </tr> <tr> <td style="border-bottom: 1px solid black;">K E I T H M A R C I L L E</td> <td style="border-bottom: 1px solid black;">4 0 7 3 2 1 6 0 8 0</td> </tr> </table>	NAME (last and first)	PHONE NO. (area code & no.)	K E I T H M A R C I L L E	4 0 7 3 2 1 6 0 8 0	
NAME (last and first)	PHONE NO. (area code & no.)				
K E I T H M A R C I L L E	4 0 7 3 2 1 6 0 8 0				
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b> <div style="height: 100px; border: 1px solid black;"></div>					
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center; border-bottom: 1px solid black;">A. COST ESTIMATE FOR FACILITY CLOSURE</th> <th style="width: 50%;"></th> </tr> <tr> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> </table>		A. COST ESTIMATE FOR FACILITY CLOSURE		\$	\$
A. COST ESTIMATE FOR FACILITY CLOSURE					
\$	\$				
<b>IX. CERTIFICATION</b> <p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;">A. Print or Type Name</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">B. Signature</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">C. Date Signed</div> </div>					

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL  
USE ONLY  
(items 1 & 2)

1. Date Received

- - - - - 1 9

2. Received By

XVI TYPE OF REPORT (enter an X)

☐ Part B ☒ Part C

XVII. FACILITIES EPA ID NO.

F L D 9 8 4 1 7 1 1 6 5

XVIII. GENERATORS EPA ID NO.

F L 2 5 7 0 0 2 4 4 0 4

XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)

AUTO SKILL CENTER

1 6 3 2 ATLAS AVENUE BLD. 3 3 1

PATRICK AFB, FL 3 2 9 2 5

XIX. GENERATOR NAME (specify)

## XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D 0 0 1 D 0 3 9 D 0 1 8 D 0 4 0	S O 2		1 5 G
2					
3					
4					
5					
6					
7					
8					
9					
1 0					
1 1					
1 2					

XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.	PART A: GENERATOR ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0		
	PART B: FACILITY ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0		
	PART C: UNMANIFESTED WASTE REPORT		
		THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr)	0 8 / 0 7 / 2 0 0 0
II. INSTALLATION'S EPA ID NUMBER			
F L D 9 8 4 1 7 1 1 6 5			
III. NAME OF INSTALLATION			
S A F E T Y - K L E E N S Y S T E M S , I N C .			
IV. INSTALLATION MAILING ADDRESS:			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
V. LOCATION OF INSTALLATION			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
VI. INSTALLATION CONTACT			
NAME (last and first)		PHONE NO. (area code & no.)	
K E I T H M A R C I L L E		4 0 7 3 2 1 6 0 8 0	
VII. TRANSPORTATION SERVICES USED (for Part A reports only)			
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)			
A. COST ESTIMATE FOR FACILITY CLOSURE			
\$		\$	
IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
A. Print or Type Name		B. Signature	
		C. Date Signed	

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)		XVII. FACILITIES EPA ID NO.	
	2. Received By	<input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C		FLD984171165	
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL2570024404		AUTO SKILL CENTER			
XIX. GENERATOR NAME (specify)		1632 ATLAS AVENUE BLD. 331			
		PATRICK AFB, FL 32925			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D039 D018 D040	S02		17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin-top: 20px;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>            THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 9 / 0 8 / 2 0 0 0         </div>
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5	
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .	
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1	
<b>VI. INSTALLATION CONTACT</b>	
<div style="display: flex; justify-content: space-between;"> <div>NAME (last and first)</div> <div>PHONE NO. (area code &amp; no.)</div> </div> K E I T H M A R C I L L E 4 0 7 3 2 1 6 0 8 0	
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>	
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b>	
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>	
\$	\$
<b>IX. CERTIFICATION</b>	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.	
_____ A. Print or Type Name	_____ B. Signature
_____ C. Date Signed	

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. FLD984171165
	2. Received By		
XVIII. GENERATORS EPA ID NO. FL2570024404		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925	
XIX. GENERATOR NAME (specify)			

XIX. WASTE IDENTIFICATION											
LINE NUMBER	A. DESCRIPTION OF WASTE				B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE				E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)				D001D039 D018D040	SO2				15	G
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

## XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

1 0 / 0 6 / 2 0 0 0

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. <b>FLD984171165</b>
	2. Received By		

XVIII. GENERATORS EPA ID NO. <b>FL2570024404</b>	XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) <b>AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925</b>
XIX. GENERATOR NAME (specify)	

XIX. WASTE IDENTIFICATION									
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER		C. HANDLING METHOD	D. AMOUNT OF WASTE			E. UNITS OF MEASURE	
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001	D039	SO2				16	G
2		D018	D040						
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

<b>XXII. COMMENTS (enter information by line number - see instructions)</b> Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.
---

HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.	PART A: GENERATOR ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0		
	PART B: FACILITY ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0		
		PART C: UNMANIFESTED WASTE REPORT	
		THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 1 0 / 3 1 / 2 0 0 0	
II. INSTALLATION'S EPA ID NUMBER			
F L D 9 8 4 1 7 1 1 6 5			
III. NAME OF INSTALLATION			
S A F E T Y - K L E E N S Y S T E M S , I N C .			
IV. INSTALLATION MAILING ADDRESS:			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
V. LOCATION OF INSTALLATION			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
VI. INSTALLATION CONTACT			
NAME (last and first)		PHONE NO. (area code & no.)	
K E I T H M A R C I L L E		4 0 7 3 2 1 6 0 8 0	
VII. TRANSPORTATION SERVICES USED (for Part A reports only)			
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)			
A. COST ESTIMATE FOR FACILITY CLOSURE			
\$		\$	
IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
A. Print or Type Name		B. Signature	
		C. Date Signed	

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL  
USE ONLY  
(Items 1 & 2)

1. Date Received

- - - - - 19

2. Received By

XVI TYPE OF REPORT (enter an X)

☐ Part B

☒ Part C

XVII. FACILITIES EPA ID NO.

FLD984171165

XVIII. GENERATORS EPA ID NO.

FL2570024404

XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)

AUTO SKILL CENTER

1632 ATLAS AVENUE BLD. 331

PATRICK AFB, FL 32925

XIX. GENERATOR NAME (specify)

XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001D039 D018D040	SO2		16G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 31 2000

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 31 2000

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

12 / 28 / 2000

## II. INSTALLATION'S EPA ID NUMBER

FLD984171165

## III. NAME OF INSTALLATION

SAFETY-KLEEN SYSTEMS, INC.

## IV. INSTALLATION MAILING ADDRESS:

600 CENTRAL PARK DRIVE

SANFORD, FL 32771

## V. LOCATION OF INSTALLATION

600 CENTRAL PARK DRIVE

SANFORD, FL 32771

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

KEITH MARCILLE

407 321 6080

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

# **FACILITY REPORT - PARTS B & C**

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. <b>FLD984171165</b>
	2. Received By		
XVIII. GENERATORS EPA ID NO. <b>FL2570024404</b>		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) <b>AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925</b>	
XIX. GENERATOR NAME (specify)			

## **XIX. WASTE IDENTIFICATION**

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001D039 D018D040	SO2		17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

## **XXII. COMMENTS (enter information by line number - see instructions)**

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 2 / 2 1 / 2 0 0 1

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)		XVII. FACILITIES EPA ID NO.	
	2. Received By	<input type="checkbox"/> Part B	<input checked="" type="checkbox"/> Part C	FLD984171165	
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL2570024404		AUTO SKILL CENTER			
XIX. GENERATOR NAME (specify)		1632 ATLAS AVENUE BLD. 331			
		PATRICK AFB, FL 32925			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001D039 D018D040	S02	17	G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 6 / 1 4 / 2 0 0 1

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)		XVII. FACILITIES EPA ID NO.	
	2. Received By	<input type="checkbox"/> Part B	<input checked="" type="checkbox"/> Part C	FLD984171165	
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL2570024404		AUTO SKILL CENTER			
XIX. GENERATOR NAME (specify)		1632 ATLAS AVENUE BLD. 331			
		PATRICK AFB, FL 32925			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	16 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

<b>HAZARDOUS WASTE REPORT</b>  Use this form as a cover for all required reports.		<b>1. TYPE OF HAZARDOUS WASTE REPORT</b>											
		<b>PART A: GENERATOR ANNUAL REPORT</b>											
		THIS REPORT IS FOR THE YEAR ENDING DEC 31 2000											
		<b>PART B: FACILITY ANNUAL REPORT</b>											
		THIS REPORT IS FOR THE YEAR ENDING DEC 31 2000											
		<b>PART C: UNMANIFESTED WASTE REPORT</b>											
		THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 08 / 06 / 2000											
<b>II. INSTALLATION'S EPA ID NUMBER</b>													
FLD984171165													
<b>III. NAME OF INSTALLATION</b>													
SAFETY-KLEEN SYSTEMS, INC.													
<b>IV. INSTALLATION MAILING ADDRESS</b>													
600 CENTRAL PARK DRIVE													
SANFORD, FL 32771													
<b>V. LOCATION OF INSTALLATION</b>													
600 CENTRAL PARK DRIVE													
SANFORD, FL 32771													
<b>VI. INSTALLATION CONTACT</b>													
NAME (last and first)												PHONE NO. (area code & no.)	
KEITH MARCILLE												407 321 6080	
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>													
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b>													
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>													
<b>IX. CERTIFICATION</b>													
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.													
A. Print or Type Name				B. Signature				C. Date Signed					

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. FLD984171165
	2. Received By		
XVIII. GENERATORS EPA ID NO. FL2570024404		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) AUTO SKILL CENTER 1632 ATLAS AVENUE BLD. 331 PATRICK AFB, FL 32925	
XIX. GENERATOR NAME (specify)			

## XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

## XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 2 / 0 3 / 2 0 0 0

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA			
		KENNEDY SPACE CENTER			
		CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D039 D018 D040	S02		17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 2 / 2 9 / 2 0 0 0

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 4 / 0 6 / 2 0 0 0

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. <b>F L D 9 8 4 1 7 1 1 6 5</b>
	2. Received By		

XVIII. GENERATORS EPA ID NO. <b>F L 6 8 0 0 0 1 4 5 8 5</b>	XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) DYNACS BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815
--	---

## XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

## XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

<b>HAZARDOUS WASTE REPORT</b>						<b>I. TYPE OF HAZARDOUS WASTE REPORT</b>							
Use this form as a cover for all required reports.						<b>PART A: GENERATOR ANNUAL REPORT</b>							
						THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0							
						<b>PART B: FACILITY ANNUAL REPORT</b>							
						THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0							
						<b>PART C: UNMANIFESTED WASTE REPORT</b>							
						THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 4 / 2 8 / 2 0 0 0							
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5													
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .													
<b>IV. INSTALLATION MAILING ADDRESS:</b>													
6 0 0 C E N T R A L P A R K D R I V E													
S A N F O R D , F L 3 2 7 7 1													
<b>V. LOCATION OF INSTALLATION</b>													
6 0 0 C E N T R A L P A R K D R I V E													
S A N F O R D , F L 3 2 7 7 1													
<b>VI. INSTALLATION CONTACT</b>													
NAME (last and first)						PHONE NO. (area code & no.)							
K E I T H M A R C I L L E						4 0 7 3 2 1 6 0 8 0							
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>													
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b>													
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>													
\$						\$							
<b>IX. CERTIFICATION</b>													
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.													
A. Print or Type Name _____						B. Signature _____				C. Date Signed _____			

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.  FLD984171165		
	2. Received By				
XVIII. GENERATORS EPA ID NO.  FL6800014585		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)  DYNACS BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815			
XIX. GENERATOR NAME (specify)					
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 6 / 1 6 / 2 0 0 0

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815			
XIX. GENERATOR NAME (specify)					
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	16 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 7 / 2 1 / 2 0 0 0

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

FACILITY REPORT - PARTS B & C											
FOR OFFICIAL USE ONLY (Items 1 & 2)	1. Date Received			XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C				XVII. FACILITIES EPA ID NO.			
	2. Received By							FLD984171165			
XVIII. GENERATORS EPA ID NO.				XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)							
FL6800014585				DYNACS BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815							
XIX. GENERATOR NAME (specify)											
XIX. WASTE IDENTIFICATION											
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE						
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17 G						
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
XXII. COMMENTS (enter information by line number - see instructions)											
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>											

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 8 / 1 6 / 2 0 0 0

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL  
USE ONLY  
(items 1 & 2)

1. Date Received

11-19

XVI TYPE OF REPORT (enter an X)

☐ Part B ☒ Part C

XVII. FACILITIES EPA ID NO.

FLD984171165

XVIII. GENERATORS EPA ID NO.

FL6800014585

XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)

DYNACS

XIX. GENERATOR NAME (specify)

BLDG M7- 505 LEFT AREA  
KENNEDY SPACE CENTER  
CAPE CANAVERAL, FL 32815

XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001D039 D018D040	SO2	17	G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

1 0 / 1 3 / 2 0 0 0

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (Items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA			
		KENNEDY SPACE CENTER			
		CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	16 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

1 1 / 0 9 / 2 0 0 0

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

# FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		F L D 9 8 4 1 7 1 1 6 5		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
F L 6 8 0 0 0 1 4 5 8 5		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA			
		KENNEDY SPACE CENTER			
		CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D 0 0 1 D 0 1 8	D 0 3 9 D 0 4 0	S O 2	1 6 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL  
USE ONLY  
(items 1 & 2)

1. Date Received

- - 19

XVI TYPE OF REPORT (enter an X)

☐ Part B☒ Part C

XVII. FACILITIES EPA ID NO.

FLD984171165

XVIII. GENERATORS EPA ID NO.

FL6800014585

XX. GENERATOR'S ADDRESS (street or PO box, city, state, &amp; zip code)

DYNACS

BLDG M7- 505 LEFT AREA

KENNEDY SPACE CENTER

CAPE CANAVERAL, FL 32815

XIX. GENERATOR NAME (specify)

## XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	16G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

## XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.	PART A: GENERATOR ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0		
	PART B: FACILITY ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0		
	PART C: UNMANIFESTED WASTE REPORT		
THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr)		1 2 / 0 7 / 2 0 0 0	
II. INSTALLATION'S EPA ID NUMBER			
F L D 9 8 4 1 7 1 1 6 5			
III. NAME OF INSTALLATION			
S A F E T Y - K L E E N S Y S T E M S , I N C .			
IV. INSTALLATION MAILING ADDRESS			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
V. LOCATION OF INSTALLATION			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
VI. INSTALLATION CONTACT			
NAME (last and first)		PHONE NO. (area code & no.)	
K E I T H M A R C I L L E		4 0 7 3 2 1 6 0 8 0	
VII. TRANSPORTATION SERVICES USED (for Part A reports only)			
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)			
A. COST ESTIMATE FOR FACILITY CLOSURE			
\$		\$	
IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
A. Print or Type Name		B. Signature	
		C. Date Signed	

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 1 / 0 3 / 2 0 0 1

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA			
		KENNEDY SPACE CENTER			
		CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

<h2 style="text-align: center; margin: 0;">HAZARDOUS WASTE REPORT</h2> <p style="margin: 10px 0;">Use this form as a cover for all required reports.</p>	<div style="border: 1px solid black; padding: 2px;"> <b>1. TYPE OF HAZARDOUS WASTE REPORT</b> </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART A: GENERATOR ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART B: FACILITY ANNUAL REPORT</b>            THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0         </div> <div style="border: 1px solid black; padding: 2px;"> <b>PART C: UNMANIFESTED WASTE REPORT</b>            THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 2 / 0 1 / 2 0 0 1         </div>				
<b>II. INSTALLATION'S EPA ID NUMBER</b> F L D 9 8 4 1 7 1 1 6 5					
<b>III. NAME OF INSTALLATION</b> S A F E T Y - K L E E N S Y S T E M S , I N C .					
<b>IV. INSTALLATION MAILING ADDRESS</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>V. LOCATION OF INSTALLATION</b> 6 0 0 C E N T R A L P A R K D R I V E S A N F O R D , F L 3 2 7 7 1					
<b>VI. INSTALLATION CONTACT</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; text-align: center;">NAME (last and first)</td> <td style="width: 40%; border: none; text-align: center;">PHONE NO. (area code &amp; no.)</td> </tr> <tr> <td style="border: none;">K E I T H M A R C I L L E</td> <td style="border: none;">4 0 7 3 2 1 6 0 8 0</td> </tr> </table>		NAME (last and first)	PHONE NO. (area code & no.)	K E I T H M A R C I L L E	4 0 7 3 2 1 6 0 8 0
NAME (last and first)	PHONE NO. (area code & no.)				
K E I T H M A R C I L L E	4 0 7 3 2 1 6 0 8 0				
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b> <div style="height: 100px; border: 1px solid black;"></div>					
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>            \$         </td> <td style="width: 50%; border: none;">           \$         </td> </tr> </table>		<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b> \$	\$		
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b> \$	\$				
<b>IX. CERTIFICATION</b> <p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;">A. Print or Type Name</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">B. Signature</div> <div style="width: 30%; border-top: 1px solid black; text-align: center;">C. Date Signed</div> </div>					

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X) <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. FLD984171165		
	2. Received By				
XVIII. GENERATORS EPA ID NO. FL6800014585		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) DYNACS BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815			
XIX. GENERATOR NAME (specify)					
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions) Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.					

HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.	PART A: GENERATOR ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0		
	PART B: FACILITY ANNUAL REPORT		
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0		
	PART C: UNMANIFESTED WASTE REPORT		
		THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 2 / 2 7 / 2 0 0 1	
II. INSTALLATION'S EPA ID NUMBER			
F L D 9 8 4 1 7 1 1 6 5			
III. NAME OF INSTALLATION			
S A F E T Y - K L E E N S Y S T E M S , I N C .			
IV. INSTALLATION MAILING ADDRESS			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
V. LOCATION OF INSTALLATION			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
VI. INSTALLATION CONTACT			
NAME (last and first)		PHONE NO. (area code & no.)	
K E I T H M A R C I L L E		4 0 7 3 2 1 6 0 8 0	
VII. TRANSPORTATION SERVICES USED (for Part A reports only)			
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)			
A. COST ESTIMATE FOR FACILITY CLOSURE			
\$		\$	
IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
A. Print or Type Name		B. Signature	
		C. Date Signed	

FACILITY REPORT - PARTS B & C														
FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received				XVI TYPE OF REPORT (enter an X)					XVII. FACILITIES EPA ID NO.				
	2. Received By				<input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C					<div style="border: 1px solid black; padding: 2px;">           FL D 9 8 4 1 7 1 1 6 5         </div>				
XVIII. GENERATORS EPA ID NO.					XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)									
<div style="border: 1px solid black; padding: 2px;">             FL 6 8 0 0 0 1 4 5 8 5           </div>					DYNACS  BLDG M7- 505 LEFT AREA KENNEDY SPACE CENTER CAPE CANAVERAL, FL 32815									
XIX. GENERATOR NAME (specify)														
XIX. WASTE IDENTIFICATION														
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE									
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	<div style="border: 1px solid black; padding: 2px;">             D 0 0 1 D 0 3 9              D 0 1 8 D 0 4 0           </div>	S O 2	17	G									
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
XXII. COMMENTS (enter information by line number - see instructions)														
Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.														

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

### PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

### PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 3 / 2 8 / 2 0 0 1

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E

S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

PHONE NO. (area code & no.)

K E I T H M A R C I L L E

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL USE ONLY (Items 1 & 2)	1. Date Received	XVI. TYPE OF REPORT (enter an X)  <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO.		
	2. Received By		FLD984171165		
XVIII. GENERATORS EPA ID NO.		XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)			
FL6800014585		DYNACS			
XIX. GENERATOR NAME (specify)		BLDG M7- 505 LEFT AREA			
		KENNEDY SPACE CENTER			
		CAPE CANAVERAL, FL 32815			
XIX. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17 G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
<p>Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.</p>					

# HAZARDOUS WASTE REPORT

Use this form as a cover for all required reports.

## 1. TYPE OF HAZARDOUS WASTE REPORT

PART A: GENERATOR ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

PART B: FACILITY ANNUAL REPORT

THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0

PART C: UNMANIFESTED WASTE REPORT

THIS REPORT IS FOR A WASTE

RECEIVED (day/mo/yr)

0 4 / 2 5 / 2 0 0 1

## II. INSTALLATION'S EPA ID NUMBER

F L D 9 8 4 1 7 1 1 6 5

## III. NAME OF INSTALLATION

S A F E T Y - K L E E N S Y S T E M S , I N C .

## IV. INSTALLATION MAILING ADDRESS

6 0 0 C E N T R A L P A R K D R I V E  
S A N F O R D , F L 3 2 7 7 1

## V. LOCATION OF INSTALLATION

6 0 0 C E N T R A L P A R K D R I V E  
S A N F O R D , F L 3 2 7 7 1

## VI. INSTALLATION CONTACT

NAME (last and first)

K E I T H M A R C I L L E

PHONE NO. (area code & no.)

4 0 7 3 2 1 6 0 8 0

## VII. TRANSPORTATION SERVICES USED (for Part A reports only)

## VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)

### A. COST ESTIMATE FOR FACILITY CLOSURE

\$

\$

## IX. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

A. Print or Type Name

B. Signature

C. Date Signed

## FACILITY REPORT - PARTS B &amp; C

FOR OFFICIAL  
USE ONLY  
(items 1 & 2)

1. Date Received

- - - - - 1 9

XVI TYPE OF REPORT (enter an X)

☐ Part B☒ Part C

XVII. FACILITIES EPA ID NO.

FLD984171165

XVIII. GENERATORS EPA ID NO.

FL6800014585

XX. GENERATOR'S ADDRESS (street or PO box, city, state, &amp; zip code)

DYNACS

BLDG M7- 505 LEFT AREA

KENNEDY SPACE CENTER

CAPE CANAVERAL, FL 32815

XIX. GENERATOR NAME (specify)

## XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001D039 D018D040	SO2		16G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

## XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # SCR 000075150. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.

HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT	
Use this form as a cover for all required reports.		PART A: GENERATOR ANNUAL REPORT	
		THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0	
		PART B: FACILITY ANNUAL REPORT	
		THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0	
		PART C: UNMANIFESTED WASTE REPORT	
		THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 0 1 / 0 4 / 2 0 0 0	
II. INSTALLATION'S EPA ID NUMBER			
F L D 9 8 4 1 7 1 1 6 5			
III. NAME OF INSTALLATION			
S A F E T Y - K L E E N S Y S T E M S , I N C .			
IV. INSTALLATION MAILING ADDRESS:			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
V. LOCATION OF INSTALLATION			
6 0 0 C E N T R A L P A R K D R I V E			
S A N F O R D , F L 3 2 7 7 1			
VI. INSTALLATION CONTACT			
NAME (last and first)		PHONE NO. (area code & no.)	
K E I T H M A R C I L L E		4 0 7 3 2 1 6 0 8 0	
VII. TRANSPORTATION SERVICES USED (for Part A reports only)			
VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)			
A. COST ESTIMATE FOR FACILITY CLOSURE			
\$		\$	
IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.			
A. Print or Type Name		B. Signature	



# FACILITY REPORT - PARTS B & C

FOR OFFICIAL  
USE ONLY  
(Items 1 & 2)

1. Date Received

11-19

XVI TYPE OF REPORT (enter an X)

☐ Part B ☒ Part C

XVII. FACILITIES EPA ID NO.

FLD984171165

XVIII. GENERATORS EPA ID NO.

FL6800014585

XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code)

DYNACS

BLDG M7- 505 LEFT AREA

KENNEDY SPACE CENTER

CAPE CANAVERAL, FL 32815

XIX. GENERATOR NAME (specify)

XIX. WASTE IDENTIFICATION

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Combustible Liquid, N.O.S. (Petroleum Naptha) NA1993 PGIII (ERG # 128)	D001 D018	D039 D040	SO2	17G
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XXII. COMMENTS (enter information by line number - see instructions)

Waste was shipped from the generator's location to the Sanford facility without a manifest. Safety-Kleen was the sole transporter under U. S. EPA Transporter ID # ILD 984908202. The waste was bulked at the Sanford facility with other parts washer solvents, and then shipped to the Safety-Kleen Lexington Recycle Center (in Lexington, SC) for recycling by distillation.