

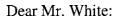
November 19, 2001

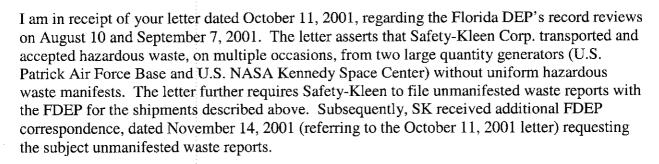
Certified Mail # 7000 520 0014 0101 4359

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





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.

7140 CENTENNIAL PLACE

NASHVILLE, TN 37209

615/350-5300

FAX 615/350-5325

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,

James C. Childress, CHMM

Regional Environmental Compliance Manager

Enclosures

Cc: Keith Marcille, Safety-Kleen

Craig Lackey, Safety-Kleen Rick Peoples, Safety-Kleen

HAZARDOUS WASTE REPORT		1. TYPE OF HAZARDOUS WASTE REPORT
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Andrew Comments

	1. TYPE OF HAZAHDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0
Use this form as a cover for all required reports.	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 0
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III. NAME OF INSTALLATION	
SAFETY - KLEEN SYST	EMS, INC.
IV. INSTALLATION MAILING ADDRESS	
6 0 0 CENTRAL PARK	DRIVE
S A N F O R D , F L 3 2 7 7 1	
V. LOCATION OF INSTALLATION	
6 0 0 CENTRAL PARK	DRIVE
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.)
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LINE				B. EPA	HAZARDOUS	WASTE	NUMBER			C. HANDLING	METHOD	:		TALICMA	P P P	WASTE				E. UNITS OF	MEASONE								
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PART A: GENERATOR ANNUAL REPORT                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
| Use this form as a cover for all required reports.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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                                        |
| III. INSTALLATION'S EPA ID NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |
| F L D 9 8 4 1 7 1 1 6 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |
| III. NAME OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 |
| SAFETY - KLEEN SYST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EMS, INC.                                                                       |
| IV. INSTALLATION MAILING ADDRES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
| 600 CENTRAL PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVE                                                                           |
| SANFORD, FL 32771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |
| V. LOCATION OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                 |
| 600 CENTRAL PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVE                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
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| VI. INSTALLATION CONTACT  NAME (last and first)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PHONE NO. (area code & no.)                                                     |
| KEITH MARCILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 0 7 3 2 1 6 0 8 0                                                             |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s only)                                                                         |
| VIII. THATOT OTTATION OF THE TAXABLE TO THE TAXABLE | <u></u>                                                                         |
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| 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 fa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | amiliar with the information submitted in this and all attached documents       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nalties for submitting false information, including the possibility of          |
| fines and imprisonment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |
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| A, Print or Type Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | B. Signature C. Date Signed                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |

|                | FACILITY R                                                                      | EPORT - PARTS B &                                 | C                                                     |               |
|----------------|---------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------|---------------|
|                | 1. Date Received                                                                | - OPT /                                           | VALLEACH ITIES EDA ID NO                              |               |
|                | OFFICAL - 19 XVI TYPE OF REI                                                    | PORT (enter an X)                                 | XVII. FACILITIES EPA ID NO.                           |               |
|                | ns 1 & 2) Part B X                                                              | Part C                                            |                                                       | - 1           |
| XVIII. C       | GENERATORS EPA ID NO. XX. GENE                                                  | RATOR'S ADDRESS                                   | S (street or PO box, city, state, & zip o             | ode)          |
|                | F L 2 5 7 0 0 2 4 4 0 4 A U T O                                                 | SKILL C                                           | ENTER                                                 |               |
| XIX. GE        | ENERATOR NAME (specify) 1 6 3 2                                                 |                                                   |                                                       |               |
|                | PATR                                                                            | ICK AFB,                                          | F L 3 2 9 2 5                                         |               |
| XIX. W         | ASTE IDENTIFICATION                                                             |                                                   |                                                       |               |
| α.             |                                                                                 | B. EPA<br>HAZARDOUS<br>WASTE<br>NUMBER            | D T T TO                                              | MEASURE       |
| LINE<br>NUMBER | A. DESCRIPTION OF WASTE                                                         | EP,<br>ARD<br>ASTI<br>MBE                         | HANDLING<br>METHOD<br>OF<br>WASTE                     | ASU           |
| NO             |                                                                                 | HAZ B                                             | C. H. G. M. H. M. | `≝            |
| 1              | Waste Combustible Liquid, N.O.S. (Petroleum Naptha)                             | D001D039                                          | S O 2 1 1 7 G                                         |               |
|                | NA1993 PGIII (ERG # 128)                                                        | D018D040                                          |                                                       | 44            |
| 2              |                                                                                 | <del>▊</del> ▃ <del>▍</del> ▃ <mark>▍▃</mark> ┞▃┞ | <del>╬╂┧┩╎┞┩╂╂┩┩┡</del>                               | ╅╂┥           |
| 3              |                                                                                 |                                                   | <del>┫┋</del> ╏┼┼┼┼┼┼┼┼┼┼                             | 111           |
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| 4              |                                                                                 |                                                   |                                                       | ┵┼┤           |
|                |                                                                                 |                                                   | <del>╣┦┧╏╽┦╏┞╏┩┩</del> ╅┼┼╂                           | ╅╫┤           |
| 5              |                                                                                 |                                                   | <del>┨┦╏╎╏╏</del> ┼┼┼┼                                |               |
| 6              |                                                                                 |                                                   |                                                       |               |
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| 7              |                                                                                 |                                                   |                                                       |               |
| 8              |                                                                                 |                                                   |                                                       | ++-           |
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| 9              |                                                                                 |                                                   |                                                       |               |
| 4.0            |                                                                                 |                                                   | <del>▋</del> ┦ <del>╏╏╏</del> ╏                       |               |
| 10             |                                                                                 |                                                   | <del>┩╃┡┩╏</del> ┪╂╂╂╂╂╂╂╂                            | ++-           |
| 1 1            |                                                                                 |                                                   |                                                       |               |
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| 1 2            |                                                                                 |                                                   | <del>┋╏╏╏╏╏╏</del>                                    | ╬             |
| XXII C         | OMMENTS (enter information by line number - see ins                             | tructions)                                        |                                                       |               |
| Waste          | was shipped from the generator's location to the Sanford f                      | acility without a manif                           | est. Safety-Kleen was the                             | ***********   |
| sole tra       | ansporter under U. S. EPA Transporter ID # SCR 0000751                          | 50. The waste was b                               | ulked at the Sanford facility with                    |               |
|                | earts washer solvents, and then shipped to the Safety-Kleering by distillation. | 1 Lexington Hecycle C                             | senter (in Lexington, SC) for                         |               |
|                | •                                                                               |                                                   |                                                       |               |
| 1              |                                                                                 |                                                   |                                                       |               |
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|                                                                                                     | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                              | PART A: GENERATOR ANNUAL REPORT                                                 |
|                                                                                                     | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
| Use this form as a cover for all required reports.                                                  | PART B: FACILITY ANNUAL REPORT                                                  |
| <b> </b>                                                                                            | 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 9 / 0 8 / 2 0 0 0             |
| II. INSTALLATION'S EPA ID NUMBER                                                                    | HEGELVED (daymary)                                                              |
| F L D 9 8 4 1 7 1 1 6 5                                                                             |                                                                                 |
| III. NAME OF INSTALLATION                                                                           |                                                                                 |
| SAFETY-KLEEN SYST                                                                                   | EMS, INC.                                                                       |
| IV. INSTALLATION MAILING ADDRES                                                                     |                                                                                 |
| 600 CENTRAL PARK                                                                                    | DRIVE                                                                           |
| SANFORD, FL 32771                                                                                   |                                                                                 |
| V. LOCATION OF INSTALLATION                                                                         |                                                                                 |
| 600 CENTRAL PARK                                                                                    | DRIVE                                                                           |
| 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.)                                                     |
| KEITH MARCILLE                                                                                      | 4 0 7 3 2 1 6 0 8 0                                                             |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                                               | s 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 fa                            | amiliar with the information submitted in this and all attached documents       |
| · · ·                                                                                               | ible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pen-<br>fines and imprisonment. | alties for submitting false information, including the possibility of           |
| illes and imprisorment.                                                                             |                                                                                 |
|                                                                                                     |                                                                                 |
|                                                                                                     |                                                                                 |
| A. Print or Type Name                                                                               | B. Signature C. Date Signed                                                     |

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|          |                   |                                            |       | FACILITY R                              | EPOI   | ₹T -   | PAI  | ₹T\$      | В&     | Č         | <del></del> |         |         |            |         |        | ******         |       |    |
|----------|-------------------|--------------------------------------------|-------|-----------------------------------------|--------|--------|------|-----------|--------|-----------|-------------|---------|---------|------------|---------|--------|----------------|-------|----|
|          |                   | 1. Date Receive                            |       | TYPE OF BEI                             | 30D    | F / ~~ |      | an V      | A      | VV        | II EA       | CILI    | TIES    | ΈDΛ        | . ID N  | IO     |                |       |    |
|          | OFFICAL<br>E ONLY | 2. Received By                             | 7 XVI | TYPE OF REI                             | OR     | (er    | iter | an A      | 7 88   |           |             |         | 8 4     |            |         |        | Γ              |       | ** |
|          | ns 1 & 2)         |                                            |       | art B X                                 | Pai    | rt C   |      |           |        | -         | -           |         |         |            |         |        |                |       |    |
| XVIII. G | SENERAT           | ORS EPA ID NO.                             |       | XX. GENE                                |        |        |      |           | -      |           |             |         | box     | , city     | , stat  | e, &   | zip (          | code  | 3) |
|          | FL                | 2570024                                    | 4 0 4 | АИТО                                    |        |        |      |           |        |           | TE          |         |         |            |         |        |                |       |    |
| XIX. GE  | NERATO            | R NAME (specify)                           |       | 1632<br>PATR                            |        | T I    |      |           |        |           | N L<br>L    |         | B 2 9   | L D<br>2 5 |         | 3 3    | , I            |       |    |
|          |                   |                                            |       | IAIK                                    | , .    |        |      |           | ,      |           |             | 5000000 |         | - ·        | 5006688 | 100000 | 000000         | 35555 |    |
| XIX. W   | ASTE IDEI         | NTIFICATION.                               |       |                                         |        |        |      |           |        | <b></b> 5 |             |         | <b></b> |            |         |        | <b>***</b>     |       | ** |
| LINE     |                   | A. DESCRIPTIO                              |       | C. HANDLING                             | METHOD |        |      | D. AMCONI | WASTE  |           | OSLINIT     | MEASURE |         |            |         |        |                |       |    |
| 1        | Waste Co          | mbustible Liquid, N.                       | 3 9   |                                         | 0 2    | 2      | П    |           |        | 1 5       |             | Ι       | Ц       |            |         |        |                |       |    |
| 1 1      | 1                 | PGIII (ERG # 128)                          | :     | - « · · · · · · · · · · · · · · · · · · | DC     | [1]    | 8    | 0         | 40     |           | П           |         | $\prod$ |            | Д       | П      | П              | Ţ     | П  |
| 2        |                   |                                            |       |                                         |        |        | 4    |           | -      | -         | ₩           | +       |         | _          | 4       | ╟      | ╫              | ╁     | H  |
| 3        |                   | .,,                                        |       |                                         |        |        | -    |           |        | $\dagger$ | Ħ           |         |         |            |         |        | 廿              | 士     |    |
|          |                   |                                            |       |                                         |        | П      |      |           |        | П         | П           | П       |         |            | Т       | П      | П              | ļ     | Ц  |
| 4        |                   |                                            |       | _                                       |        |        |      |           |        | H         | H           |         |         |            |         | Н      | Н              | 1     |    |
| 5        |                   |                                            |       | ,                                       |        |        |      |           |        |           | H           |         | -       |            | -       |        | H              | _     |    |
| 6        |                   |                                            |       |                                         |        |        |      |           |        |           |             |         |         |            |         |        | Ħ              | 1     | F  |
| 7        |                   |                                            |       |                                         |        |        |      |           |        | П         |             |         |         |            |         | П      | $\blacksquare$ | #     | F  |
| 8        |                   |                                            |       |                                         |        |        |      | ****      |        |           |             |         |         |            |         |        | 井              | #     | Ŧ  |
| 9        |                   |                                            |       |                                         |        |        |      |           |        |           |             |         |         |            |         | Ħ      |                |       | ‡  |
| 1 0      |                   |                                            |       | <u> </u>                                |        |        |      |           |        | Ц         |             |         |         | #          |         |        | П              |       |    |
| 11       |                   |                                            |       | <u> </u>                                |        |        |      |           |        |           |             |         |         |            | H       | Ħ      |                |       |    |
| 1 2      |                   |                                            |       | ***                                     |        |        |      |           |        | H         | ╫           |         | -       | ╟          |         | -      | H              | +     | -  |
|          |                   |                                            |       |                                         |        |        |      |           |        | П         | П           |         |         |            |         | П      | $\prod$        |       | Ţ  |
|          |                   | S (enter informatio                        |       |                                         |        |        |      |           | 0.0.14 |           | 3.0 f a t   | V-L/1   | A22 11  | 3C +L      |         |        |                |       |    |
|          |                   | ed from the generati<br>under U.S. EPA Tra |       |                                         |        |        |      |           |        |           |             |         |         |            |         | :h     |                |       |    |
| other p  | arts wash         | er solvents, and ther                      |       |                                         |        |        |      |           |        |           |             |         |         |            |         |        |                |       |    |
| recyclin | ng by distil      | lation.                                    |       |                                         |        |        |      |           |        |           |             |         |         |            |         |        |                |       |    |
|          |                   |                                            |       |                                         |        |        |      |           |        |           |             |         |         |            |         |        |                |       |    |
|          |                   |                                            |       |                                         |        |        |      |           |        |           |             |         |         |            |         |        |                |       |    |
|          |                   |                                            |       |                                         |        |        |      |           |        |           |             |         |         |            |         |        |                |       |    |
| 1        |                   |                                            |       |                                         |        |        |      |           |        |           |             |         |         |            |         |        |                |       |    |

|                                                                                                  | 1. TYPE OF HAZARDOUS WASTE REPORT                                             |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                           | PART A: GENERATOR ANNUAL REPORT                                               |
|                                                                                                  | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                  |
| Use this form as a cover for all required reports.                                               | 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                                                    |
| II INCTALLATIONIO EDA IDAMANDE D                                                                 | 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                                                                        |                                                                               |
| SAFETY-KLEEN SYST                                                                                | EMS, 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                                                                                   | 4073216080                                                                    |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                                            |                                                                               |
|                                                                                                  |                                                                               |
|                                                                                                  | •                                                                             |
|                                                                                                  |                                                                               |
|                                                                                                  |                                                                               |
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|                                                                                                  |                                                                               |
|                                                                                                  |                                                                               |
| 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 far                        | miliar with the information submitted in this and all attached documents      |
| and that based on the inquiry of those individuals immediately responsib                         | le for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pena fines and imprisonment. | lities for submitting false information, including the possibility of         |
|                                                                                                  |                                                                               |
|                                                                                                  |                                                                               |
|                                                                                                  |                                                                               |
| A. Print or Type Name                                                                            | B. Signature C. Date Signed                                                   |
|                                                                                                  |                                                                               |

|                              |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      | 4     | -                     |             |          |      |           |           |          |      |          |                                         |          |
|------------------------------|--------------------------------------------------------|-------------------------------|-----------------------------------------|------------------|--------------------|------------------|------------|-----------------------|----------------|--------------|-------------|--------|------|-------|-----------------------|-------------|----------|------|-----------|-----------|----------|------|----------|-----------------------------------------|----------|
| ·····                        |                                                        | ,                             |                                         | <u> </u>         | <del></del> -      |                  | F/         | ACILITY F             | EPO            | RT -         | PA          | RTS    | В 8  | C     |                       |             |          |      |           |           |          | - (  |          |                                         |          |
| FOR                          | OFFICAL                                                | Ш                             | -11                                     |                  | ed<br>9            |                  |            | PE OF RE              |                |              |             |        | 200  | ×     |                       |             |          | TIES |           |           |          |      | -1-      | 200000000000000000000000000000000000000 |          |
|                              | S 1 & 2)                                               | 2. F                          | Receiv                                  | ed By            |                    |                  | Par        | в Б                   | Pa             | ırt C        |             |        |      |       | FL                    | . <u>ID</u> | 9        | 8 4  | <u> </u>  | <u>41</u> | <u> </u> | ы    | <u>"</u> | -                                       |          |
| XVIII. G                     | ENERAT                                                 | ORS E                         |                                         |                  | 4 0                | 4                |            | XX. GEN               |                | TOR<br>K     |             |        |      | S (s  |                       |             |          | box  | (, ci     | ty, s     | state    | e, & | zip      | COC                                     | ie)      |
|                              |                                                        |                               |                                         |                  |                    |                  | 202        | 1 6 3                 | ,              | λT           | τ,          |        | ,    | A V   | E N                   | JII         | E        | R    | τ .       | D.        |          | 3 !  | 3 1      |                                         |          |
| XIX. GE                      | NERATO                                                 | RNAM                          | E (sp                                   | ecny)            |                    |                  |            | PATI                  |                |              |             |        |      |       | FI                    |             |          | 29   |           |           |          |      |          | rens                                    |          |
| XIX. W                       | ASTE IDEI                                              | NTIFIC                        | ATIO                                    |                  |                    |                  |            |                       |                |              |             |        |      |       |                       |             |          |      |           |           |          |      |          |                                         |          |
| LINE                         |                                                        | <b>A.</b> (                   | DESC                                    | RIPTIC           | ON OF              | WAS              | STE        |                       |                | B. EPA       | HAZARDOUS   | NUMBER |      |       | C. HANDLING<br>METHOD |             |          |      | D. AMOUNT | WASTE     |          |      |          | E. UNITS OF                             | 1000     |
|                              | Waste Co<br>NA1993                                     |                               |                                         |                  |                    | (Petr            | oleum      | Naptha)               |                | 0 0<br>0 1   |             |        |      |       | S                     | ) 2         | Н        | _    | Н         | +         |          | 1    | 6 G      |                                         | +        |
| 2                            |                                                        | •                             |                                         |                  |                    |                  |            |                       | Н              | -            |             |        |      |       |                       |             |          |      |           | 1         |          |      | $\pm$    |                                         | ‡        |
| 3                            |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      | _     |                       | 1           | П        | 1    |           |           |          |      |          |                                         | 1        |
| 4                            |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      |       |                       | 1           |          | 1    |           |           |          |      | +        | Н                                       | 1        |
| 5                            |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      |       | П                     |             |          |      |           |           | +        | Ц    |          |                                         | 1        |
| 6                            |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      |       |                       |             |          |      |           |           |          |      |          | Ц                                       | +        |
| 7                            |                                                        |                               |                                         |                  |                    |                  |            | ,                     |                |              |             |        |      |       |                       | †           |          |      |           |           | †        |      | 1        |                                         |          |
| 8                            |                                                        |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      |       |                       | 1           |          |      |           |           | _        | Ц    | _        |                                         |          |
| 9                            |                                                        |                               | • • • • • • • • • • • • • • • • • • • • |                  |                    |                  | · <b>·</b> |                       |                |              |             |        |      |       |                       | 1           |          |      | <u> </u>  |           | ‡        |      | +        |                                         |          |
| 10                           |                                                        |                               |                                         | ********         |                    | <u>n.4-</u>      |            | ,                     |                |              |             |        |      |       |                       |             |          |      |           | H         | 1        | H    |          | H                                       |          |
| 11                           | <u> </u>                                               |                               |                                         |                  |                    |                  |            |                       |                |              |             |        |      |       |                       |             |          |      | _         |           | ‡        | H    | ‡        | H                                       | <b>-</b> |
| 1 2                          |                                                        |                               |                                         |                  |                    |                  |            |                       |                | ****         |             |        |      |       |                       |             | <u> </u> |      | +         | H         | <u> </u> |      | <u></u>  |                                         | <b> </b> |
| Waste<br>sole tra<br>other p | was shipp<br>ansporter u<br>parts wash<br>ng by distil | ed fror<br>under U<br>er solv | n the (<br>J. S. E                      | genera<br>PA Tra | tor's lo<br>anspor | cation<br>ter ID | n to th    | e Sanford<br>R 000075 | facili<br>150. | ty wi<br>The | thou<br>was | te w   | as t | oulke | ed at                 | t the       | Sa       | nfor | d fa      | cility    | wit      | h    |          |                                         |          |

|                                                                                                                                                  | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                                                                           | PART A: GENERATOR ANNUAL REPORT                                                  |
|                                                                                                                                                  | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
| Use this form as a cover for all required reports.                                                                                               | 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                                                                                                                 | RECEIVED (daymory)                                                               |
| F L D 9 8 4 1 7 1 1 6 5                                                                                                                          |                                                                                  |
| III. NAME OF INSTALLATION                                                                                                                        |                                                                                  |
| SAFETY-KLEEN SYST                                                                                                                                | EMS, INC.                                                                        |
| IV. INSTALLATION MAILING ADDRESS                                                                                                                 |                                                                                  |
|                                                                                                                                                  | DRIVE                                                                            |
|                                                                                                                                                  |                                                                                  |
| S A N F O R D , F L 3 2 7 7 1                                                                                                                    |                                                                                  |
| V. LOCATION OF INSTALLATION                                                                                                                      |                                                                                  |
| 600 CENTRAL PARK                                                                                                                                 | DRIVE                                                                            |
| SANFORD, FL:32771                                                                                                                                |                                                                                  |
| VI. INSTALLATION CONTACT                                                                                                                         |                                                                                  |
| NAME (last and first)                                                                                                                            | PHONE NO. (area code & no.)  4 0 7 3 2 1 6 0 8 0                                 |
| K E I T H M A R C I L L E                                                                                                                        |                                                                                  |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                             | s only)                                                                          |
|                                                                                                                                                  |                                                                                  |
|                                                                                                                                                  |                                                                                  |
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|                                                                                                                                                  |                                                                                  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                                                                            |                                                                                  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                                                                            |                                                                                  |
| \$ , , ,                                                                                                                                         | \$   ,   ,                                                                       |
| IX. CERTIFICATION                                                                                                                                |                                                                                  |
|                                                                                                                                                  | familiar with the information submitted in this and all attached documents       |
| and that based on the inquiry of those individuals immediately respons<br>true, accurate, and complete. I am aware that there are significant pe | sible for obtaining the information, I believe that the submitted information is |
| fines and imprisonment.                                                                                                                          | rialities for Submitting laise information, including the possibility of         |
|                                                                                                                                                  |                                                                                  |
|                                                                                                                                                  |                                                                                  |
| A Print or Type Name                                                                                                                             | B. Signature C. Date Signed                                                      |
| A. Print or Type Name                                                                                                                            | D. Dignature C. Date digned                                                      |

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|        | 0551041                                 | 1. D     | ate Recei    | ved<br>19      | ┨╻                                     | VI TVE      | E OF RE        | ₽∩R            | т (4   | ente      | r ar | <b>. X</b> ) |       | χVI      | l. FA  | CIL      | ITIE | SE         | PA I        | ID N               | Ю.      |     |
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|        | OFFICAL<br>E ONLY                       | 2. R     | eceived B    |                | +^                                     | VI 11F      | EOFAL          | -01            | (,     | ,1110     |      |              | 600EL |          |        |          |      |            |             | 1 1                |         | ]   |
|        | ns 1 & 2)                               | 1        |              |                |                                        | Part        | в х            | Pa             | ırt C  | ;         |      |              |       |          |        |          |      |            |             |                    |         |     |
| XVIII. | GENERAT                                 |          |              |                |                                        | 00000       | XX. GEN        |                |        |           |      |              |       |          |        |          | ) bo | x, c       | ity,        | state              | e, &    | zi  |
|        | FL                                      | 2 5 7    | 7002         | 4 4 0          | 4                                      |             | AUTO           |                |        |           |      |              |       |          | ТЕ     |          |      |            |             |                    |         |     |
| XIX. G | ENERATO                                 | RNAM     | E (specify   | )              |                                        |             | 1632<br>PATR   |                |        |           |      |              |       |          |        |          |      | 3 L<br>9 2 |             |                    | 3 3     | 3   |
|        |                                         |          |              |                |                                        |             | PAIK           | 1 (            |        |           | AI   | ъ            | ,     | 1        | L      | ,        |      |            | _           |                    |         |     |
| XIX. W | ASTE IDE                                | NTIFIC/  | ATION        |                |                                        |             |                |                |        |           |      |              |       |          |        |          |      |            |             |                    |         | ă   |
| Œ      |                                         |          |              |                |                                        |             |                | l              | ⋖      | IAZARDOUS | μΩ   | i            |       | HANDLING | 8      |          |      | Į.         | OF<br>WASTE | ī                  |         | ı   |
| LINE   |                                         | Α. Γ     | DESCRIPT     | ION O          | F WAS                                  | STE         |                |                | B. EPA | ARD       | VAST |              | ١     | AND      | Ĭ      | İ        |      | AMO        | OF<br>SAS   |                    |         |     |
| 13     |                                         |          |              | :              |                                        |             |                |                |        | _         |      |              |       | Ü        |        |          |      | ď          | >           |                    | ,       |     |
| 1      | Waste Co                                | ombustil | ble Liquid,  | N.O.S          | . (Petr                                | oleum       | Naptha)        | D              | 0 0    | 1         | D    | 0 3          | 9     | s        | 02     | <u> </u> |      |            | Ц           |                    | 1 (     | 6   |
|        | NA1993                                  | PGIII    | (ERG # 12    | 28) :          |                                        |             |                |                | 0 1    | 8         | Ц    | 0 4          | ΙŮ    | _        | H      | -        | _    | ┿          | ┢╋          | +                  | H       | ┥   |
| 2      |                                         |          |              | :              |                                        |             |                | H              | -      |           | H    | -            |       | ╁        | +      | ┿        | +    |            | H           | $\dagger$          | H       | ٦   |
| 3      | <del> </del>                            |          |              |                |                                        |             |                | Ħ              |        |           |      |              |       | 1        | П      |          |      | İ          |             |                    | П       |     |
|        |                                         |          |              |                |                                        |             | <del>. ,</del> | П              |        |           | П    |              |       |          | П      |          | П    | Ţ          | Ц           | $oldsymbol{\perp}$ | Ц       | _   |
| 4      |                                         |          |              | :              |                                        |             | -              |                | -      | _         | Ш    | _            |       | _        | 14     | _        | 4    | +          | ╀           |                    | H       | _   |
|        |                                         |          | <u>.</u>     |                |                                        | *********   |                |                | 4      | -         | H    | +            | +     | ╬        | ╁      | ╁        | H    | ╁          | H           | ╁                  | H       | _   |
| 5      |                                         |          |              |                |                                        |             |                | H              |        | +         | H    |              | +     |          | H      | +        | H    | 十          | 怈           | $\dagger$          | H       |     |
| 6      |                                         |          | ······       | <del>- :</del> |                                        | *********** |                | П              |        |           |      |              |       |          | П      |          | П    |            | П           | I                  | П       |     |
|        | ļ                                       |          |              | :              |                                        |             |                | П              |        |           |      |              |       |          | Ц      |          |      | 4          | 14          | 1                  | Ц       |     |
| 7      |                                         |          |              |                |                                        |             |                |                | -      | ┈         |      | 4            | -     | _        | ₩      | _        | H    | ┿          | ╀           | ┿                  | H       | _   |
| 8      | <del>-</del>                            |          |              |                | ······································ |             |                |                | -      | ┿         | H    | +            | +     | -        | 廿      | ╁        | H    | ┪          | H           | ╅                  | Ħ       | -   |
| lů     |                                         |          |              |                |                                        |             |                |                |        |           |      |              |       |          |        |          |      | İ          | П           | I                  | $\prod$ | _   |
| 9      | *************************************** |          |              |                |                                        |             |                |                |        |           |      |              |       |          | Ц      |          |      |            | $\prod$     | _                  | Ц       |     |
|        |                                         |          |              | -              |                                        |             |                | $\blacksquare$ | _      | _         | L    | _            | _     | 4        | H      | 4        | ╀┤   | 4          | H           | +                  | ₩       | _   |
| 110    | 4                                       |          |              |                |                                        |             |                | H              | -      | +         | Н    | -            | -     | -        | ╁      | ╁        | H    | -          | ╁┤          | +                  | H       | -   |
| 1      | 1                                       |          | ············ | :              |                                        |             |                |                |        | +         |      | _            | -     | П        | 11     |          | П    | 1          | П           |                    | П       | _   |
|        |                                         |          |              |                |                                        |             |                |                |        |           |      |              |       |          | Ш      |          | Ц    |            | П           |                    | П       | L   |
|        | 2                                       |          |              |                |                                        |             |                | H              |        | ┿         | _    | -            |       | -        | $\bot$ | _        | Н    | ╀          | H           | +                  | ₽       |     |
| 1 2    |                                         |          |              | - 1            |                                        |             | r - see in     |                |        | ٠,        | -100 | 33835        |       | 68 S     |        |          | ▃    |            |             |                    |         | 559 |

|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
| Use this form as a cover for all required reports.                      | 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 / 2 8 / 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                                               |                                                                                  |
| SAFETY-KLEEN SYST                                                       | EMS, INC.                                                                        |
| IV. INSTALLATION MAILING ADDRESS                                        |                                                                                  |
| 6 0 0 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.)  4   0   7     3   2   1     6   0   8   0           |
| 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 report                    | s only)                                                                          |
|                                                                         |                                                                                  |
|                                                                         |                                                                                  |
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|                                                                         |                                                                                  |
|                                                                         |                                                                                  |
| <u></u>                                                                 |                                                                                  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                  |
| \$ , , ,                                                                | \$ , , , , , , , , , , , , , , , , , , ,                                         |
| IX. CERTIFICATION                                                       |                                                                                  |
|                                                                         | amiliar with the information submitted in this and all attached documents        |
|                                                                         | sible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant per | nalties for submitting false information, including the possibility of           |
| fines and imprisonment.                                                 |                                                                                  |
|                                                                         |                                                                                  |
|                                                                         |                                                                                  |
| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                      |

\*\*\*\*\* \*\*\*\*\*\*

| Pair S A A I C | CT L K        | I I HAZARDOUS         | DODR<br>L L<br>A S<br>A F I | ESS C A A B ,                           | (str                                            | wethop N T L                                          | OFP<br>ER<br>UE<br>3                                             | O bo                                                                     | 4 1 1 ox, c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7 1 i <b>ty, s</b>                                                                        | 1<br>tate                                                                                                |
|----------------|---------------|-----------------------|-----------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| S A I C        | GELPA<br>K I  | T HAZARDOUS           | NUMBER OC                   | C A B ,                                 | E N V H                                         | WETHOD                                                | or P<br>E R<br>U E                                               | O bo                                                                     | AMOUNT TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE | ity, s                                                                                    | tate                                                                                                     |
| S A I C        | GELPA<br>K I  | T HAZARDOUS           | NUMBER OC                   | C A B ,                                 | E N V H                                         | METHOD                                                | ERUE                                                             | ·                                                                        | AMOUNT S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D .                                                                                       |                                                                                                          |
| A<br>I C       | EPA N         | T HAZARDOUS           | A S A F I                   | А<br>В,                                 | V I                                             | METHOD                                                | U E                                                              | E                                                                        | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5                                                                                         |                                                                                                          |
| D O            | B. EPA        | L HAZARDOUS           | NUMBER CO                   | 3 9                                     | THANDI ING                                      | METHOD T                                              | 3                                                                |                                                                          | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5                                                                                         |                                                                                                          |
| D O            | O B. EPA      | L HAZARDOUS           | NUMBER                      | 3 9                                     | UN IUNO                                         | METHOD                                                |                                                                  |                                                                          | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |                                                                                                          |
| D 0            | 0             | 1 [                   |                             |                                         | ن<br>ا                                          | j                                                     | 2                                                                | TT                                                                       | D. AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | WASTE                                                                                     |                                                                                                          |
| D 0            | 0             | 1 [                   |                             |                                         | ن<br>ا                                          | j                                                     | 2                                                                | TT                                                                       | D. AMOUN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | WASTE                                                                                     |                                                                                                          |
| D 0            | 0             | 1 [                   |                             |                                         | ن<br>ا                                          | j                                                     | 2                                                                | TT                                                                       | D. AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ξ¥                                                                                        |                                                                                                          |
|                | 0             | 1 [                   |                             |                                         | ن<br>ا                                          | j                                                     | 2                                                                | тт                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                                                                          |
|                |               |                       |                             |                                         |                                                 | Í                                                     | _                                                                |                                                                          | TT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | T                                                                                         | 7                                                                                                        |
|                |               |                       |                             |                                         | $\coprod$                                       |                                                       |                                                                  | 廿                                                                        | 廿                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 力                                                                                         |                                                                                                          |
|                |               |                       | +                           |                                         | m                                               | П                                                     |                                                                  |                                                                          | Щ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                          |
|                |               | طس                    |                             |                                         | H                                               | ╁                                                     | -                                                                | ╁┼                                                                       | +                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                                                                                         | $\dashv$                                                                                                 |
|                |               |                       |                             |                                         |                                                 | П                                                     |                                                                  | П                                                                        | П                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                          |
|                | Щ.            |                       |                             |                                         | Ц                                               | ⇊                                                     | _                                                                | -                                                                        | 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4                                                                                         | Н                                                                                                        |
|                |               | +                     |                             | +                                       | H                                               | ╫                                                     | ╁                                                                | ╁╁                                                                       | ╁╁                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                                                                                         |                                                                                                          |
|                |               |                       |                             |                                         | П                                               | П                                                     |                                                                  | П                                                                        | П                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                          |
|                |               |                       | -                           |                                         | ${f H}$                                         | ╂                                                     | -                                                                | H                                                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                          |
| -              |               |                       |                             |                                         |                                                 | 廿                                                     |                                                                  | 廿                                                                        | 廿                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T                                                                                         |                                                                                                          |
|                |               |                       |                             |                                         | П                                               | П                                                     |                                                                  | Ц                                                                        | П                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           |                                                                                                          |
| +              |               |                       |                             | +                                       | ╁                                               | ╫                                                     |                                                                  | ╫                                                                        | ╫                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | H                                                                                         | -                                                                                                        |
|                |               |                       |                             |                                         |                                                 | 丗                                                     | T                                                                | 廿                                                                        | 廿                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 廿                                                                                         |                                                                                                          |
|                |               |                       |                             | $\Box$                                  | 4                                               | ₩                                                     |                                                                  | H                                                                        | ╁                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | $oldsymbol{\parallel}$                                                                    | 4                                                                                                        |
|                |               | _                     |                             |                                         | H                                               | ╁┼                                                    | +                                                                | ╁                                                                        | ╁╁                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ╁                                                                                         | +                                                                                                        |
|                |               |                       |                             |                                         | П                                               | П                                                     |                                                                  | П                                                                        | П                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                           | 1                                                                                                        |
|                | ₩.            | -                     |                             | ╬                                       | 4                                               | ₩                                                     | _                                                                | H                                                                        | ╫                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ╁╢                                                                                        | 4                                                                                                        |
|                |               | 1                     |                             |                                         |                                                 | 卄                                                     |                                                                  | H                                                                        | $\dagger\dagger$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | $\dagger \dagger$                                                                         | 7                                                                                                        |
|                |               |                       |                             |                                         |                                                 |                                                       |                                                                  |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                                                                          |
|                |               |                       | a ma                        | nifes                                   | st. S                                           | Safety                                                | y-Kle                                                            | en v                                                                     | was t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | he                                                                                        | 100000                                                                                                   |
| i.             | ility<br>. Tł | ility with<br>. The w | . The waste                 | ility without a ma<br>.   The waste was | ility without a manife:<br>. The waste was bull | ility without a manifest. S<br>. The waste was bulked | ility without a manifest. Safet<br>. The waste was bulked at the | ility without a manifest. Safety-Klo<br>. The waste was bulked at the Sa | ility without a manifest. Safety-Kleen v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ility without a manifest. Safety-Kleen was t<br>. The waste was bulked at the Sanford fac | ictions)  Sility without a manifest. Safety-Kleen was the The waste was bulked at the Sanford facility w |

| 11474550110 1144 000 000                                              | 1. TYPE OF HAZARDOUS WASTE REPORT                                                  |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                | PART A: GENERATOR ANNUAL REPORT                                                    |
| 1                                                                     | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                       |
| Use this form as a cover for all required reports.                    | 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                                                         |
| II. INSTALLATION'S EPA ID NUMBER                                      | RECEIVED (day/mo/yr) 0 2 / 2 1 / 2 0 0 1                                           |
| F L D 9 8 4 1 7 1 1 6 5                                               |                                                                                    |
| III. NAME OF INSTALLATION                                             |                                                                                    |
| SAFETY-KLEEN SYS                                                      | TEMS, INC.                                                                         |
| IV. INSTALLATION MAILING ADDRES                                       |                                                                                    |
| 600 CENTRAL PARK                                                      | DRIVE                                                                              |
| SANFORD, FL 3277                                                      |                                                                                    |
| V. LOCATION OF INSTALLATION                                           |                                                                                    |
| 600 CENTRAL PARK                                                      | DRIVE                                                                              |
| SANFORD, FL 3277                                                      |                                                                                    |
| VI. INSTALLATION CONTACT                                              |                                                                                    |
| NAME (last and first)                                                 | PHONE NO. (area code & no.)                                                        |
| KEITH MARCILLE                                                        | 4 0 7 3 2 1 6 0 8 0                                                                |
| VII. TRANSPORTATION SERVICES USED (for Part A rep                     |                                                                                    |
|                                                                       |                                                                                    |
|                                                                       |                                                                                    |
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|                                                                       |                                                                                    |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only                  | <i>(</i> )                                                                         |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                 |                                                                                    |
| \$ , , , , , , , , , , , , , , , ,                                    | \$    ,      ,                                                                     |
| IX. CERTIFICATION                                                     |                                                                                    |
| certify under penalty of law that I have personally examined and an   | n familiar with the information submitted in this and all attached documents       |
| and that based on the inquiry of those individuals immediately respo  | Posible for obtaining the information. I believe that the submitted information is |
| . oc, accurate, and complete. I am aware that there are significant p | penalties for submitting false information, including the possibility of           |
| ines and imprisonment.                                                |                                                                                    |
|                                                                       | l l                                                                                |
|                                                                       |                                                                                    |
| A. Print or Type Name                                                 | B. Signature C. Date Signed                                                        |
|                                                                       | B. Signature C. Date Signed                                                        |

 $\frac{1}{2} = \frac{1}{2} \frac{\partial^2 \partial u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}{\partial x} + \frac{1}{2} \frac{\partial^2 u}$ 

|                      |                   |                                                                                 |               |                                         |         |          |          |         |       | _     |            |                         |                |                       |            |             |       |      |            |         |      |
|----------------------|-------------------|---------------------------------------------------------------------------------|---------------|-----------------------------------------|---------|----------|----------|---------|-------|-------|------------|-------------------------|----------------|-----------------------|------------|-------------|-------|------|------------|---------|------|
|                      |                   | 1. Date Received                                                                |               | FACILITY R                              |         |          |          |         |       |       |            |                         |                |                       |            |             |       |      |            | - 000   |      |
|                      | OFFICAL<br>E ONLY | 2. Received By                                                                  | XVI           | TYPE OF REPORT (enter an X)             |         |          |          |         |       |       |            | F L D 9 8 4 1 7 1 1 6 5 |                |                       |            |             |       |      |            |         |      |
| (iten                | ns 1 & 2)         |                                                                                 |               | Part B X                                | Pa      | rt C     |          |         |       |       | Ь          |                         |                | <del></del>           |            |             | السال | oud- | .4         |         |      |
| XVIII. (             |                   | ORS EPA ID NO.                                                                  |               | XX. GEN                                 |         |          |          |         |       |       |            |                         |                |                       | ox, c      | city,       | stat  | e, & | zip        | cod     | le)  |
|                      |                   | 2 5 7 0 0 2 4 4                                                                 | 0 4           | AUTO                                    |         | K        |          |         |       |       |            |                         | ER             |                       |            |             |       |      |            |         |      |
| XIX. GE              | NERATO            | R NAME (specify)                                                                |               | 1632<br>PATR                            |         |          |          |         |       |       |            |                         |                |                       | ВL<br>92   | D.          |       | 3 3  | <b>3</b> 7 |         |      |
|                      |                   |                                                                                 |               |                                         | *****   | 500000   | 5050     | 00000   | 20020 |       |            |                         | 0 <b>5</b> 005 | (*(* <u>(*)</u> *)*(* | 62305      |             | 60.00 | 2000 | 35535      | 00000   | 2003 |
|                      | ASTE IDEI         | NTIFICATION                                                                     |               |                                         |         |          | S        |         |       |       | <u>U</u>   |                         |                |                       | <b>###</b> |             |       |      | ي          |         |      |
| LINE                 |                   | A. DESCRIPTION                                                                  | N OF WASTE    | Ĭ.                                      |         | B. EPA   | IAZARDOU | WASIE   |       |       | . HANDLING | METHOD                  |                |                       | D. AMOUNT  | OF<br>WASTE |       |      | O SELIVIT  | MEASURE |      |
| 1                    | Waste Co          | mbustible Liquid, N.C                                                           | D.S. (Petrole | um Naptha)                              | Do      |          |          |         | 3     | 9     | ن<br>S     | 0                       | 2              |                       | Ť          | П           | П     | 1 7  |            | Τ       | T    |
|                      | NA1993            | PGIII (ERG # 128)                                                               |               |                                         | DΟ      | 1        | 8        | DO      | ) 4   | 0     |            |                         |                | П                     |            | П           | П     | I    | П          |         | Ţ    |
| 2                    |                   |                                                                                 |               |                                         | <b></b> |          |          |         |       | H     | ╀          | Н                       | _              | Н                     | ╀          | H           | H     | ╬    | ₩          | -       | ╄    |
| 3                    |                   |                                                                                 |               |                                         |         |          |          |         |       |       |            |                         |                |                       |            |             |       | _    | Ħ          |         | ļ    |
| 4                    |                   |                                                                                 |               |                                         |         |          |          | NEXT VE |       |       |            | Ħ                       |                | H                     | +          |             | Ħ     | #    | Ħ          | #       | Ŧ    |
| 5                    |                   |                                                                                 | 3/3/4         |                                         |         |          |          |         |       |       | -          | H                       |                | H                     |            | H           |       |      | Ħ          |         | F    |
| 6                    |                   |                                                                                 |               |                                         |         |          | -        |         |       |       |            |                         |                |                       |            |             |       |      |            |         | Ī    |
| 7                    |                   |                                                                                 |               | , . , . , . , . , . , . , . , . , . , . |         |          |          |         |       |       |            |                         |                | П                     |            |             |       |      | $\prod$    |         | I    |
| 8                    |                   |                                                                                 |               |                                         |         |          |          |         |       |       |            |                         |                |                       |            |             |       |      |            |         | I    |
| 9                    |                   |                                                                                 |               |                                         |         |          | _        |         | -     |       | ╁          | Н                       | _              | H                     | +          | H           | H     | -    | ${f H}$    | +       | ╁    |
| 1 0                  |                   |                                                                                 |               |                                         |         |          |          | -       |       |       | Ŧ          | H                       |                | П                     | -          | H           | H     | 7    | $\prod$    | +       | F    |
| 11                   |                   |                                                                                 |               |                                         |         |          |          |         |       |       | Ŧ          | П                       |                | П                     | -          | H           | H     | #    | Ħ          |         | F    |
| 12                   |                   |                                                                                 |               |                                         |         |          |          |         |       |       | Ŧ          | H                       |                | H                     | Ŧ          | H           | П     | 1    | Ħ          |         | Ī    |
|                      |                   | (enter information                                                              |               |                                         |         | and area | ألحد     |         |       |       |            |                         |                |                       |            |             |       |      |            |         |      |
| sole tra<br>other pa | nsporter ur       | d from the generator<br>nder U.S. EPA Trans<br>r solvents, and then s<br>ation. | porter ID # S | CR 00007515                             | 0. T    | he v     | vas      | te w    | as t  | oulke | ed a       | t th                    | e Sa           | nfor                  | d fa       | cility      |       |      |            |         |      |
|                      |                   |                                                                                 |               |                                         |         |          |          |         |       |       |            |                         |                |                       |            |             |       |      |            |         |      |
|                      |                   |                                                                                 |               |                                         |         |          |          |         |       |       |            |                         |                |                       |            |             |       |      |            |         |      |

- A. A.

|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                   |
| Use this form as a cover for all required reports.                      | 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                                               |                                                                                |
| SAFETY-KLEEN SYST                                                       | EMS, INC.                                                                      |
| IV. INSTALLATION MAILING ADDRES                                         |                                                                                |
| 6 0 0 CENTRAL PARK                                                      | DRIVE                                                                          |
| SANFORD, FL 32771                                                       |                                                                                |
| V. LOCATION OF INSTALLATION                                             |                                                                                |
| 6 0 0 CENTRAL PARK                                                      | DRUVE                                                                          |
| 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                   | s only)                                                                        |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
| :                                                                       |                                                                                |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                |
| \$ , , , , , , , , , , , , , , , , , , ,                                | \$ , , , , , , , , , , , , , , , , , , ,                                       |
| IX. CERTIFICATION                                                       |                                                                                |
| certify under penalty of law that I have personally examined and am fa  | amiliar with the information submitted in this and all attached documents      |
|                                                                         | ble for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pen | alties for submitting false information, including the possibility of          |
| fines and imprisonment.                                                 |                                                                                |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                    |

:

| <u> </u> | i.<br>Nagar                                                   | FACILITY R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EPORT - P | ARTS B &                                      | terri               |                       |                        |  |  |  |  |  |  |
|----------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|---------------------|-----------------------|------------------------|--|--|--|--|--|--|
|          | 1. Date Receiv                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | PORT (enter an X) XVII. FACILITIES EPA ID NO. |                     |                       |                        |  |  |  |  |  |  |
| 1        |                                                               | 9 XVI TYPE OF RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PORT (ent | er an X)                                      | <b>a</b>            | ITIES EPA ID N        |                        |  |  |  |  |  |  |
|          | E ONLY 2. Received By                                         | : I — —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part C    |                                               | Lirinia             | 0 4 1 7 1 1           | 9 2                    |  |  |  |  |  |  |
| <u> </u> | 1                                                             | lead 6,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4         | 100000                                        | 2/ 1 1 2            | O ( 14 4-4            | - 0 -:                 |  |  |  |  |  |  |
| XVIII. C | GENERATORS EPA ID NO.<br>                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               | ENTER               | O box, city, state    | e, & zip code)         |  |  |  |  |  |  |
|          |                                                               | Charles Control Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                               |                     | D.I. D.               | 201                    |  |  |  |  |  |  |
| XIX. GE  | ENERATOR NAME (specify)                                       | 1632<br>PATR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ATL       |                                               | VENUE<br>FL 3       | B L D .<br>2 9 2 5    | 3 3 1                  |  |  |  |  |  |  |
|          |                                                               | IAIR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | I C K     | AIB,                                          | 1 5                 | 2,23                  |                        |  |  |  |  |  |  |
| XIX. W   | ASTE IDENTIFICATION                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
| Œ        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | anc and   | WASTE                                         | HANDLING<br>METHOD  | Ę w                   | E. UNITS OF<br>MEASURE |  |  |  |  |  |  |
| LINE     | A. DESCRIPTION                                                | ON OF WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 2 8     | ASTI<br>MBE                                   | HANDLIN             | AMOUNT<br>OF<br>WASTE | STIN                   |  |  |  |  |  |  |
| 75       |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8.8       | ¥₽                                            | ME H                | δ × Σ                 | E. U                   |  |  |  |  |  |  |
| 1        | Waste Combustible Liquid, N                                   | LO.S. (Petroleum Naptha)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D001      | D0319                                         | S 0 2               | пітп                  | 1 6 G                  |  |  |  |  |  |  |
|          | NA1993 PGIII (ERG # 128                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | D040                                          |                     |                       |                        |  |  |  |  |  |  |
| 2        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
|          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
| 3        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               | ╂╂┼┼                |                       |                        |  |  |  |  |  |  |
| 4        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
| 5        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
| l °      |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     | ┝╫┼┼┼                 | ╌┼┼┼┼                  |  |  |  |  |  |  |
| 6        |                                                               | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                               |                     |                       |                        |  |  |  |  |  |  |
|          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
| 7        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
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| ľ        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
| 9        |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
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| 1 0      |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
| 4 4      |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               | ┹┸┸┸┸               | ┝╇╇╇                  | ┝┼┼┼┼┼┼                |  |  |  |  |  |  |
| 1 1      |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | ╂┼┼┼                                          | ╂┼┼┼                | ┠╂╂╂╂                 |                        |  |  |  |  |  |  |
| 1 2      |                                                               | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | ╋┿┿                                           | ┋┼┼┼┼               | ┝╂╼╂╌╂╌╏              | ┝╂╂╂╂┼                 |  |  |  |  |  |  |
|          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
| XXII. C  | OMMENTS (enter information                                    | on by line number - see inst                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ructions) |                                               |                     |                       |                        |  |  |  |  |  |  |
|          | was shipped from the general                                  | i contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction |           |                                               |                     |                       |                        |  |  |  |  |  |  |
| 1        | insporter under U.S. EPA Tra<br>arts washer solvents, and the |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       | ı                      |  |  |  |  |  |  |
|          | ng by distillation.                                           | i i i i i i i i i i i i i i i i i i i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | , 010 0                                       | J. AUT (III LONIII) | 18-01, 00/101         |                        |  |  |  |  |  |  |
|          |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                               |                     |                       |                        |  |  |  |  |  |  |
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| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                     |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |
| fines and imprisonment.                                                 |                                                                                 |  |  |  |  |  |  |  |  |  |
| true, accurate, and complete. I am aware that there are significant per | alties for submitting false information, including the possibility of           |  |  |  |  |  |  |  |  |  |
| and that based on the inquiry of those individuals immediately respons  | ible for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |
|                                                                         | amiliar with the information submitted in this and all attached documents       |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                       |                                                                                 |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                 |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                 |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |
| :                                                                       |                                                                                 |  |  |  |  |  |  |  |  |  |
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|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                   | s only)                                                                         |  |  |  |  |  |  |  |  |  |
| KEITH MARCILLE                                                          | 4 0 7 3 2 1 6 0 8 0                                                             |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT  NAME (last and first)                         | PHONE NO. (area code & no.)                                                     |  |  |  |  |  |  |  |  |  |
| SANFORD, FL 32771                                                       |                                                                                 |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |
|                                                                         | DIRITIVE                                                                        |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                             |                                                                                 |  |  |  |  |  |  |  |  |  |
| S A N F O R D , F L 3 2 7 7 1                                           |                                                                                 |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                        | DRIVE                                                                           |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRESS                                        |                                                                                 |  |  |  |  |  |  |  |  |  |
| SAFETY-KLEEN SYST                                                       | EMS, INC.                                                                       |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION                                               |                                                                                 |  |  |  |  |  |  |  |  |  |
| FLD9841771165                                                           |                                                                                 |  |  |  |  |  |  |  |  |  |
| II. INSTALLATION'S EPA ID NUMBER                                        | RECEIVED (day/mo/yr) 0 8 / 0 6 / 2 0 0 1                                        |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR A WASTE                                                      |  |  |  |  |  |  |  |  |  |
|                                                                         | PART C: UNMANIFESTED WASTE REPORT                                               |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                      | PART B: FACILITY ANNUAL REPORT  THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0    |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |  |  |  |  |  |  |  |  |  |
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                 |  |  |  |  |  |  |  |  |  |
|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |  |  |  |  |  |  |  |  |  |

| FACILITY REPORT - PARTS B & |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
|-----------------------------|---------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|-----------------------|--------------------------|------------------------|--|--|--|--|--|
| 500                         | 1. Date Receive                                               |                                                          | PORT (enter an X)                              | YVII FACILITI         | IES EPA ID NO.           |                        |  |  |  |  |  |
|                             | E ONLY 2. Received By                                         |                                                          | FONT (enter all A)                             | 000                   | 4 1 7 1 1 6 5            |                        |  |  |  |  |  |
| (item                       | ns 1 & 2)                                                     | Part B                                                   | Part C                                         |                       |                          |                        |  |  |  |  |  |
| XVIII. C                    | GENERATORS EPA ID NO.                                         | XX. GEN                                                  | ERATOR'S ADDRES                                |                       | ox, city, state, & z     | ip code)               |  |  |  |  |  |
|                             | F L 2 5 7 0 0 2 4                                             |                                                          |                                                | CENTER                |                          | 4                      |  |  |  |  |  |
| XIX. GE                     | ENERATOR NAME (specify)                                       | 163<br>PATI                                              | 2 ATLAS .<br>RICK AFB .                        |                       | B L D . 3 3<br>9 2 5     | '                      |  |  |  |  |  |
|                             |                                                               |                                                          |                                                | ,                     |                          |                        |  |  |  |  |  |
| XIX. W                      | ASTE IDENTIFICATION                                           |                                                          | (A)                                            | <b>(</b> 5            |                          | ш                      |  |  |  |  |  |
| LINE                        | A. DESCRIPTIO                                                 | ON OF WASTE                                              | B. EPA<br>IAZARDOUS<br>WASTE<br>NUMBER         | C. HANDLING<br>METHOD | D. AMOUNT<br>OF<br>WASTE | E. UNITS OF<br>MEASURE |  |  |  |  |  |
| 1                           | Waste Combustible Liquid, N                                   | O.S. (Petroleum Naptha)                                  | D001D03                                        |                       | 17                       | G                      |  |  |  |  |  |
|                             | NA1993 PGIII (ERG # 128)                                      | •                                                        | D018D04                                        | 0                     |                          |                        |  |  |  |  |  |
| 2                           |                                                               |                                                          |                                                | <del>╺╏╏╏╏</del>      | ┟╂╂╂╂╂                   | ┍╂╂╂                   |  |  |  |  |  |
| 3                           |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
| 4                           |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
| 5                           |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
| 6                           |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
| 7                           |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
| 8                           |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
| 9                           |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
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| 10                          |                                                               |                                                          |                                                |                       |                          | ┝┼┼┼                   |  |  |  |  |  |
| 11                          |                                                               |                                                          |                                                |                       |                          | Ш                      |  |  |  |  |  |
|                             |                                                               |                                                          |                                                |                       |                          | ┝╁╁┸                   |  |  |  |  |  |
| 1 2                         |                                                               |                                                          |                                                | ┪╏╂┼                  | <del>┠╋╏╏╏</del>         | ┝┼┼┼                   |  |  |  |  |  |
|                             | OMMENTS (enter information                                    |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
| Waste<br>sole tra           | was shipped from the generat<br>ansporter under U. S. EPA Tra | or's location to the Sanford<br>nsporter ID # SCR 000075 | facility without a man<br>150. The waste was t | oulked at the Sanfo   | ord facility with        |                        |  |  |  |  |  |
|                             | earts washer solvents, and thering by distillation.           | n shipped to the Safety-Kle                              | en Lexington Recycle                           | Center (in Lexingt    | on, SC) for              |                        |  |  |  |  |  |
| 1                           |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
|                             |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
|                             |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |
|                             |                                                               |                                                          |                                                |                       |                          |                        |  |  |  |  |  |



| SAFETY-KLEEN SYST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | EMS, INC.                                                                                                                                                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EMS, INC.                                                                                                                                                 |
| IV. INSTALLATION MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                           |
| 600 CENTRAL PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVE                                                                                                                                                     |
| S A N F O R D , F L 3 2 7 7 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                           |
| V. LOCATION OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                           |
| 600 CENTRAL PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVE                                                                                                                                                     |
| SANFORD, FL 32771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                           |
| VI. INSTALLATION CONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BUONE VS (see seed of an a                                                                                                                                |
| NAME (last and first)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PHONE NO. (area code & no.)  4   0   7   3   2   1   6   0   8   0                                                                                        |
| KEITH MARCILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                           |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s only)                                                                                                                                                   |
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| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                           |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$ 1, 1,                                                                                                                                                  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$ , , ,                                                                                                                                                  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s , , , , , amiliar with the information submitted in this and all attached documents                                                                     |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | amiliar with the information submitted in this and all attached documents ible for obtaining the information, I believe that the submitted information is |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE    \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | amiliar with the information submitted in this and all attached documents ible for obtaining the information, I believe that the submitted information is |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE  \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | amiliar with the information submitted in this and all attached documents ible for obtaining the information, I believe that the submitted information is |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE    S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | amiliar with the information submitted in this and all attached documents ible for obtaining the information, I believe that the submitted information is |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE    S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | amiliar with the information submitted in this and all attached documents ible for obtaining the information, I believe that the submitted information is |

|                                                              |                    |                                                                                                                         |                                |                                       |             |            |            |            |     | ~   | _    |     |                        |    |     |      |       | ,       | - • • • |     |        |      |    |     |
|--------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|-------------|------------|------------|------------|-----|-----|------|-----|------------------------|----|-----|------|-------|---------|---------|-----|--------|------|----|-----|
|                                                              |                    | 1. Date Received                                                                                                        | F                              | ACILITY R                             | EPC         | OR         | -          | PAI        | RT: | SB  | & (  |     |                        |    |     |      |       |         |         | -   | -      |      |    |     |
| FOR                                                          | OFFICAL            |                                                                                                                         | XVI T                          | PE OF RE                              | POI         | RT.        | (en        | ter        | an  | X)  |      | -   |                        |    |     | TIE  |       |         |         | _   |        |      |    |     |
| -                                                            | E ONLY             | 2. Received By                                                                                                          | Pa                             |                                       | <b>]</b> P  | art        | C          |            |     |     |      | Ļ   | <u> </u>               | D  | 9   | 8 4  | 1     | 7[      | י וי    | Ь   | ٥      |      |    |     |
| `                                                            | s 1 & 2)           | ORS EPA ID NO.                                                                                                          |                                | XX. GEN                               | _           |            |            | SΔ         | DD  | )RE | SS   | (st | reel                   | or | ΡO  | bo   | х. с  | ity.    | sta     | te. | & z    | ip ( | od | le) |
| (VIII. C                                                     |                    | الأنا أحدومه وتعمره موسونتين والمساب                                                                                    | 5                              | DYNA                                  | -37         |            |            |            |     |     |      | ,   |                        |    |     |      |       |         |         |     |        |      |    | فخد |
| XIX. GE                                                      |                    | R NAME (specify)                                                                                                        |                                | BLDG                                  |             |            |            |            |     |     |      |     |                        |    |     | A R  |       | Α       |         |     |        |      |    |     |
| <u>.</u> .                                                   |                    |                                                                                                                         |                                | KENN<br>CAPE                          |             |            |            |            |     |     |      |     |                        |    |     |      |       | 2       | 8 1     | 1 5 |        |      |    |     |
| XIX. W                                                       | ASTE IDEI          | NTIFICATION                                                                                                             |                                | CAIL                                  |             |            |            |            |     |     |      |     |                        |    |     |      |       |         |         |     |        |      |    |     |
| LINE NUMBER B. EPA HAZARDOUS WASTE NUMBER O. AMOUNT OF WASTE |                    |                                                                                                                         |                                |                                       |             |            |            |            |     |     |      |     | E. UNITS OF<br>MEASURE |    |     |      |       |         |         |     |        |      |    |     |
| 1                                                            | Waste Co           | ombustible Liquid, N.O.S                                                                                                | . (Petroleur                   | n Naptha)                             | D           |            | ा          | 1          | D   | 0 3 |      |     | s                      | 2  |     | Ţ    |       | П       |         | 1   | 7      | G    | 7  | Ţ   |
|                                                              | NA1993             | PGIII (ERG # 128)                                                                                                       | , <u>,-</u> -,                 |                                       |             | 의          | 1          | 8          | D ( | 0 4 | 0    | Н   | -                      | ╀  | H   | +    | ╀     | ₩       | ╁       | +   | H      | ┟┼   | ╁  | ╁   |
| 2                                                            |                    |                                                                                                                         |                                |                                       | ۲           | Н          | +          | -          |     | -   |      | Н   | +                      | T  | H   | 1    | T     | $\prod$ | †       | 1   | L      | 廿    | 1  | 1   |
| 3                                                            |                    |                                                                                                                         |                                | <u> </u>                              |             |            |            |            | 339 |     |      | П   | _                      | Ŧ  |     | 7    | T     | П       | _       | -   | <br> - | H    | +  | +   |
| 4                                                            |                    |                                                                                                                         |                                |                                       | L           |            |            |            |     |     |      |     |                        | Ŧ  | П   |      | T     | Н       | -       | -   |        | П    | Ţ  | 7   |
| 5                                                            |                    |                                                                                                                         |                                |                                       | L           |            |            |            |     |     |      | П   | 7                      | 1  | П   |      | -     | П       | 1       | Ŧ   | F      | П    | 1  |     |
| 6                                                            |                    |                                                                                                                         |                                |                                       | ľ           |            |            |            |     |     |      |     | 1                      | 1  | H   |      | 1     | H       | 1       | +   | İ      | П    |    | 7   |
| 7                                                            |                    |                                                                                                                         |                                | · · · · · · · · · · · · · · · · · · · | Ĺ           |            |            |            |     |     |      |     | 4                      |    |     |      | 1     |         |         | _   | I      | П    |    | 7   |
| 8                                                            |                    |                                                                                                                         | <u> </u>                       |                                       | L           |            |            |            |     |     |      |     |                        | +  |     |      | +     |         |         | 1   |        |      | 1  | 7   |
| 9                                                            |                    |                                                                                                                         |                                | · · · · · · · · · · · · · · · · · · · |             |            |            |            |     |     |      | Ц   |                        | 1  | Ï   |      | 1     |         |         |     |        |      |    |     |
| 1 0                                                          | )                  |                                                                                                                         |                                | . <u></u>                             | L           |            |            |            |     |     |      |     |                        | 1  | _   |      |       | H       | 1       | 1   |        |      |    |     |
| 11                                                           |                    |                                                                                                                         |                                |                                       | _           |            |            |            |     |     |      |     | 片                      | ‡  | ‡   |      | ‡     |         |         |     | ‡      | Ħ    |    |     |
| 1 2                                                          | 2                  |                                                                                                                         | <u></u>                        |                                       | L           |            |            |            |     |     |      |     | Ц                      | 1  |     | Ц    | +     |         |         | 1   | +      |      |    |     |
| VVII (                                                       | OMMENI             | FS (anter information b                                                                                                 | v line numh                    | ner - see in:                         | stru        | cti        | ons        | رة<br>ا    |     |     |      |     |                        |    |     |      |       |         |         |     |        |      |    |     |
| Waste<br>sole tra<br>other p                                 | was shippansporter | rS (enter information be<br>bed from the generator's<br>under U.S. EPA Transp<br>per solvents, and then sh<br>illation. | location to t<br>orter ID # IL | he Sanford<br>D 98490820              | taci<br>32. | lity<br>Th | wit<br>e w | no.<br>ast | e w | /as | bull | ked | at t                   | he | San | forc | i fac | cility  | Wil     | th  |        |      |    |     |

|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |  |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                      | 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                                               |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| SAFETY - KLEEN SYST                                                     | EMS, INC.                                                                       |  |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRESS                                        |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                        | DRIVE                                                                           |  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL: 32771                                                      |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                             |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                        | DRIVE                                                                           |  |  |  |  |  |  |  |  |  |  |  |
| 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                   | s only)                                                                         |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| \$ , , ,                                                                | \$ , , ,                                                                        |  |  |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                       |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | amiliar with the information submitted in this and all attached documents       |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | ible for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |  |  |
| true, accurate, and complete. I am aware that there are significant pen | nalties for submitting false information, including the possibility of          |  |  |  |  |  |  |  |  |  |  |  |
| fines and imprisonment.                                                 |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |
| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                     |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                 |  |  |  |  |  |  |  |  |  |  |  |

Seappers.

| USE<br>(item                 | OFFICAL<br>ONLY<br>is 1 & 2)            | 1. Date Received 2. Received By                                               | XVI TYPE OF RE Part B XX. GENI                                                                            | Pa             | ırt C | ,           |      |       | 1900 |     | FL   | D         | 9                      | TIE:  | 1          | 7 1   | 1     | 6         |     | D C | ode |
|------------------------------|-----------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------|-------|-------------|------|-------|------|-----|------|-----------|------------------------|-------|------------|-------|-------|-----------|-----|-----|-----|
| VIII. C                      |                                         | ORS EPA ID NO. 8                                                              |                                                                                                           |                |       | 131         | 40   | Uni   |      | (3  | u ee |           |                        |       | ., 0       | ,,,   | ,,,,, |           |     |     |     |
| IX GE                        |                                         | R NAME (specify)                                                              | BLDG                                                                                                      |                | л 7   | _           | 5    | 0 5   | 5    | L   | E F  | T         |                        | A R   | E          | A     |       |           |     |     |     |
|                              |                                         | 7,800                                                                         | KENN                                                                                                      |                |       |             |      |       |      |     |      |           |                        |       |            |       |       | _         |     |     |     |
|                              |                                         | TITIO A TION                                                                  | CAPE                                                                                                      |                | ) A   | N           | A    | V E   | R    | A   | L,   |           | F                      | L     | 3          | 2 {   |       | )<br>     |     |     |     |
|                              |                                         |                                                                               |                                                                                                           |                |       |             |      |       |      |     |      |           | E. UNITS OF<br>MEASURE |       |            |       |       |           |     |     |     |
| 1                            | Waste Co                                | mbustible Liquid, N.O.S                                                       | . (Petroleum Naptha)                                                                                      |                |       |             |      |       |      |     | S    | ) 2       |                        |       | Π          | П     | Γ     | П         | 7 ( | 3   |     |
|                              | NA1993                                  | PGIII (ERG # 128)                                                             |                                                                                                           | 미              | 0 1   | 8           |      | 0 4   | 4 0  |     | 4    | _         | $ar{\parallel}$        | +     | H          | 4     | +     | ┩         | 4   | 4   | -   |
| 2                            |                                         |                                                                               |                                                                                                           | H              | +     |             | Н    |       | _    | Н   | H    | ╁         | ╁┤                     | +     | ╁          | ╁╅    | ╁     | H         | †   | 十   | ╁   |
| 3                            |                                         |                                                                               |                                                                                                           |                |       |             |      |       |      | L   | Ī    | 1         |                        | T     | Ĺ          |       | İ     |           |     | 1   | Ì   |
|                              |                                         |                                                                               |                                                                                                           | П              |       |             |      |       |      |     |      |           |                        |       | Ļ          | Ц     | Ļ     | Ц         | 4   | _   | L   |
| 4                            |                                         |                                                                               |                                                                                                           | Ш              |       |             | L    | _     |      | L   | ┦    | ╁         | H                      | ╀     | ╀          | H     | ┿     | H         | 4   | +   | ╁   |
| 5                            |                                         |                                                                               |                                                                                                           | Н              |       |             | H    |       | -    |     | H    | $\dagger$ | H                      |       | ╁          | 什     | t     | Ħ         | 1   | ╅   | t   |
|                              |                                         |                                                                               |                                                                                                           |                |       |             |      |       |      |     |      | Ţ         |                        |       | Ţ          | П     | Ţ     |           |     | Ţ   | Į   |
| 6                            |                                         | •                                                                             | <del></del>                                                                                               |                |       | ļ           | L    |       | +    | Ļ   | Н    | +         | ╄-                     | H     | ╀          | Н     | ╁     | H         | Н   | _   | ╄   |
| 7                            |                                         |                                                                               |                                                                                                           | H              | +     | -           | -    |       | -    | ┢   | H    | ╅         | ╁╴                     | ╁     | ┿          | H     | t     | $\dagger$ | H   | 十   | ╁   |
| •                            |                                         |                                                                               |                                                                                                           |                |       |             |      |       |      | İ   |      |           |                        |       |            | П     | Ţ     |           |     |     |     |
| 8                            |                                         |                                                                               |                                                                                                           |                |       |             | L    |       |      |     | Ц    | _         | _                      | Ц     | <b>Ļ</b> . | H     | 4     | ╄         | Ц   | ╀   | ╄   |
| 9                            |                                         | <u></u> :                                                                     |                                                                                                           | H              |       | -           | ŀ    | H     | -    | ╀   | H    | ╅         | -                      | H     | ╁          | ╁     | ╁     | ┢         | H   | ╁   | ╁   |
| 9                            |                                         |                                                                               |                                                                                                           |                |       |             | L    |       |      | İ   | Ħ    |           | T                      |       | İ          | П     |       | T         |     | 1   | Ţ   |
| 1 0                          |                                         |                                                                               | 1,100                                                                                                     |                |       |             | L    | П     |      | I   |      | 1         |                        | Ц     | Ţ          | Ц     |       | Ţ.,       |     | _   | _   |
|                              |                                         | :                                                                             |                                                                                                           | Н              |       | -           | -    |       | _    | ╀   | Н    | 4         | +                      | H     | _          | H     | _     | ╀         | Н   | ┽   | ┿   |
| 1 1                          |                                         |                                                                               |                                                                                                           |                | ~     | +           | ۲    | ╫     | +    | ╁   | Н    | +         | ╁                      | H     | +          | Ħ     | t     | ╈         | Н   | T   | -   |
| 1 2                          |                                         |                                                                               |                                                                                                           | I              |       |             | Ĺ    |       |      |     |      |           | Ţ                      | П     |            |       |       | Ţ         |     |     |     |
|                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                                                               |                                                                                                           |                |       |             | L    | 20000 | 0200 |     |      | 2000      |                        |       | 0.00       |       |       |           |     |     |     |
| Waste<br>sole tra<br>other p | was shipp<br>ansporter i                | ed from the generator's<br>under U. S. EPA Transp<br>er solvents, and then sh | y line number - see ins<br>location to the Sanford<br>orter ID # ILD 98490820<br>ipped to the Safety-Klee | facili<br>2. 1 | ty w  | itho<br>was | te \ | was   | bul  | ked | lat  | the       | Sar                    | iford | fac        | ility | with  | 1         |     |     |     |

| <u>:</u>                                                                                           | 1. TYPE OF HAZARDOUS WASTE REPORT                                                 |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                                             | PART A: GENERATOR ANNUAL REPORT                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                    | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                      |  |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                                                 | 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                                                        |  |  |  |  |  |  |  |  |  |  |  |
| II. INSTALLATION'S EPA ID NUMBER                                                                   | RECEIVED (day/mo/yr) 0 4 / 0 6 / 2 0 0 0                                          |  |  |  |  |  |  |  |  |  |  |  |
| F L D 9 8 4 1 7 1 1 6 5                                                                            |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                    |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION SAFETY-KLEEN SYST                                                        | FIEMS, IINC.                                                                      |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                    | L M 0 , T N 0 .                                                                   |  |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRESS                                                                   |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                                                   | DRIVE                                                                             |  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL: 3277                                                                                  |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                                                        |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
| 6 0 0 CENTRAL PARK                                                                                 | DRIVE                                                                             |  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL 3277                                                                                   |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT                                                                           |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
| NAME (last and first)                                                                              | PHONE NO. (area code & no.)                                                       |  |  |  |  |  |  |  |  |  |  |  |
| KEITH MARCILLE                                                                                     | 4 0 7 3 2 1 6 0 8 0                                                               |  |  |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A repo                                                 | ts only)                                                                          |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                    |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                    |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                    |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                    |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                    |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                    |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                              |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                              |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                    | \$                                                                                |  |  |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                                                  |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                    | familiar with the information submitted in this and all attached documents        |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                    | nsible for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |  |  |
| true, accurate, and complete. I am aware that there are significant po-<br>fines and imprisonment. | enalties for submitting false information, including the possibility of           |  |  |  |  |  |  |  |  |  |  |  |
| and anymoranom.                                                                                    |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                    |                                                                                   |  |  |  |  |  |  |  |  |  |  |  |
| A. Print or Type Name                                                                              | B. Signature C. Date Signed                                                       |  |  |  |  |  |  |  |  |  |  |  |

i i

| FACILITY REPORT - PARTS B & C                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       |               |               |                   |          |                     |       |           |                  |                |       |       |         |      |        |           |          |           |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------|---------------------------------------|---------------|---------------|-------------------|----------|---------------------|-------|-----------|------------------|----------------|-------|-------|---------|------|--------|-----------|----------|-----------|
| 1. Date Received  FOR OFFICAL   -   -   9   XVI TYPE OF REPORT (enter an X) XVII. FACILITIES EPA ID NO. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       |               |               |                   |          |                     |       |           |                  |                |       |       |         |      |        |           |          |           |
|                                                                                                         | OFFICAL<br>E ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. Received By                                        |              |                                       |               |               |                   | *****    | <i>/</i> · <i>j</i> |       |           |                  |                |       |       | 7 1     |      |        |           |          |           |
| (item                                                                                                   | ıs 1 & 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       | Pa           |                                       | Pa            |               |                   |          |                     |       |           |                  |                |       |       |         |      | -      |           |          | _         |
| XVIII. G                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ORS EPA ID NO.                                        | 5            | XX. GENE                              | · · · · · ·   |               | 'S A              | DD       | RES                 | SS (s | stre      | et o             | r PC           | bo    | k, ci | ty, s   | tate | , &    | zip (     | cod      | <u>e)</u> |
| VIV CE                                                                                                  | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | R NAME (specify)                                      | <u> </u>     | BLDG                                  |               | 17            | _                 | 5 0      | ) 5                 | L     | Е         | FТ               |                | A R   | E.    | A       |      |        |           |          |           |
| AIA. GE                                                                                                 | NERATO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME (Specify)                                        |              | KENN                                  | ΕD            | Y             |                   | S P      | Α                   | СЕ    |           | C E              |                | ТЕ    |       |         |      |        |           |          |           |
| VIV. W                                                                                                  | ACTE IDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NTIFICATION                                           |              | CAPE                                  |               | A             | N .               | A V      | E                   | R A   | L         | ,                | F              | L     | 3     | 28      | 1    | 5      |           |          |           |
|                                                                                                         | ASTEIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MIFICATION                                            |              |                                       |               |               | S<br>S            |          | ggg-co-             | 50,02 | ŊĊ        |                  |                |       | 눌     |         |      |        | ť         | ļ iji    |           |
| NE                                                                                                      | B. EPA HAZARDOUS WASTE NUMBER  D. AMOUNT OF WASTE  E. UNITS OF B. EPA  HAZARDOUS WASTE  WASTE  E. UNITS OF B. E. D. A. D. A. D. A. D. A. D. A. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D. C. D |                                                       |              |                                       |               |               |                   |          |                     |       | ASUF      |                  |                |       |       |         |      |        |           |          |           |
|                                                                                                         | NUUN B. B. B. W. W. W. W. W. W. W. W. W. W. W. W. W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |              |                                       |               |               |                   |          |                     |       | i         |                  |                |       |       |         |      |        |           |          |           |
| 1                                                                                                       | Waste Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | mbustible Liquid, N.O.S.                              | (Petroleu    | m Naptha)                             | D             |               |                   |          |                     |       | s         | O i              | 2              | Ţ     |       |         | П    | 1 7    | G G       | Ţ        | П         |
|                                                                                                         | NA1993                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PGIII (ERG # 128)                                     | •••          | <u>,,,</u>                            | D(            | 0 1           | 8                 | DC       | 4                   | 0     |           | ₩                | $oldsymbol{+}$ | +     |       | 4       | ₩    | +      | ₩         | +        | ₩         |
| 2                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·<br>:                                                |              |                                       | H             | +             |                   | +        |                     |       | t         | $\dag \dag$      | T              | 1     |       |         | 廿    | 1      | 廿         | 1        | Ħ         |
| 3                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       |               |               |                   |          |                     |       | Ţ         | Ц                |                |       | П     | $\Box$  | Д    | 1      | П         |          |           |
| 4                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :                                                     |              |                                       |               | -             |                   | -        | +                   | -     | ╀         | ╁                | ╀              | +     | +     | _       | ╁┧   | ╬      | H         | +        | ${\sf H}$ |
| "                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       |               |               |                   |          |                     |       |           |                  | I              |       |       |         | П    | 1      | 丗         |          |           |
| 5                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       | П             |               |                   |          |                     |       |           |                  | $\perp$        |       |       |         | ┦┤   | +      | ┦         | +        | ╄         |
| 6                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              | ,                                     | H             | -             |                   | +        | -                   | H     | ╁         | ╁┼               |                | ╁     | ╁     | H       | +    | +      | $\forall$ | -        | ╁         |
| _ ّا                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       | П             |               |                   |          |                     |       |           | П                |                |       |       |         | П    |        | П         |          |           |
| 7                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       | H             |               |                   |          |                     |       | ╀         | ┦                |                | ╟     | ╀     | -       | Н    | -      | -         | H        |           |
| 8                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | *****        |                                       | H             | -             |                   | H        | +                   | H     | ╬         | Ħ                | -              | H     | ╁     | 十       | Ħ    | 1      | +         | 1        | 土         |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       |               |               |                   |          |                     |       | Ţ         | П                |                | П.    |       | П       | Д    | $\Box$ | $\Box$    | П        | Ţ         |
| 9                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       |               |               |                   | $\dashv$ | +                   | H     | ┿         | ╁                | _              | ╁     | +     | ╟       | -    | +      | +         | $\vdash$ | ╁         |
| 1 0                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | ··········   |                                       | H             |               |                   |          |                     |       | $\dagger$ | $\dagger\dagger$ | +              |       |       | 廿       | П    |        | 廿         | Ц        |           |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :                                                     | <del></del>  |                                       | П             |               |                   | Ц        |                     | П     | Ţ         | Ц                | Ţ              | П     |       | П       |      |        |           | Ц        | Ŧ         |
| 1 1                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       | H             |               |                   | H        | +                   | ┨     | ╁         | ╁╂               | ╁              | ╂     | ╁     | ╫       | ╁    | ╁      | ╅         | +        | ┿         |
| 1 2                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       | T             | T             |                   |          |                     |       | 1         | 力                | 1              | Ħ     |       | Ħ       |      |        | T         |          | I         |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :                                                     |              |                                       |               |               |                   |          |                     |       | 888       |                  |                |       |       |         |      |        |           |          |           |
| XXII. C                                                                                                 | was shinn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S (enter information by<br>sed from the generator's l | ocation to   | <b>ber - see ins</b><br>the Sanford i | truc<br>acili | tion<br>ly wi | <b>s)</b><br>thou | uta      | mar                 | ifes  | t. S      | Safet            | y-Kl           | een   | was   | the     |      |        |           |          |           |
| sole tra                                                                                                | ansporter i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | under U.S. EPA Transpo                                | rter ID # IL | D 98490820                            | 2. T          | he v          | vast              | e w      | as b                | ulke  | d a       | t the            | Sar            | iford | fac   | ility v | vith |        |           |          |           |
|                                                                                                         | parts wash<br>ing by disti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | er solvents, and then ship<br>llation.                | oped to the  | Safety-Klee                           | n Le          | xıng          | ton               | Hec      | ycle                | Cei   | ntei      | r (IN            | Lexii          | igtoi | n, S  | C) TO   | ÞΓ   |        |           |          |           |
| . 50,011                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       |               |               |                   |          |                     |       |           |                  |                |       |       |         |      |        |           |          |           |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       |               |               |                   |          |                     |       |           |                  |                |       |       |         |      |        |           |          |           |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       |               |               |                   |          |                     |       |           |                  |                |       |       |         |      |        |           |          |           |
|                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |              |                                       |               |               |                   |          |                     |       |           |                  |                |       |       |         |      |        |           |          |           |

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| 1. TYPE OF HAZARDOUS WASTE REPORT                                       |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |  |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                      | 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 8 / 2 0 0 0              |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | RECEIVED (day/mo/yr) 0 4 / 2 8 / 2 0 0 0                                         |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| III. NAME OF INSTALLATION                                               |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| SAFETY-KLEEN SYST                                                       | EMS, INC.                                                                        |  |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRESS                                        |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| 6 0 0 CENTRAL PARK                                                      | DRIVE                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| S A N F O R D , F L 3 2 7 7 1                                           |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                             |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | DRIVE                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| 6 0 0 CENTRAL PARK                                                      |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL 32771                                                       |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| VI. INSTALLATION CONTACT  NAME (last and first)                         | PHONE NO. (area code & no.)                                                      |  |  |  |  |  |  |  |  |  |  |  |
| KEITTH MARCILLE                                                         | 4 0 7 3 2 1 6 0 8 0                                                              |  |  |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A report                    | s only)                                                                          |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
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| :                                                                       |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| 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 f | amiliar with the information submitted in this and all attached documents        |  |  |  |  |  |  |  |  |  |  |  |
| and that based on the inquiry of those individuals immediately respons  | sible for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |  |  |
| true, accurate, and complete. I am aware that there are significant per | idules for submitting laise information, including the possibility of            |  |  |  |  |  |  |  |  |  |  |  |
| fines and imprisonment.                                                 |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                      |  |  |  |  |  |  |  |  |  |  |  |

|                              |                        |                                                      |                         |                      | FACILITY                       | REP            | OR           | - P        | AR         | TS I  | 3 &  | ٠                                        |                    |          |      |         |             |             |      |     |          | 7666            |   |
|------------------------------|------------------------|------------------------------------------------------|-------------------------|----------------------|--------------------------------|----------------|--------------|------------|------------|-------|------|------------------------------------------|--------------------|----------|------|---------|-------------|-------------|------|-----|----------|-----------------|---|
| FOR                          | OFFICAL                | 1. Date Re                                           | ceived<br>- 19          | x                    | VI TYPE OF F                   | REPO           | RT           | (ent       | er a       | n X   | )    |                                          |                    | _        |      | IES     | والمستفود   |             |      |     |          |                 |   |
|                              | E ONLY<br>is 1 & 2)    | 2. Receive                                           | d By                    |                      | Part B                         | X F            | oart         | С          |            |       |      | ֓֞֜֞֜֞֜֜֞֜֞֜֜֓֓֓֓֓֜֜֜֜֜֓֓֓֓֓֓֓֓֓֜֜֜֜֜֜֜֜ | FL                 | P        | 9 8  | 4       | 1 7         | <u> [1]</u> | 1 6  | 5   |          |                 |   |
| XVIII. C                     | SENERAT                | ORS EPA ID I                                         | NO.                     |                      | XX. GE                         | NER.           | ATC          | R'S        | ΑD         | DR    | ESS  | (st                                      | reet               | or       | PO   | box,    | city        | /, sta      | ate, | & z | рс       | ode)            | 7 |
|                              | FL                     | 68000                                                |                         | 5                    | DYN                            |                |              |            |            |       |      |                                          |                    | ( ·      |      |         |             | . '         |      |     |          |                 | ٦ |
| XIX. GE                      | NERATO                 | R NAME (spe                                          | cify)                   |                      | вьь                            | G              | M            | 7 -        | 5          | 0     | 5    | L                                        | E F                | T        | A    | RI      | ΕA          |             |      |     |          |                 |   |
|                              | ····                   |                                                      |                         |                      | KEN                            |                |              |            | -          |       | A C  |                                          |                    |          |      | EI      |             |             |      |     |          |                 |   |
|                              |                        | NITIEI ON TION                                       |                         |                      | CAP                            | E              | C.           | A N        | A          | V I   | R    | A .                                      | L,                 |          | F L  |         | 3 2         | 8           | 1 3  |     |          |                 |   |
| LINE<br>NUMBER A             | ASTE IDE               | NTIFICATION<br>A. DESCF                              |                         | F WAS                | STE                            |                | Š            | ARDOUS     | WASTE      | IMBER |      | VIII 1011                                | HANDLING<br>METHOD |          |      | TMI (C) | AMOUN<br>OF | /ASTE       |      |     | INITS OF | MEASURE         | 2 |
|                              |                        | W                                                    | :                       |                      |                                |                |              |            |            |       |      | يا                                       | <u>ن</u>           |          |      | `<br>'  |             | ><br>TT     |      |     | ~~       | 뿔<br>****       |   |
|                              | •                      | ombustible Liq<br>PGIII (ERG                         |                         | . (Petr              | oleum Naptha                   | 200            | 0            | 0 1<br>1 ε |            | 0     |      | -                                        | sc                 | ) 2      |      | Н       |             | H           | 1    | 7   | G        | ┨               |   |
| 2                            |                        |                                                      |                         |                      |                                |                |              | -          |            |       | +    | Н                                        | -                  | H        |      | H       | ╬           | H           | ╁    | Н   | ╁        | H               |   |
| 3                            |                        | <del> </del>                                         |                         |                      |                                |                |              |            | I          |       |      | П                                        |                    |          |      | Н       |             | H           |      | H   |          | Н               |   |
| 4                            |                        | ···                                                  |                         |                      |                                |                |              | -          |            |       |      |                                          |                    |          |      | П       |             |             | #    |     | #        | Ħ               |   |
| 5                            |                        |                                                      |                         |                      |                                |                |              |            |            |       |      |                                          |                    |          |      | 坩       |             | Ħ           |      |     |          |                 |   |
| 6                            |                        | · · · · · · · · · · · · · · · · · · ·                |                         |                      |                                | Ĺ              |              |            |            |       |      |                                          |                    | +        |      |         |             |             | _    |     | 1        |                 | _ |
| 7                            |                        |                                                      |                         |                      |                                |                |              |            |            |       |      |                                          |                    |          |      |         |             | H           |      | L   | #        |                 |   |
| 8                            |                        | <del></del>                                          |                         |                      |                                |                | -            | -          | 1          |       |      |                                          |                    | <b>†</b> |      |         |             | H           |      | ļ   | H        |                 | _ |
| 9                            |                        |                                                      |                         | , .··.               |                                |                | -            |            |            |       |      |                                          |                    |          |      |         |             |             |      | F   | H        | $\blacksquare$  | L |
| 1 0                          |                        |                                                      |                         |                      |                                |                |              |            | 1          |       |      | L                                        | H                  |          | H    |         |             |             |      |     |          |                 |   |
| 11                           |                        | ,                                                    |                         |                      |                                | _              |              |            |            |       |      |                                          | H                  | 1        |      | T       |             |             | 1    |     |          |                 | Ĺ |
| 1 2                          | :                      | <u>.</u>                                             |                         |                      |                                |                |              |            |            |       |      | ļ                                        |                    | _        |      |         |             |             |      | İ   |          |                 | Ĺ |
| VV'' 2                       | L                      | ΓS (enter info                                       | mation                  | v line :             | umber - eee                    | inetr          | ictie        | nne)       | -          |       |      |                                          |                    |          |      |         |             |             |      |     |          |                 |   |
| Waste<br>sole tra<br>other p | was shipp<br>ansporter | ped from the go<br>under U.S. EF<br>ner solvents, ar | enerator's<br>PA Transp | location<br>orter ID | n to the Sanfo<br># ILD 984908 | rd fac<br>202. | ility<br>The | with<br>wa | out<br>ste | was   | bull | ked                                      | at t               | ne S     | Sanf | ord f   | acili       | ty wi       | th   |     | 100000   | <b>200/000C</b> |   |
|                              |                        |                                                      | :                       |                      |                                |                |              |            |            |       |      |                                          |                    |          |      |         |             |             |      |     |          |                 |   |

|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |  |  |  |  |  |  |  |  |  |  |  |
| Use this form as a cover for all required reports.                      | 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                                               |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| SAFETY-KLEEN SYST                                                       | EMS, INC.                                                                        |  |  |  |  |  |  |  |  |  |  |  |
| IV. INSTALLATION MAILING ADDRESS                                        |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| 600 CENTRAL PARK                                                        | DRIVE                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| SANFORD, FL 32771                                                       |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| V. LOCATION OF INSTALLATION                                             |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| 6 0 0 CENTRAL PARK                                                      | DRIVE                                                                            |  |  |  |  |  |  |  |  |  |  |  |
| 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.)                                                      |  |  |  |  |  |  |  |  |  |  |  |
| KEITH MARCILLE                                                          | 4 0 7 3 2 1 6 0 8 0                                                              |  |  |  |  |  |  |  |  |  |  |  |
| VII. TRANSPORTATION SERVICES USED (for Part A report                    | s only)                                                                          |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| \$ , , ,                                                                | \$                                                                               |  |  |  |  |  |  |  |  |  |  |  |
| IX. CERTIFICATION                                                       |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | amiliar with the information submitted in this and all attached documents        |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         | sible for obtaining the information, I believe that the submitted information is |  |  |  |  |  |  |  |  |  |  |  |
| true, accurate, and complete. I am aware that there are significant per | nalties for submitting false information, including the possibility of           |  |  |  |  |  |  |  |  |  |  |  |
| fines and imprisonment.                                                 |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                         |                                                                                  |  |  |  |  |  |  |  |  |  |  |  |
| A. Print or Type Name                                                   | B. Signature C. Date Signed                                                      |  |  |  |  |  |  |  |  |  |  |  |

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| FACILITY REPORT - PARTS B & |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|-----------------------------|----------------------------------------------------------------------|--------------------------------------------------|--------------------------|---------------------------------------------------------------|------------------------|--|--|--|--|--|--|--|--|--|
| 1. Date Received            |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             | OFFICAL - 19<br>E ONLY 2. Received By                                | XVI TYPE OF REI                                  | PORT (enter an X)        | F L D 9 8 4 1 7 1 1                                           |                        |  |  |  |  |  |  |  |  |  |
|                             | ns 1 & 2)                                                            | Part B X                                         | Part C                   |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             | GENERATORS EPA ID NO.                                                |                                                  |                          | (street or PO box, city, state                                | e, & zip code)         |  |  |  |  |  |  |  |  |  |
|                             | F L 6 8 0 0 0 1 4 5                                                  |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
| XIX. GE                     | ENERATOR NAME (specify)                                              | BLDG                                             | M 7 - 5 0 5              | LEFT AREA                                                     |                        |  |  |  |  |  |  |  |  |  |
|                             | KENNEDY SPACE CENTER<br>CAPE CANAVERAL, FL 32815                     |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
| XIX. WASTE IDENTIFICATION   |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             | AS / E   DEATH   OATION                                              |                                                  | US                       | NG FN                                                         | P H                    |  |  |  |  |  |  |  |  |  |
| ÄE<br>BEH                   | B. EPA HAZARDOUS WASTE NUMBER METHOD D. AMOUNT                       |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             | A. DESCRIPTION                                                       | or whore                                         | B.<br>AZAI<br>WA         | MET MET MET MET MET MET MET MET MET MET                       | E. UNITS OF<br>MEASURE |  |  |  |  |  |  |  |  |  |
|                             | Waste Combustible Liquid N.O.                                        | C (Datroloum Nontha)                             | 로<br>D001D039            | <u> </u>                                                      | ші <sup>—</sup><br>16G |  |  |  |  |  |  |  |  |  |
| 1                           | Waste Combustible Liquid, N.O.<br>NA1993 PGIII (ERG # 128)           | э. (геновин марша)                               | D 0 1 8 D 0 4 0          |                                                               | ╫╫                     |  |  |  |  |  |  |  |  |  |
| 2                           |                                                                      |                                                  |                          |                                                               | ШШ                     |  |  |  |  |  |  |  |  |  |
|                             |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
| 3                           |                                                                      |                                                  |                          | <del>╶╏╏╏╏</del>                                              | ╌╂╂╂┼┼                 |  |  |  |  |  |  |  |  |  |
| 4                           |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
| '                           |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
| 5                           |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             |                                                                      |                                                  |                          | <del>┇┋┋┋</del>                                               |                        |  |  |  |  |  |  |  |  |  |
| 6                           |                                                                      |                                                  | <del>┡╶┞</del> ╌┼╌╂╌╂╌┼╌ | <del>┋</del> ╌╂╌╂╌╂╌╂╌╂╌╂╌╂╌╂                                 |                        |  |  |  |  |  |  |  |  |  |
| 7                           |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             |                                                                      | · · · · · · · · · · · · · · · · · · ·            |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
| 8                           |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             |                                                                      |                                                  |                          | <del>╏╏╏╏╏╏╏╏</del>                                           | ╌┼┼┼┼                  |  |  |  |  |  |  |  |  |  |
| 9                           |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
| 1 0                         |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             | :                                                                    |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
| 1 1                         |                                                                      |                                                  |                          | ┋╏╂┼┼┼┼┼┼┼┼┼                                                  | ┼┼┼┼                   |  |  |  |  |  |  |  |  |  |
| 1 2                         |                                                                      |                                                  |                          | <del>╏╏╏╏╏</del>                                              | <del>╌╏╏</del> ╏       |  |  |  |  |  |  |  |  |  |
| '                           |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             | OMMENTS (enter information b                                         |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
| Waste                       | was shipped from the generator's<br>ansporter under U. S. EPA Transp | location to the Sanford factor ID # SCP 00007514 | acility without a manife | st. Safety-Kleen was the<br>lked at the Sanford facility with | 1                      |  |  |  |  |  |  |  |  |  |
| other p                     | ansporter under O. S. EPA Transports washer solvents, and then sh    | nipped to the Safety-Kleer                       | n Lexington Recycle C    | enter (in Lexington, SC) for                                  | -                      |  |  |  |  |  |  |  |  |  |
| 1                           | ng by distillation.                                                  | ·                                                |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
|                             |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |
| 1                           |                                                                      |                                                  |                          |                                                               |                        |  |  |  |  |  |  |  |  |  |

|                                                                                                                                                   | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                                                                            | PART A: GENERATOR ANNUAL REPORT                                                  |
|                                                                                                                                                   | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
| Use this form as a cover for all required reports.                                                                                                | 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                                                                                                                         |                                                                                  |
| SAFETY-KLEEN SYST                                                                                                                                 | EMS, INC.                                                                        |
| IV. INSTALLATION MAILING ADDRESS                                                                                                                  |                                                                                  |
| 600 CENTRAL PARK                                                                                                                                  | DRIVE                                                                            |
| S A N F O R D , F L 3 2 7 7 1                                                                                                                     |                                                                                  |
| V. LOCATION OF INSTALLATION                                                                                                                       |                                                                                  |
|                                                                                                                                                   | DRIIVE                                                                           |
| 6 0 0 CENTRAL PARK                                                                                                                                | DRIVE                                                                            |
| S A N F O R D , F L 3 2 7 7 1                                                                                                                     |                                                                                  |
| VI. INSTALLATION CONTACT                                                                                                                          | PHONE NO. (area code & no.)                                                      |
| NAME (last and first)                                                                                                                             | 407 321 6080                                                                     |
|                                                                                                                                                   |                                                                                  |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                              | is 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 response<br>true, accurate, and complete. I am aware that there are significant pe | sible for obtaining the information, I believe that the submitted information is |
| fines and imprisonment.                                                                                                                           | names for submitting talse information, including the possibility of             |
| nines and imprisorment.                                                                                                                           |                                                                                  |
|                                                                                                                                                   |                                                                                  |
|                                                                                                                                                   |                                                                                  |
| A. Print or Type Name                                                                                                                             | B. Signature C. Date Signed                                                      |
|                                                                                                                                                   |                                                                                  |

.....

|             |                   | N. W                                    |              | FACILITY R                               | EPOI    | RT -            | PΑ              | RTS    | В&     | Ċ                                      | ,                  | ******            |          |                     |                  |          |          | ****        |                  |
|-------------|-------------------|-----------------------------------------|--------------|------------------------------------------|---------|-----------------|-----------------|--------|--------|----------------------------------------|--------------------|-------------------|----------|---------------------|------------------|----------|----------|-------------|------------------|
|             |                   | 1. Date Receiv                          |              |                                          |         |                 | _               |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             | OFFICAL<br>E ONLY | 2. Received By                          | <del> </del> | XVI TYPE OF REI                          | POR'    | T (en           | iter            | an )   | ()     |                                        | VII. F.<br>F  L  I |                   |          |                     |                  |          |          |             |                  |
|             | ns 1 & 2)         | z. Necewed D                            |              | Part B X                                 | Pai     | rt C            |                 |        |        | "                                      |                    | تات               | <u> </u> |                     | 1.1              | <u>'</u> | ĭ        |             |                  |
| XVIII. (    | GENERAT           | ORS EPA ID NO.                          |              | XX. GENE                                 | RAT     | OR'             | S A             | DDF    | ESS    | (st                                    | reet o             | or Po             | ) bo     | K, Cİ               | y, st            | ate,     | & zi     | рсс         | ode)             |
|             |                   | 6 8 0 0 0 1 4                           | 5 8 5        | DYNA                                     |         |                 |                 |        |        | •                                      |                    |                   |          | -                   |                  | ****     |          | -           |                  |
|             | NERATO            | R NAME (specify)                        |              | BLDG                                     | M       | 7 -             |                 | 5 0    | 5      | L                                      | EF?                | Γ                 | A R      | E A                 | A.               |          |          |             |                  |
|             |                   |                                         |              | KENN                                     |         |                 |                 |        |        |                                        | CI                 |                   |          |                     |                  |          |          |             |                  |
| XIX. W      | ASTE IDE          | NTIFICATION                             |              | CAPE                                     | C       | A N             | √ <i>A</i>      | \ V    | E R    | A J                                    | L,                 | F                 | L        | 3                   | 2 8              | 1 5      |          |             |                  |
|             |                   | 90000                                   |              |                                          |         | <u> </u>        | 28628<br>2<br>2 | 200    |        | <b>2000</b>                            | 5                  | ******            |          | <u> </u>            |                  |          | 223      | - L         | <b>жини</b><br>Ш |
|             |                   | A. DESCRIPTION                          | :<br>ON OF W | <b>ASTF</b>                              |         | B. EPA          | 3 12            | NUMBER |        | ֡֞֜֞֜֞֜֜֞֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜ | ξË                 | ı                 |          | AMOUNT<br>OF        | WASTE            |          |          | EL          | SUR              |
| LINE        |                   | /                                       | T. T         |                                          |         | B. 5            | ₹₹              | Š      |        | Š                                      | METHOD             | ı                 |          | ت<br>ا              | ×                |          |          | E. UNITS OF | MEA              |
| 1           | Waste Co          | mbustible Liquid, N                     | ios (Pa      | etroleum Naotha)                         | DΙο     | <u>.</u><br>[0] | 1 1             |        | 3 9    | <u> </u>                               | sio:               | 2                 | т        | Ĥ                   | TI               | 11       | 7 0      | -           | П                |
|             | l .               | PGIII (ERG # 128                        | •            | on oloum reapma,                         | DO      | 1               | 8 [             | 00     | 40     | H                                      |                    |                   | ╫        | H                   | H                | Ħ        |          | Ħ           | Н                |
| 2           |                   | · · · · ·                               |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         | -            |                                          |         |                 |                 |        |        | Ц                                      | 44                 |                   |          | Щ                   | $\coprod$        | _        |          | Ш           |                  |
| 3           |                   |                                         |              |                                          |         | -               | 4               | ₩      |        | H                                      | ┿                  | +                 | +        | H                   | ╫                | -        | -        | +           |                  |
| 4           |                   | ••••••                                  |              |                                          |         |                 | 7               |        | -      | H                                      | $\dagger \dagger$  |                   |          | H                   | ††               | +        | T        | H           | Ш                |
|             |                   |                                         |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     | П                |          |          |             |                  |
| 5           |                   |                                         |              |                                          |         |                 |                 |        |        | Ц                                      | 44                 | Щ                 |          | Щ                   |                  |          |          |             |                  |
| 6           |                   |                                         | :            |                                          | Н.      |                 | 4               |        |        | H                                      | ┿                  | 4                 | _        | H                   | ₩                | _        | -        | -           |                  |
|             |                   |                                         |              |                                          |         | -               | ₩               |        | -      | H                                      | ╁                  | H                 | ╁        | H                   | ╁                | ╁        | +        | ${\sf H}$   | Н                |
| 7           |                   | ······································  | :            |                                          |         |                 | 1               |        | ****** | H                                      | $\dagger\dagger$   |                   | 十        | H                   | Ħ                | T        | 十        |             | Ш                |
|             |                   |                                         | :            |                                          |         |                 |                 |        |        | П                                      | Щ                  |                   |          |                     | Щ                |          |          |             |                  |
| 8           |                   |                                         | :            |                                          | <b></b> | Ш               | _               | #      |        | Н                                      | 44                 |                   |          | Ш                   | 44               | 44       |          | -           |                  |
| 9           |                   |                                         |              |                                          |         |                 | -               | ┿      | -      | H                                      | ╁                  |                   | ╫        | H                   | H                | +I       | ╁        | ╂           | H                |
|             |                   |                                         |              |                                          |         |                 |                 |        |        | П                                      | $\dagger \dagger$  |                   | 十        |                     | $\dagger\dagger$ | $\top$   |          | T           | П                |
| 10          |                   |                                         |              |                                          |         |                 |                 |        |        | П                                      | П                  |                   |          | П                   | П                |          |          |             |                  |
| <del></del> |                   | • • • • • • • • • • • • • • • • • • • • |              |                                          |         |                 | _               |        | $\bot$ | igspace                                | #                  | Щ                 | 4        | $oldsymbol{\sqcup}$ | igoplus          | Щ        | 4        | ┦           |                  |
| 1 1         |                   |                                         |              |                                          |         |                 | 4               | +-     | ╫      | ₩                                      | ╂                  | H                 | ╫        | ₩                   | ╫                | ╫        | ╁        | ₩           | ┟╂┤              |
| 1 2         |                   |                                         | :            |                                          |         | #               | 7               |        |        | H                                      | ††                 | $\dagger \dagger$ | ╈        | H                   | $\dagger\dagger$ | _        | <b>-</b> |             |                  |
| **********  |                   | ,                                       |              |                                          |         |                 |                 |        |        |                                        | П                  |                   |          |                     | П                |          |          |             |                  |
|             |                   | ······                                  |              | number - see inst                        |         | •               | -0              |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         |              | on to the Sanford fa<br>D # SCR 00007515 |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  | ith      |          |             |                  |
| other pa    | arts washe        | r solvents, and the                     |              | to the Safety-Kleen                      |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
| recyclin    | g by distilla     | ation.                                  |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         |              |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |
|             |                   |                                         | :            |                                          |         |                 |                 |        |        |                                        |                    |                   |          |                     |                  |          |          |             |                  |

|                                                                                              | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                       | PART A: GENERATOR ANNUAL REPORT                                                  |
|                                                                                              | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
| Use this form as a cover for all required reports.                                           | 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)                                 |
| W INOTALLATIONIC EDA ID MINAPED                                                              | 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                                   | EMS, INC.                                                                        |
|                                                                                              |                                                                                  |
| IV. INSTALLATION MAILING ADDRESS                                                             |                                                                                  |
| 600 CENTRAL PARK                                                                             | DRIVE                                                                            |
| S A N F O R D , F L 3 2 7 7 1                                                                |                                                                                  |
| 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                                                                               | 4 0 7 3 2 1 6 0 8 0                                                              |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                         | is only)                                                                         |
|                                                                                              |                                                                                  |
| :                                                                                            |                                                                                  |
|                                                                                              |                                                                                  |
|                                                                                              |                                                                                  |
|                                                                                              |                                                                                  |
| :                                                                                            |                                                                                  |
|                                                                                              |                                                                                  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE |                                                                                  |
| \$ , COST ESTIMATE FOR FACILITY GLOSORE                                                      |                                                                                  |
| IX. CERTIFICATION                                                                            |                                                                                  |
|                                                                                              | familiar with the information submitted in this and all attached documents       |
|                                                                                              | sible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pe                       | nalties for submitting false information, including the possibility of           |
| fines and imprisonment.                                                                      |                                                                                  |
|                                                                                              |                                                                                  |
|                                                                                              |                                                                                  |
| A. Print or Type Name                                                                        | B. Signature C. Date Signed                                                      |
|                                                                                              |                                                                                  |

e Postar

|                   |                                                                                                                                                            | FACILITY RI                                     | EPOR              | T - P              | ART    | SB&           | C              |         |            |                  |         |         | CCC   |                        |            |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------|--------------------|--------|---------------|----------------|---------|------------|------------------|---------|---------|-------|------------------------|------------|
| EOB               | 1. Date Received                                                                                                                                           | XVI TYPE OF REI                                 | PORT              | (ent               | er an  | (X)           | χ\             | /II. FA | CILI       | ries i           | EPA I   | D NO.   |       |                        |            |
|                   | E ONLY 2. Received By                                                                                                                                      |                                                 |                   | •                  |        | , , , ,   (a) |                |         |            |                  |         | 1 6     | 5     |                        | 222        |
|                   | ns 1 & 2)                                                                                                                                                  | land basi                                       | Par               |                    |        |               | 2 /            |         | . 50       |                  |         | (       |       |                        |            |
| XVIII. C          | GENERATORS EPA ID NO                                                                                                                                       | XX. GENE<br>DYNA                                |                   | JH'S               | AUL    | IKES          | S (Sti         | eet o   | r PO       | pox,             | city, s | tate, c | ( zib | cou                    | (e)        |
| XIX. GE           | ENERATOR NAME (specify)                                                                                                                                    | BLDG                                            | М                 | 7 -                | 5 (    | 5 5           | LE             | EFT     | A          | RE               | Α       |         |       |                        |            |
|                   |                                                                                                                                                            | K E N N<br>C A P E                              |                   |                    |        | A C           |                |         | N T<br>F L | E R              | . 28    | 1 5     |       |                        |            |
| XIX. W            | ASTE IDENTIFICATION                                                                                                                                        |                                                 |                   |                    |        |               |                |         |            |                  |         |         |       |                        |            |
| LINE              | A. DESCRIPTION OF                                                                                                                                          | WASTE                                           |                   | B. EPA<br>AZARDOUS | WASTE  |               |                | МЕТНОБ  |            | D. AMOUNT        |         |         |       | E. UNITS OF<br>MEASURE | :<br>:     |
| 1                 | Waste Combustible Liquid, N.O.S. (                                                                                                                         | Petroleum Naptha)                               | DΟ                |                    |        |               |                | 502     |            | П                | ΙÏ      | 1       | 7 G   |                        | Т          |
|                   | NA1993 PGIII (ERG # 128)                                                                                                                                   |                                                 | سببس              |                    |        | 4 (           |                | П       | Ц          | П                |         |         |       | П                      | $\prod$    |
| 2                 |                                                                                                                                                            |                                                 |                   |                    | H      |               | ╫              | ╁┼      | ╁╁         | ╁                | ╁╁      |         |       | 廿                      |            |
| 3                 |                                                                                                                                                            |                                                 |                   |                    |        |               |                |         | П          | П                |         |         |       | Д                      |            |
| 4                 |                                                                                                                                                            |                                                 |                   |                    |        |               | 11             | ++      | ╁╁         | $\dagger\dagger$ |         |         | 士     | 廿                      |            |
|                   | :                                                                                                                                                          |                                                 |                   |                    | П      |               |                | П       |            | П                | П       |         |       | Д                      | Т          |
| 5                 |                                                                                                                                                            |                                                 |                   | -                  | Н      |               | ╂              | ╫       | ╁          | ╫                | ╁       | H       |       | H                      | +          |
| 6                 |                                                                                                                                                            |                                                 |                   |                    |        |               | 11             |         | Ц          | $\prod$          |         | П       |       | П                      | I          |
| 7                 |                                                                                                                                                            |                                                 |                   |                    | Н      |               |                |         | 廿          | 廿                |         |         |       |                        |            |
|                   |                                                                                                                                                            | ***************************************         |                   |                    |        |               | ╀              | ╀       | #          | ₩                | ₩       |         |       | ₩                      | _          |
| 8                 |                                                                                                                                                            |                                                 |                   |                    |        |               |                | H       |            |                  | 廿       |         |       | 廿                      | $\pm$      |
| 9                 | :                                                                                                                                                          |                                                 |                   |                    | Ш      |               | П              | П       |            | $\prod$          |         | Ш       | -     | Щ                      | lacksquare |
| 1 0               | :<br>                                                                                                                                                      |                                                 | ╟                 |                    | ₩      |               | ╫              | ++      | ╁╁         | ##               | ++      | Н       |       | H                      | +          |
|                   |                                                                                                                                                            |                                                 |                   |                    |        |               |                | $\prod$ | П          | П                | П       | Ш       |       | П                      | 1          |
| 11                |                                                                                                                                                            |                                                 | <b>H</b> -        |                    | ₩      |               | $oldsymbol{H}$ | ╫       | ╫          | ╫                | ╫       | ╁╁┤     |       | ₩                      | ╁          |
| 1 2               |                                                                                                                                                            |                                                 |                   |                    | I      |               | Ц              | 丌       | #          | Ц                |         | Ш       | 1     | 耳                      | Ţ          |
| VV!! ^            | COMMENTS (onter information by 1                                                                                                                           | no number - see inc                             | L.                | one)               |        |               | IJ             |         |            |                  |         |         |       |                        |            |
| Waste<br>sole tra | COMMENTS (enter information by li<br>was shipped from the generator's loc<br>ansporter under U. S. EPA Transporte<br>parts washer solvents, and then shipp | ation to the Sanford fa<br>er ID # SCR 00007518 | acility<br>50. TI | witho              | ıste v | vas b         | ulked          | at the  | San        | ford fa          | acility |         |       |                        |            |
|                   | ng by distillation.                                                                                                                                        | 22.10 2.10 Ox. 51, 11001                        | . 20/11           |                    |        | ,             |                |         |            |                  | _,,,    |         |       |                        |            |
|                   |                                                                                                                                                            |                                                 |                   |                    |        |               |                |         |            |                  |         |         |       |                        |            |
|                   |                                                                                                                                                            |                                                 |                   |                    |        |               |                |         |            |                  |         |         |       |                        |            |

|                                                                                              | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                       | PART A: GENERATOR ANNUAL REPORT                                                 |
|                                                                                              | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
| Use this form as a cover for all required reports.                                           | 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                                                                    |                                                                                 |
| SAFETY-KLEEN SYST                                                                            | EMS, INC.                                                                       |
| IV. INSTALLATION MAILING ADDRESS                                                             |                                                                                 |
| 6 0 0 CENTRAL PARK                                                                           | DRIVE                                                                           |
| SANFORD, FL 32771                                                                            |                                                                                 |
| V. LOCATION OF INSTALLATION                                                                  |                                                                                 |
| 6 0 0 CENTRAL PARK                                                                           | DRIVE                                                                           |
| 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.)                                                     |
| KEITH MARCILLE                                                                               | 4 0 7 3 2 1 6 0 8 0                                                             |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                         | s only)                                                                         |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
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| WHI OOOT FOTHERTED FOR FACILITIES (For Bort B Only)                                          |                                                                                 |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE |                                                                                 |
| \$                                                                                           | \$ , , , , , , , , , , , , , , , , , , ,                                        |
| IX. CERTIFICATION                                                                            |                                                                                 |
|                                                                                              | amiliar with the information submitted in this and all attached documents       |
|                                                                                              | ible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant per                      | nalties for submitting false information, including the possibility of          |
| fines and imprisonment.                                                                      |                                                                                 |
| :                                                                                            |                                                                                 |
|                                                                                              |                                                                                 |
| A Print or Tuno Namo                                                                         | B. Signature C. Date Signed                                                     |
| A. Print or Type Name                                                                        | B. Signature C. Date Signed                                                     |

| USI<br>(item                | OFFICAL ONLY os 1 & 2) GENERAT         | 2. Recei                                      |                                                                | Pa                        | YPE OF RE  art B X XX. GENE DYNA | Pa<br>RA      | rt<br>TO   | С           |            |     |    |             | F             | Ŀ       | D   | 9 8      | 4         | 1 7   | 1     | 1         | 6 5   | _              | COI     | de       |
|-----------------------------|----------------------------------------|-----------------------------------------------|----------------------------------------------------------------|---------------------------|----------------------------------|---------------|------------|-------------|------------|-----|----|-------------|---------------|---------|-----|----------|-----------|-------|-------|-----------|-------|----------------|---------|----------|
|                             |                                        | R NAME (s                                     |                                                                |                           | B L D G<br>K E N N<br>C A P E    | ΕI            | ΟY         | •           | S          | P   | Α  | C E         | 3             | C       | E I | N T      |           | R     |       | 1         | 5     | 50 <b>5</b> 05 |         |          |
| LINE X                      | ASTE IDEI                              | A. DES                                        | CRIPTION OF                                                    |                           |                                  | B. EPA        | HAZARDOUS  | WASTE       | NUMBER     |     |    | C, HANDLING | METHOD        |         |     | Halloste | D. AMOUNI | WASTE |       |           |       | E. UNITS OF    | MEASURE |          |
| 1                           |                                        | mbustible L<br>PGIII (ER                      | iquid, N.O.S.<br>G # 128)                                      | m Naptha)                 |                                  |               |            |             | 0          |     |    | [8          | 0             | 2       | T   | П        |           | T     | H     | 1 (       | G     |                |         |          |
| 2                           | 1471330                                | T GIII (ETT                                   | G 11 120)                                                      |                           | <u>,</u>                         |               |            |             |            |     |    |             | 1             | Ţ       |     | 1        | П         | 1     | 1     | П         | 7     | 1              | П       | _        |
| 3                           |                                        | <u> </u>                                      | :                                                              |                           |                                  |               |            |             |            |     |    |             | ‡             |         |     |          | Ħ         |       | ‡     | Π         | 1     | 1              | П       |          |
| 4                           |                                        | <u></u>                                       |                                                                |                           |                                  |               |            |             |            |     |    |             | 1             | 1       |     | ‡        |           | _     | 1     |           | _     | _              |         |          |
| 5                           |                                        |                                               | :                                                              |                           |                                  | Н             |            |             |            |     |    |             | 1             | ‡       |     |          | ╣         |       |       |           | 1     |                |         | -        |
| 6                           |                                        | ······································        |                                                                |                           | _                                |               |            |             |            |     |    |             | _             | _       | Н   | 1        | Н         |       | -     | Н         | 1     |                | Н       | L        |
| 7                           | ļ                                      |                                               |                                                                |                           |                                  |               |            |             |            |     |    |             | ╁             | ╀       |     | 1        |           |       | +     | Н         | $\pm$ | +              |         |          |
| 8                           |                                        | · · · · · · · · · · · · · · · · · · ·         |                                                                |                           |                                  |               |            |             |            |     |    |             | Ţ             |         |     | 4        |           |       |       |           | 1     | -              |         |          |
|                             |                                        |                                               |                                                                |                           |                                  |               |            |             |            |     |    |             |               | 1       |     | 1        | T         |       |       | П         | 7     |                |         |          |
| 9                           |                                        |                                               | :<br>:<br>:                                                    |                           |                                  |               |            |             |            |     |    |             | 1             |         |     |          | #         |       | 1     |           |       |                |         |          |
| 1 0                         | )                                      |                                               |                                                                |                           |                                  | L             |            |             |            |     |    |             | 1             | 1       |     |          | +         |       | +     |           |       | 1              |         |          |
| 1 1                         |                                        |                                               |                                                                |                           |                                  |               |            |             |            | +   |    |             |               | +       |     |          | _         | Н     | 1     | H         |       |                |         | L        |
| 1 2                         |                                        | <u>, , , , , , , , , , , , , , , , , , , </u> |                                                                |                           |                                  | L             |            |             |            |     |    |             | $\frac{1}{1}$ | $ar{1}$ |     |          |           | H     | _     | $\prod$   | 4     | +              | +       | <b> </b> |
| Vaste<br>ole tra<br>other p | was shipp<br>ansporter i<br>parts wash | ed from the<br>under U.S.<br>er solvents,     | formation by<br>generator's le<br>EPA Transpo<br>and then ship | ocation to<br>rter ID # S | the Sanford<br>CR 0000751        | facili<br>50. | ty v<br>Th | vith<br>e w | out<br>ast | e w | as | bull        | ked           | at f    | he  | San      | ford      | fac   | ility | with<br>r | )     |                |         |          |
| ∍cycli                      | ng by distî                            | llation.                                      |                                                                |                           |                                  |               |            |             |            |     |    |             |               |         |     |          |           |       |       |           |       |                |         |          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PART A: GENERATOR ANNUAL REPORT                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
| Use this form as a cover for all required reports.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 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)                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | RECEIVED (day/mo/yr) 1 1 1 / 0 9 / 2 0 0 0                                       |
| II. INSTALLATION'S EPA ID NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| III. NAME OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | IEMISI. INC.                                                                     |
| SAFETY - KLEEN SYST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EMS, INC.                                                                        |
| IV. INSTALLATION MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |
| 600 CENTRAL PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DRIVE                                                                            |
| SANFORD, FL 32771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |
| V. LOCATION OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |
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| 6 0 0 CENTRAL PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DRIVE                                                                            |
| SANFORD, FL 32771                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |
| VI. INSTALLATION CONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PHONE NO. (area code & no.)                                                      |
| NAME (last and first)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4 0 7 3 2 1 6 0 8 0                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | s only)                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |
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| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |
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| IX. CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | familiar with the information submitted in this and all attached documents       |
| and that based on the inquiry of those individuals immediately respons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | sible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | enalties for submitting false information, including the possibility of          |
| fines and imprisonment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |
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| A Print or Type Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B. Signature C. Date Signed                                                      |
| A. Print or Type Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jightana                                                                         |

|                              |                                                          | 4.5                                                                                     | ate Rece               | ived               |               |          | FACILI   | TY RI            | EPC         | RT          | - P.          | AR          | TS     | В   | & Č   |             |        |       |         |      |           |               |      |           |                    | -           |     |
|------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------|--------------------|---------------|----------|----------|------------------|-------------|-------------|---------------|-------------|--------|-----|-------|-------------|--------|-------|---------|------|-----------|---------------|------|-----------|--------------------|-------------|-----|
|                              | OFFICAL<br>E ONLY                                        |                                                                                         |                        | 19                 | Ц             | χνι τ    | YPE O    | F REI            | POF         | RT (        | ente          | er a        | an I   | X)  |       |             |        |       |         | IES  |           |               |      |           | Τ                  |             |     |
| (item                        | ıs 1 & 2)                                                |                                                                                         | ·····                  |                    |               | Pí       |          | ×                | •           |             |               |             |        |     |       | Deces       |        |       |         |      |           |               |      |           | 3                  |             |     |
| XVIII. G                     | GENERAT                                                  |                                                                                         | PA ID NO<br>0 0 1      |                    | 5             |          |          | GENE<br>N A      |             |             | R'S           | ΑĒ          | DDF    | RES | SS (: | stre        | eet    | or F  | 1 O     | oox, | cit       | y, s1         | tate | , &       | zıp                | COC         | 1e) |
| XIX. GE                      | NERATO                                                   |                                                                                         |                        |                    |               |          |          | D G              |             |             | 7 -           | 5           | 0      | 5   | L     | E           | F      | Т     | A       | R    | ΕA        |               |      |           |                    |             |     |
| *******                      |                                                          |                                                                                         | `                      | 2090906            | 209209        | ,0000000 |          | N N              |             |             |               |             |        |     | СЕ    |             |        |       |         |      |           | . 0           | 1    | -         |                    |             |     |
| XIX. W/                      | ASTE IDEI                                                | NTIFIC/                                                                                 | ATION                  |                    |               |          | C A      | PE               |             |             | N             | A           | v<br>M | E M | R A   |             | ,      | ,<br> |         |      | <i>3</i>  |               |      | ر<br>الله |                    |             |     |
| LINE                         |                                                          | A. DESCRIPTION OF WASTE  A. DESCRIPTION OF WASTE  BY A BY A BY A BY A BY A BY A BY A BY |                        |                    |               |          |          |                  |             |             |               |             |        |     |       | C. HANDLING | METHOD |       |         | E C  | D. AMOUNI | WASTE         |      |           |                    | E. UNITS OF | 1   |
| 1                            | Waste Co                                                 | mbustil                                                                                 | ble Liquid             | m Napt             | ha)           | D        | 0 (      | ) 1              | D           | 0           | 3             | 9           | s      | 0   | 2     | Ţ           | Ц      |       | $\prod$ |      | 1 6       | G             |      | Ţ         |                    |             |     |
| 2                            | NA1993                                                   | PGIII                                                                                   | (ERG # 1               | *******            |               | 민        | 익        | 1 8              | 3 D         | 0           | 4             | 0           | ╇      | H   | +     | +           | H      | ╅     | H       | H    | ╁         | Н             | ╁    | ╁         |                    |             |     |
|                              |                                                          |                                                                                         |                        |                    |               |          |          |                  |             |             |               | İ           |        |     | 1     | Ţ           | П      |       | t       | Ħ    | 1         | Ï             |      | 1         |                    |             | 1   |
| 3                            | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                  |                                                                                         | · ·                    | :                  |               |          |          |                  |             |             |               |             |        |     |       |             |        |       |         | Н    | -         | $\frac{1}{1}$ | Н    | 1         | Н                  |             | 1   |
| 4                            |                                                          |                                                                                         |                        |                    |               |          |          |                  |             |             |               |             |        |     |       |             |        |       |         |      |           | $\perp$       |      |           |                    |             |     |
| 5                            |                                                          | ,                                                                                       |                        |                    |               |          |          |                  |             |             |               |             |        |     |       |             |        |       |         |      |           |               |      | 1         | $oldsymbol{\perp}$ |             | 1   |
| 6                            |                                                          |                                                                                         |                        |                    |               |          |          | •                |             |             |               |             |        |     |       |             |        |       |         |      |           |               |      |           |                    |             | +   |
| 7                            |                                                          |                                                                                         |                        |                    |               |          |          |                  |             |             |               |             |        |     |       |             | H      |       |         |      |           |               |      |           |                    | Н           |     |
| 8                            |                                                          | ••••                                                                                    |                        |                    |               |          |          |                  |             |             |               |             |        |     |       |             |        |       |         |      |           |               |      |           |                    |             |     |
| 9                            |                                                          |                                                                                         | a.a.                   |                    | - 5.46        |          |          |                  |             |             |               |             |        |     |       |             |        |       |         |      |           |               |      | -         |                    | Н           | 1   |
| 10                           |                                                          | <u> </u>                                                                                |                        |                    | •             |          |          |                  |             |             |               | I           |        |     |       | -           | -      |       | _       | ╁    | H         | ╁             | H    |           | ╁                  | H           | _   |
| 11                           |                                                          |                                                                                         |                        |                    |               |          |          |                  | L           |             |               |             |        |     |       | 1           | Ŧ      |       | 1       |      |           | I             |      |           | -                  | П           | 7   |
| 1 2                          | 2                                                        |                                                                                         | ······ <u>·</u> ·      |                    |               |          |          |                  | L           |             |               | ļ           |        |     | П     | 1           | -      |       | 1       | +    |           | -             | Н    |           |                    | Н           |     |
| XXII. C                      | OMMENT                                                   | S (ente                                                                                 | er inform              | ation b            | y lin         | e numi   | ber - se | e ins            | tru         | tio         | ns)           | -           |        |     |       |             |        |       |         |      |           |               |      |           |                    |             |     |
| Waste<br>sole tra<br>other p | was shipp<br>ansporter u<br>parts washi<br>ing by distil | ed from<br>Inder U<br>er solve                                                          | n the gen<br>J. S. EPA | erator's<br>Transp | loca<br>orter | tion to  | the San  | ford f<br>1075 f | acil<br>50. | ity v<br>Th | vitho<br>e wa | out<br>aste | e w    | as  | bulk  | ed          | at t   | he S  | Sant    | ford | fac       | lity '        | with |           |                    |             |     |

|                              |                          | <u></u> ;                                                                     |                                    |                            |             |             |             |            |      |     | · ·         |        |           |            | ,     |       |       |       |           |             |                   |      | ,        |
|------------------------------|--------------------------|-------------------------------------------------------------------------------|------------------------------------|----------------------------|-------------|-------------|-------------|------------|------|-----|-------------|--------|-----------|------------|-------|-------|-------|-------|-----------|-------------|-------------------|------|----------|
|                              |                          | No. of 1                                                                      |                                    | FACILITY R                 | ÉPC         | RT          | - P         | ΆF         | TS   | В   | & C         |        |           |            |       |       |       |       |           |             |                   | -    |          |
| -                            | OFFICAL                  | 1. Date Received                                                              | XVI T                              | YPE OF RE                  | POF         | ₹T (        | ent         | er a       | an 2 | X)  |             |        |           | ACI<br>D 9 |       |       |       |       |           |             |                   |      |          |
| (item                        | EONLY<br>is 1 & 2)       | 2. Received By                                                                | ☐ Pa                               | <u> </u>                   | P           |             |             |            |      |     |             |        |           |            |       |       |       |       |           |             | <del></del>       |      |          |
| XVIII. C                     | SENERAT                  | ORS EPA ID NO.                                                                | 15                                 | XX. GENE                   |             |             | R'S         | Αľ         | ODF  | RES | 3S (        | str    | eet       | or P       | O b   | OX,   | city  | , st  | ite,      | & Z         | ір с              | :000 | 켈        |
| VIV. CE                      |                          | R NAME (specify)                                                              | 121                                | BLDG                       |             |             | 7 -         | 5          | . 0  | 5   | L           | . E    | F         | Т          | Α     | RI    | ΞА    |       |           |             |                   |      |          |
| XIX. GE                      | NERATO                   | H NAME (Specify)                                                              |                                    | KENN                       |             |             |             |            |      |     |             |        |           | E N        |       |       |       |       |           |             |                   |      |          |
|                              |                          |                                                                               |                                    | CAPE                       |             | C A         | N           | A          | V    | E   | R A         | L      | ,<br>2002 | F          | L     |       | 3 2   | 8     | 1 5       |             |                   |      |          |
| LINE XX<br>NUMBER &          | ASTE IDEI                | A. DESCRIPTION                                                                |                                    |                            | B FDA       | HAZARDOUS   | WASTE       | NUMBER     |      |     | C. HANDLING | METHOD |           |            | TNICE | OF OF | WASTE |       |           | E. UNITS OF | MEASURE           |      |          |
| 1                            | i                        | embustible Liquid, N.O.                                                       | . ,                                | D                          |             |             |             | 0          |      |     | S           | O      | 2         |            | П     |       | Ц     | 1     | 6         | G           |                   |      |          |
|                              | NA1993                   | PGIII (ERG # 128)                                                             |                                    |                            | D           | 익           | 1   8       | 3 C        | 0    | 4   | 0           | ╀      | +         | _          | ╀     | H     |       | H     | +         | -           | H                 | ╁    | ╁        |
| 2                            |                          |                                                                               |                                    |                            | H           | -           |             | ╁          |      | -   | _           | ╅      | ╁         | ╁          | ╁     | H     | 十     | Н     | †         | ┢           | H                 |      | ┢        |
| 3                            |                          |                                                                               |                                    |                            |             |             |             |            |      |     |             |        |           |            |       |       |       |       |           |             | $\prod_{i=1}^{n}$ |      |          |
| 4                            |                          |                                                                               |                                    |                            |             |             |             |            |      |     |             |        |           |            |       |       |       |       |           |             | H                 |      |          |
| 5                            |                          |                                                                               |                                    |                            |             |             |             | ļ          |      |     |             |        | _         |            |       |       |       | Н     |           |             | Н                 |      | <u> </u> |
| 6                            |                          |                                                                               |                                    | ···                        | H           |             |             | ł          |      |     |             |        | +         |            |       |       |       | П     |           | -           | H                 | 1    | t        |
| 7                            |                          |                                                                               |                                    |                            | L           |             |             |            |      |     |             | +      | ‡         |            | +     | Н     | 1     |       | 1         | Ļ           | H                 | 1    | ļ        |
| 8                            |                          |                                                                               |                                    | <u>.</u>                   | L           |             |             | -          |      |     |             | 1      | 1         |            | 1     |       |       | Н     | 1         | _           |                   |      | +        |
| 9                            |                          |                                                                               |                                    |                            | L           |             |             | -          |      | -   |             | +      | ╁         | ╂          | ╁     | Н     | +     | Н     | $\dagger$ | ╁           | H                 | +    | ╁        |
| 1 0                          |                          |                                                                               |                                    | <u> </u>                   |             |             |             |            |      |     |             | ‡      | Ţ         |            | 1     | П     |       |       |           |             | H                 | 7    | Ŧ        |
| 11                           |                          |                                                                               |                                    |                            | L           |             |             |            |      |     |             |        | 1         | H          | 1     |       | 1     | Ħ     | 1         | 1           |                   |      | ļ        |
| 1 2                          | :                        |                                                                               | ,                                  |                            | Ĺ           | -           |             |            |      |     |             |        |           |            |       |       |       | H     |           | +           | Ħ                 | +    | Ŧ        |
| XXII. C                      | OMMENT                   | S (enter information t                                                        | y line numb                        | er - see ins               | truc        | tio         | ns)         |            |      |     |             |        |           |            |       |       |       |       |           |             |                   |      |          |
| Waste<br>sole tra<br>other p | was shipp<br>ansporter ι | ed from the generator's<br>under U. S. EPA Transp<br>er solvents, and then sl | s location to to<br>porter ID # S0 | he Sanford f<br>CR 0000751 | acil<br>50. | ity v<br>Th | vith<br>e w | out<br>ast | e w  | as  | bulk        | ced    | at t      | he S       | Sanf  | ord   | facil | ity v | vith      |             |                   |      |          |

|                                                                        | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                 | PART A: GENERATOR ANNUAL REPORT                                                  |
|                                                                        | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
| Use this form as a cover for all required reports.                     | 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                                                       |
| <u></u>                                                                | 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                                              |                                                                                  |
| SAFETY-KLEEN SYST                                                      | EMS, INC.                                                                        |
| IV. INSTALLATION MAILING ADDRESS                                       |                                                                                  |
| 600 CENTRAL: PARK                                                      | DRIVE                                                                            |
| SANFORD, FL:32771                                                      |                                                                                  |
| V. LOCATION OF INSTALLATION                                            |                                                                                  |
| 600 CENTRAL PARK                                                       | DRIVE                                                                            |
| 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.)                                                      |
|                                                                        | 407 321 6080                                                                     |
|                                                                        |                                                                                  |
| VII. TRANSPORTATION SERVICES USED (for Part A report                   | is 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 respon- | sible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pe | enalties for submitting false information, including the possibility of          |
| fines and imprisonment.                                                |                                                                                  |
|                                                                        |                                                                                  |
|                                                                        |                                                                                  |
| A. Print or Type Name                                                  | B. Signature C. Date Signed                                                      |
|                                                                        | -                                                                                |

|                                                                                                    | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                             | PART A: GENERATOR ANNUAL REPORT                                                 |
|                                                                                                    | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
| Use this form as a cover for all required reports.                                                 | 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)                                |
| II. INSTALLATION'S EPA ID NUMBER                                                                   | RECEIVED (day/mo/yr) 0 1 / 0 3 / 2 0 0 1                                        |
| F L D 9 8 4 1 7 1 1 6 5                                                                            |                                                                                 |
| III. NAME OF INSTALLATION                                                                          |                                                                                 |
| SAFETY-KLEEN SYST                                                                                  | EMS, INC.                                                                       |
| IV. INSTALLATION MAILING ADDRESS                                                                   |                                                                                 |
| 6 0 0 CENTRAL PARK                                                                                 | DRIVE                                                                           |
| SANFORD, FL 32771                                                                                  |                                                                                 |
| V. LOCATION OF INSTALLATION                                                                        |                                                                                 |
| 6 0 0 CENTRAL PARK                                                                                 | DRIVE                                                                           |
| SANFORD, FL 32771                                                                                  |                                                                                 |
| VI. INSTALLATION CONTACT                                                                           |                                                                                 |
| NAME (last and first)                                                                              | PHONE NO. (area code & no.)  4 0 7 3 2 1 6 0 8 0                                |
|                                                                                                    |                                                                                 |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                                              | s only)                                                                         |
|                                                                                                    |                                                                                 |
|                                                                                                    |                                                                                 |
|                                                                                                    |                                                                                 |
|                                                                                                    |                                                                                 |
|                                                                                                    |                                                                                 |
| <u> </u>                                                                                           |                                                                                 |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                              |                                                                                 |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                              |                                                                                 |
| \$ , , , , , , , , , , , , , , , , , , ,                                                           |                                                                                 |
| IX. CERTIFICATION                                                                                  |                                                                                 |
|                                                                                                    | amiliar with the information submitted in this and all attached documents       |
|                                                                                                    | ible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pen<br>fines and imprisonment. | alties for submitting raise information, including the possibility of           |
| lines and impressment.                                                                             |                                                                                 |
|                                                                                                    |                                                                                 |
|                                                                                                    |                                                                                 |
| A. Print or Type Name                                                                              | B. Signature C. Date Signed                                                     |

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|                     |                                       |                                                                                            |             |                  |                       |           |      |           |             | -        | . 4444 |            |            |            |         |         |                  |               |      | _         |
|---------------------|---------------------------------------|--------------------------------------------------------------------------------------------|-------------|------------------|-----------------------|-----------|------|-----------|-------------|----------|--------|------------|------------|------------|---------|---------|------------------|---------------|------|-----------|
|                     |                                       | 4                                                                                          | F.          | ACILITY R        | EPO                   | RT ·      | PAI  | RTS       | B 8         | k C      |        |            | ••••       |            |         |         |                  |               | -35  |           |
|                     | OFFICAL<br>E ONLY                     | 1. Date Received  - 19 2. Received By                                                      | XVI TY      | PE OF RE         | POR                   | Т (е      | nter | an i      | X)          |          |        |            |            |            | EPA I   |         |                  | <u> </u>      |      |           |
| (item               | ns 1 & 2)                             |                                                                                            | Par         | <u> </u>         | Pa                    |           |      |           |             | <u> </u> |        |            |            |            |         |         |                  | •             |      | _         |
| XVIII. C            | 77.57                                 | ORS EPA ID NO. 6 8 0 0 0 1 4 5 8 5                                                         |             | XX. GENI<br>DYNA |                       |           | 'S A | DDI       | RES         | S (s     | treet  | or F       | O b        | ox, c      | city, s | state   | , & 2            | zip (         | :0d6 | 끡         |
| VIV CE              |                                       | NAME (specify)                                                                             |             | BLDG             |                       | ,<br>И. 7 |      | 5 D       | 5           | ī.       | ЕF     | Т          | Α          | R E        | A       |         |                  |               |      |           |
| AIA. GE             | NERATOR                               | NAME (specify)                                                                             |             | KENN             | E                     | Y (       | S    | P         | Α (         | СЕ       | C      | E N        | ΙΤ         | E R        |         |         | <i>-</i>         |               |      |           |
| XIX. W              | ASTE IDEN                             | TIFICATION                                                                                 |             | CAPE             |                       | A         | N A  | \ V       | E I         | K A      | L,     | 1          |            | c<br>Marie | 2 0     |         | )<br><b>(201</b> |               |      |           |
| LINE                |                                       | A. DESCRIPTION OF                                                                          |             |                  | C. HANDLING<br>METHOD |           |      | D. AMOUNT | OF<br>WASTE |          |        | AC STINIT  | MEASURE    |            |         |         |                  |               |      |           |
| 1                   | Waste Con                             | nbustible Liquid, N.O.S.                                                                   | (Petroleum  | Naptha)          | D                     | 0 0       |      | 0 (       |             |          | sc     | 2          | $\prod$    |            | П       | П       | 17               | G             | Ţ    |           |
|                     | NA1993 F                              | PGIII (ERG # 128)                                                                          |             |                  | D                     | 0 1       | 8    | 0 0       | 4           | 0        | ₩.     | <b>↓</b> ↓ | lacksquare | 4          |         | ₩       | +                | ₽             | _    | Щ         |
| 2                   |                                       |                                                                                            |             |                  | H                     |           |      |           |             |          | Н      | H          | Н          |            | 廿       | 廿       | _                | Н             | 土    |           |
| 3                   |                                       |                                                                                            |             | ·                |                       |           |      |           |             |          |        |            |            |            |         | $\prod$ |                  |               |      |           |
| 4                   |                                       |                                                                                            |             |                  |                       |           |      |           |             |          |        |            |            |            |         | $\prod$ |                  |               |      |           |
| 5                   |                                       |                                                                                            |             |                  |                       |           |      |           |             |          |        |            | T          |            |         | $\prod$ | +                | $\prod$       |      | $oxed{H}$ |
| 6                   |                                       |                                                                                            |             |                  | H                     |           |      |           |             |          |        | П          |            |            |         | $\prod$ | +                | П             | 7    |           |
| 7                   | · · · · · · · · · · · · · · · · · · · |                                                                                            | •           |                  |                       |           |      |           |             |          | П      |            | Ţ.         |            |         | Н       |                  | П             |      |           |
| 8                   |                                       |                                                                                            |             |                  |                       |           |      |           |             |          |        |            | T          |            |         |         | Ţ                |               |      |           |
| 9                   |                                       |                                                                                            |             | •                |                       |           |      |           |             |          |        |            |            |            | H       | $\prod$ |                  | H             |      |           |
| 1 0                 |                                       |                                                                                            |             | ·····            |                       |           |      |           |             |          | Н      |            |            |            |         | $\prod$ |                  | $\Box$        |      |           |
| 11                  |                                       |                                                                                            | * *         |                  |                       | 12. A.S.  |      |           |             |          |        |            |            |            |         |         | +                | ${\mathbb H}$ | 7    |           |
| 1 2                 |                                       |                                                                                            | •           |                  |                       |           |      |           |             |          |        |            | -          | П          |         | $\prod$ | +                | Ħ             | +    |           |
|                     |                                       | (enter information by I                                                                    |             |                  |                       |           |      |           |             |          |        |            |            |            |         |         |                  |               |      |           |
| sole tra<br>other p | ansporter un                          | d from the generator's loo<br>der U.S. EPA Transport<br>solvents, and then shipp<br>ation. | er ID # SCI | R 0000751        | 50.                   | The       | wast | e w       | as b        | oulke    | d at   | the S      | anfo       | ord fa     | acility | with    |                  |               |      |           |
|                     |                                       |                                                                                            |             |                  |                       | ٠         |      |           |             |          |        |            |            |            |         |         |                  |               |      |           |
|                     |                                       |                                                                                            |             |                  |                       |           |      |           |             |          |        |            |            |            |         |         |                  |               |      |           |

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|                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                              |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                  | PART A: GENERATOR ANNUAL REPORT                                                |
|                                                                         | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                   |
| Use this form as a cover for all required reports.                      | 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                                                     |
| II. INSTALLATION'S EPA ID NUMBER                                        | RECEIVED (day/mo/yr) 0 2 / 0 1 / 2 0 0 1                                       |
| F L D 9 8 4 1 7 1 1 6 5                                                 |                                                                                |
|                                                                         |                                                                                |
| III. NAME OF INSTALLATION  SAFETY - KLEEN SYST                          | EMS, INC.                                                                      |
|                                                                         |                                                                                |
| IV. INSTALLATION MAILING ADDRESS                                        |                                                                                |
| 6 0 0 CENTRAL PARK                                                      | DRIVE                                                                          |
| SANFORD, FL: 32771                                                      |                                                                                |
| V. LOCATION OF INSTALLATION                                             |                                                                                |
| 6 0 0 CENTRAL PARK                                                      | DRIVE                                                                          |
| 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.)                                                    |
| KEITH MARCLLLE                                                          | 4 0 7 3 2 1 6 0 8 0                                                            |
| VII. TRANSPORTATION SERVICES USED (for Part A reports                   | s only)                                                                        |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
|                                                                         |                                                                                |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                   |                                                                                |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                   |                                                                                |
| \$      ,                                                               |                                                                                |
| IX. CERTIFICATION                                                       |                                                                                |
|                                                                         | amiliar with the information submitted in this and all attached documents      |
|                                                                         | ble for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pen | alues for submitting talse information, including the possibility of           |
| fines and imprisonment                                                  |                                                                                |
| fines and imprisonment.                                                 |                                                                                |
| fines and imprisonment.                                                 |                                                                                |
| fines and imprisonment.                                                 |                                                                                |

Transfer of

|                   | FACILITY I                                                                                                                                                         | REPORT - PARTS B &                                   | C                                                      |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
|                   |                                                                                                                                                                    | EPORT (enter an X)                                   | XVII. FACILITIES EPA ID NO.<br>F L D 9 8 4 1 7 1 1 6 5 |
| (item             |                                                                                                                                                                    | X Part C                                             |                                                        |
| XVIII. C          | GENERATORS EPA ID NO. XX. GEN                                                                                                                                      |                                                      | S (street or PO box, city, state, & zip code           |
| XIX GE            | ENERATOR NAME (specify)                                                                                                                                            |                                                      | LEFT AREA                                              |
|                   | KENI                                                                                                                                                               | NEDY SPAC                                            |                                                        |
| XIX. W            | C A P I                                                                                                                                                            | E CANAVER                                            | AL, FL 32815                                           |
| LINE              | A. DESCRIPTION OF WASTE                                                                                                                                            | B. EPA<br>HAZARDOUS<br>WASTE<br>NUMBER               | C. HANDLING METHOD D. AMOUNT OF WASTE E. UNITS OF      |
| 1                 | Waste Combustible Liquid, N.O.S. (Petroleum Naptha)                                                                                                                |                                                      | S O 2 1 1 7 G                                          |
| 2                 | NA1993 PGIII (ERG # 128)                                                                                                                                           | D 0 1 8 D 0 4 0                                      | <del>╬╏╏╏╏</del>                                       |
| 2                 |                                                                                                                                                                    |                                                      |                                                        |
| 3                 |                                                                                                                                                                    |                                                      |                                                        |
| 4                 |                                                                                                                                                                    |                                                      |                                                        |
| 5                 |                                                                                                                                                                    |                                                      |                                                        |
| 6                 |                                                                                                                                                                    |                                                      | <del>┇┦╏╏╏╏╏╏</del>                                    |
| 7                 |                                                                                                                                                                    |                                                      |                                                        |
| 8                 |                                                                                                                                                                    |                                                      |                                                        |
| 9                 |                                                                                                                                                                    |                                                      |                                                        |
| 1 0               |                                                                                                                                                                    |                                                      |                                                        |
| 1 1               |                                                                                                                                                                    |                                                      |                                                        |
| 1 2               |                                                                                                                                                                    |                                                      |                                                        |
| Waste<br>sole tra | COMMENTS (enter information by line number - see in was shipped from the generator's location to the Sanford ansporter under U. S. EPA Transporter ID # SCR 000075 | I facility without a manife<br>150. The waste was bu | ulked at the Sanford facility with                     |
|                   | parts washer solvents, and then shipped to the Safety-Kle<br>ing by distillation.                                                                                  | en Lexington Recycle C                               | Center (in Lexington, SC) for                          |
|                   |                                                                                                                                                                    |                                                      |                                                        |

|                                                                                              | 1. TYPE OF HAZARDOUS WASTE REPORT                                               |
|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                                       | PART A: GENERATOR ANNUAL REPORT                                                 |
|                                                                                              | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                    |
| Use this form as a cover for all required reports.                                           | 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                                                      |
| III. INSTALLATION'S EPA ID NUMBER                                                            | RECEIVED (day/mo/yr) 0 2 / 2 7 / 2 0 0 1                                        |
| F L D 9 8 4 1 7 1 1 6 5                                                                      |                                                                                 |
|                                                                                              |                                                                                 |
| III. NAME OF INSTALLATION  SAFETY - KLEEN SYST                                               | EMS, INC.                                                                       |
| IV. INSTALLATION MAILING ADDRESS                                                             |                                                                                 |
|                                                                                              |                                                                                 |
| 600 CENTRAL PARK                                                                             | DRIVE                                                                           |
| S A N F O R D , F L 3 2 7 7 1                                                                |                                                                                 |
| V. LOCATION OF INSTALLATION                                                                  |                                                                                 |
| 6 0 0 CENTRAL PARK                                                                           | DRIVE                                                                           |
| 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.)                                                     |
| KEITH MARCILLE                                                                               | 4 0 7 3 2 1 6 0 8 0                                                             |
| VII. TRANSPORTATION SERVICES USED (for Part A report                                         | s only)                                                                         |
|                                                                                              |                                                                                 |
| <u>:</u>                                                                                     |                                                                                 |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
| VIII COOT FOTIMATED FOR FACILITIES (For Port P Only)                                         |                                                                                 |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITY CLOSURE |                                                                                 |
| \$    ,      ,                                                                               |                                                                                 |
| IX. CERTIFICATION                                                                            |                                                                                 |
|                                                                                              | amiliar with the information submitted in this and all attached documents       |
| • • • • • • • • • • • • • • • • • • • •                                                      | ible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant per                      | nalties for submitting false information, including the possibility of          |
| fines and imprisonment.                                                                      |                                                                                 |
|                                                                                              |                                                                                 |
|                                                                                              |                                                                                 |
| A. Print or Type Name                                                                        | B. Signature C. Date Signed                                                     |
|                                                                                              |                                                                                 |

To Page 16

|                |               | · · · ·                                 | ************   | • • • • • • • • • • • • • • • • • • • • | FACILITY R                              | EPC   | PRT     | - P/      | ١RT      | SB           | & C  |           |          | بالقبيدة                |       |              |                         |      |       |             |                         |
|----------------|---------------|-----------------------------------------|----------------|-----------------------------------------|-----------------------------------------|-------|---------|-----------|----------|--------------|------|-----------|----------|-------------------------|-------|--------------|-------------------------|------|-------|-------------|-------------------------|
|                |               | 1. Date Receiv                          | /ed            |                                         |                                         |       |         |           |          |              |      | •         |          |                         |       |              |                         |      |       |             |                         |
| FOR            | OFFICAL       | 1                                       | 9              | XVI T                                   | YPE OF RE                               | POF   | ₹T (€   | ente      | r ar     | 1 <b>X</b> ) | 飌.   |           | I. FA    |                         |       |              |                         |      |       | (2)         |                         |
| US             | E ONLY        | 2. Received B                           | y <sub>:</sub> | g                                       | ***                                     |       |         |           |          |              | ł    | E         | L D      | 9                       | 8 4   | 1 7          | <u> </u>                | 1 6  | 5     |             |                         |
| (item          | ns 1 & 2)     |                                         |                | Pá                                      | art B X                                 | P     | art (   | ;         |          |              | ł    |           |          |                         |       |              |                         |      |       |             |                         |
| XVIII. (       | GENERAT       | ORS EPA ID NO.                          |                |                                         | XX. GEN                                 | ERA   | TOF     | ₹'S /     | ADI      | DRE          | SS ( | stre      | et o     | r PO                    | box   | , cit        | y, st                   | ate, | & zi  | p c         | ode)                    |
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| XIX. GE        | NERATO        | R NAME (specify)                        |                |                                         | BLDG                                    | ]     | M 7     | _         | 5        | 0 5          | L    | . Е       | FТ       | ,                       | A R   | ΕA           |                         |      |       |             |                         |
| 7.17.1         |               | (0,000,000,000,000,000,000,000,000,000, | 5000000000     |                                         | KENN                                    |       | DΥ      |           | S I      | PA           | C E  | į.        | СЕ       | N :                     | ΓЕ    | R            |                         |      |       |             |                         |
|                |               |                                         | İ              |                                         | CAPE                                    | (     | C A     | N         | A٦       | V E          | R A  | L         | ,        | FI                      | Ĺ     | 3 2          | 2 8                     | 1 5  |       |             |                         |
| XIX. W         | ASTE IDEI     | VTIFICATION                             |                |                                         |                                         |       |         |           |          |              |      |           |          |                         |       |              |                         |      |       |             |                         |
| ~              |               |                                         |                |                                         |                                         | Γ     |         | HAZARDOUS |          | -            | Т    | HANDLING  | Ω        | Γ                       |       | 눌            |                         |      |       | E. UNITS OF | Щ                       |
| LINE<br>NUMBER |               | A. DESCRIPTI                            | ON OF V        | MASTE                                   |                                         |       | EPA     | 일         | E E      | į            |      |           | ᅙ        |                         |       | AMOUNT<br>OF | STE                     |      |       | ITS         | S.                      |
| L L            |               | A. DESCRIPTI                            | E              | MAJIL                                   |                                         |       | ю.<br>— | 3         | <b>∀</b> |              | -    | ¥!        | Ę.       |                         |       | ₹<br>O       | Š                       |      | ı     | 5           | ÄΞ                      |
|                |               |                                         |                |                                         |                                         |       |         | _         |          |              |      | Ç         |          | <u> </u>                |       | <u> </u>     |                         | ,    |       |             | 2                       |
| 1              | Waste Co      | mbustible Liquid, I                     | N.O.S. (I      | Petroleui                               | m Naptha)                               | 10000 | -       |           |          | 0 3          |      | S         | 02       | Щ                       | ┸     | Щ            | Щ                       | 1    | 7     | G           | $oldsymbol{\downarrow}$ |
| . ,            | NA1993        | PGIII (ERG # 12                         | 8)             |                                         |                                         | D     | 0 1     | 8         | D        | 0 4          | 0    |           | Щ        | Щ                       |       | Щ            | Щ                       |      | Ц     | 4           | $oldsymbol{\sqcup}$     |
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|                |               |                                         | :              |                                         | <u> </u>                                | Ц     |         |           |          |              | ᆙ    | Щ         | Ц.       | Ц                       | _     | Ц.           | ⇊                       | ╀    | Ц     | 4           | Н                       |
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|                | <b>}</b>      |                                         |                |                                         |                                         | ₩     | -       | -         | H        | -            | ┥.   | 4         | ╁        | ╀                       | ╬     | ₩            | ╫                       | +    | H     | ╬           | ₩                       |
| 7              |               |                                         | 1              |                                         |                                         | H     | -       | -         | -        | -            |      | ╇         | ┿        | ┿                       | _     | H            | ₩                       | ╁    | ₩     | ┿           | ₩                       |
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| 9              |               |                                         |                |                                         | **********                              | H     |         |           | H        | -            | H    | ╁         | -        | ╁╁                      | ╅     | ╁            | ╫                       | ╅    | H     | ╁           | ╁╅                      |
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| XXII. C        | OMMENT:       | S (enter informati                      | ion by lir     | ne numb                                 | er - see ins                            | truc  | tion    | s)        |          |              |      |           |          |                         |       |              |                         |      |       |             |                         |
|                |               | ed from the genera                      | ***            |                                         |                                         |       |         |           | ıt a     | man          | ifes | t. Si     | afety    | -Kle                    | en w  | as t         | 1e                      |      |       | 0040        |                         |
| sole tra       | ınsporter u   | nder U.S.EPA Tr                         | ansporte       | r ID # S0                               | CR 0000751                              | 50.   | The     | was       | te v     | was          | bulk | ed a      | t the    | Sar                     | iford | faci         | lity w                  | ith  |       |             |                         |
| -              |               | er solvents, and the                    | en shippe      | ed to the                               | Safety-Kleer                            | n Le  | xing    | ton I     | Rec      | ycle         | Cer  | nter      | (in L    | exin                    | gton, | SC)          | for                     |      |       |             |                         |
| recyclir       | ng by distill | ation.                                  |                |                                         |                                         |       |         |           |          |              |      |           |          |                         |       |              |                         |      |       |             |                         |
|                |               |                                         |                |                                         |                                         |       |         |           |          |              |      |           |          |                         |       |              |                         |      |       |             |                         |
|                |               |                                         | :              |                                         |                                         |       |         |           |          |              |      |           |          |                         |       |              |                         |      |       |             |                         |
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|                |               |                                         |                |                                         |                                         |       |         |           |          |              |      |           |          |                         |       |              |                         |      |       |             |                         |

|                                                                        | 1. TYPE OF HAZARDOUS WASTE REPORT                                                |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| HAZARDOUS WASTE REPORT                                                 | PART A: GENERATOR ANNUAL REPORT                                                  |
|                                                                        | THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                     |
| Use this form as a cover for all required reports.                     | 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                                              |                                                                                  |
| SAFETY-KLEEN SYST                                                      | EMS, INC.                                                                        |
| IV. INSTALLATION MAILING ADDRESS                                       |                                                                                  |
| 600 CENTRAL PARK                                                       | DRIVE                                                                            |
| S A N F O R D , F L 3 2 7 7 1                                          |                                                                                  |
| V. LOCATION OF INSTALLATION                                            |                                                                                  |
|                                                                        | DRIIVE                                                                           |
|                                                                        |                                                                                  |
| 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.)                                                      |
| KEITH MARCILLE                                                         | 4 0 7 3 2 1 6 0 8 0                                                              |
| VII. TRANSPORTATION SERVICES USED (for Part A report                   | e only)                                                                          |
| VII. TRANSPORTATION SERVICES USED (IOT PAIT A TEPOIT                   | s offiy)                                                                         |
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|                                                                        |                                                                                  |
|                                                                        |                                                                                  |
| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                  |                                                                                  |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                  |                                                                                  |
| [\$                                                                    |                                                                                  |
| IX. CERTIFICATION                                                      | amiliar with the information submitted in this and all attached documents        |
| and that based on the inquiry of those individuals immediately respons | sible for obtaining the information, I believe that the submitted information is |
| true, accurate, and complete. I am aware that there are significant pe | nalties for submitting false information, including the possibility of           |
| fines and imprisonment.                                                | •                                                                                |
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|                                                                        |                                                                                  |
| A, Print or Type Name                                                  | B. Signature C. Date Signed                                                      |

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|                              |                          |                                                                                                  |                       | FACILITY RI                            | PO            | RT -        | PA                 | RTS    | В    | & C      |             |       |     |         |           |       |      |     |             | 788                     |   |
|                              | OFFICAL<br>E ONLY        | 1. Date Received  - 19  2. Received By                                                           | ×                     | (VI TYPE OF REI                        | POR           | Т (е        | nter               | an     | X)   |          |             |       |     |         | EPA       |       |      |     |             |                         |   |
|                              | is 1 & 2)                | 2.11000.700.27                                                                                   | ]                     |                                        | Pa            |             |                    |        |      |          |             |       |     |         |           |       |      |     |             |                         |   |
| XVIII. C                     |                          | ORS EPA ID NO.                                                                                   | 8 5                   | XX. GENE                               |               | -           | 'S A               | DDI    | RES  | SS (s    | tree        | et or | PO  | box,    | , city    | , sta | ate, | & z | ip c        | ode                     | 4 |
| VIX GE                       |                          | R NAME (specify)                                                                                 |                       | BLDG                                   |               |             | - :                | 5 0    | 5    | L        | Е           | FТ    | A   | A R     | ΕA        |       |      |     |             |                         |   |
| AIA. GE                      | MENATO                   | n main (specify)                                                                                 |                       | KENN                                   | E D           | Y           | S                  | P      | A    | СЕ       | (           | СЕ    | NΊ  | E       | R         |       |      |     |             |                         |   |
| 37137 317                    | A OTE IDE                | NTIFICATION                                                                                      | 30 SE SES             | CAPE                                   | C             | A           | N A                | V      | E    | R A      | L,          |       | FI  |         | 3 2       | 8     | 1 5  |     |             |                         |   |
| LINE X                       | ASTE IDE                 | A. DESCRIPTION                                                                                   | OF WA                 |                                        |               | B. EPA      | HAZARDOUS<br>WASTE | NUMBER | 888  |          | C. HANDLING |       |     |         | D. AMOUNI | WASTE |      |     | E. UNITS OF | MEASURE                 |   |
| 1                            | Waste Co                 | mbustible Liquid, N.O                                                                            | .S. (Pet              | roleum Naptha)                         | D             | 0           | 1                  | 0 (    | 3    | 9        | s           | 0 2   | П   | П       |           | П     | 1    | 7   | G           | Γ                       | П |
|                              | NA1993                   | PGIII (ERG # 128)                                                                                |                       |                                        | D)            |             | 8                  | 0 0    | 4    | <u> </u> | ₽           | ╀     | H   | ╂       |           | H     | _    | Н   |             | +                       | Н |
| 2                            |                          | :                                                                                                |                       |                                        | H             | +           | -                  | -      |      | ┪        | H           | ╈     | H   | H       | +         | H     | 十    | П   | 1           | 士                       |   |
| 3                            |                          |                                                                                                  |                       |                                        |               |             |                    |        |      |          |             |       |     |         |           |       |      |     |             | $oldsymbol{\mathbb{I}}$ |   |
| 4                            |                          |                                                                                                  |                       |                                        |               |             |                    |        |      |          |             |       |     |         |           | П     |      |     |             | I                       |   |
| 5                            |                          |                                                                                                  |                       |                                        |               |             |                    |        |      |          |             |       |     |         |           |       | -    | H   |             | _                       |   |
| 6                            |                          |                                                                                                  |                       |                                        |               |             |                    |        |      |          |             |       |     |         |           |       |      |     |             |                         |   |
| 7                            |                          |                                                                                                  |                       |                                        |               |             |                    |        |      |          |             |       | Н   |         |           | Н     | _    |     |             |                         |   |
| 8                            | ,                        |                                                                                                  |                       |                                        |               |             |                    |        |      |          | Н           | 1     |     | $\perp$ |           | Н     |      | L   |             | $\pm$                   |   |
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| 11                           |                          |                                                                                                  |                       |                                        |               |             |                    |        |      |          |             |       |     |         |           | Ц     | 1    |     | H           | +                       |   |
| 1 2                          |                          |                                                                                                  |                       |                                        | H             |             |                    |        | 6556 | -        | H           | +     |     | -       | 80888     | Ы     |      | -   |             |                         |   |
| Waste<br>sole tra<br>other p | was shipp<br>ansporter u | S (enter information ed from the generator under U. S. EPA Transer solvents, and then sollation. | 's locationsporter II | on to the Sanford f<br>D # SCR 0000751 | acilit<br>50. | y wi<br>The | thou<br>was        | te w   | as I | bulke    | ed a        | t the | Sar | nford   | facil     | ity w | vith |     |             |                         |   |
|                              |                          |                                                                                                  | i                     |                                        |               |             |                    |        |      |          |             |       |     |         |           |       |      |     |             |                         |   |

| HAZARDOUS WASTE REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1. TYPE OF HAZARDOUS WASTE REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Use this form as a cover for all required reports.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | THIS REPORT IS FOR THE YEAR ENDING:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| II. INSTALLATION'S EPA ID NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | THIS REPORT IS FOR A WASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| III. NAME OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RECEIVED (day/mo/yr) 0 4 / 2 5 / 2 0 0 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SAFETY - KLEEN SYSTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| V. LOCATION OF INSTALLATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TRITIVIE TO THE TOTAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY |
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| VI. INSTALLATION CONTACT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NAME (last and first)  K E   T H M A R C   L L E  VII. TRANSPORTATION SERVICES USED (for Part A reports only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PHONE NO. (area code & no.) 4 0 7 3 2 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)  A. COST ESTIMATE FOR FACILITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A. COST ESTIMATE FOR FACILITY CLOSURE  S  IX. CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| I certify under penalty of law that I have personally examined and am familiar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | th the interval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and that based on the inquiry of those individuals immediately responsible for ob-<br>true, accurate, and complete. I am aware that there are significant penalties for<br>fines and imprisonment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | staining the information, I believe that the submitted information is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                    | ONLY<br>s 1 & 2)                                 | 2. Received By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | Pai        | ntB X                                  |        | art  |          |       |        |           |      | -         |             |      |     |      | 4         |        | ا ــــــــــــــــــــــــــــــــــــ | 1    |      |     |             |                 |          |
| VIII. G            |                                                  | ORS EPA ID NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |            | XX. GENE                               |        |      | R'       | S A   | DD     | RE        | SS   | (st       | rec         | t o  | r P | O b  | ox,       | city   | /, S                                   | tate | ÷, & | zip | ) C(        | ode             | e        |
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| IX. GE             | NERATO                                           | R NAME (specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |            | B L D G<br>K E N N                     |        |      |          |       |        |           |      |           |             |      |     |      |           |        |                                        |      |      |     |             |                 |          |
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| ••••               | ASTE IDE                                         | TIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |            |                                        |        |      | <u>و</u> | ?     |        |           |      | <b>**</b> | 5           |      |     |      | ###<br> - |        |                                        |      |      | Ť   | SE L        | <b>282</b><br>Ш | æ        |
| LINE<br>NUMBER     |                                                  | A. DESCRIPTIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N OF V  | VASTE      |                                        |        | A CI |          | MACTE | NUMBER |           |      | 1014411   | C. HANDLING |      |     |      | A MOLIN   | 9<br>P | WASTE                                  |      |      |     | E. UNITS OF | MEASUR          |          |
| 1                  | Waste Co                                         | mbustible Liquid, N.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | O.S. (1 | Petroleum  | n Naptha)                              | D      | 0    |          |       |        |           | 9    |           | s           | O 2  | 2   |      |           |        |                                        |      | 1 (  | 6 C | Į           | Ţ               | ]        |
|                    | NA1993                                           | PGIII (ERG # 128)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |            |                                        | Ō      | 0    | 1        | 8     | D (    | ) 4       | 0    | Ц         | 4           | 4    | -   | -    | 4         | +      | _                                      | Ц    | _    | +   | ╄           | Ļ               | -        |
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|                                                                                                                                                                                                                                                               | 1. TYPE OF HAZARDOUS WASTE REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| HAZARDOUS WASTE REPORT                                                                                                                                                                                                                                        | PART A: GENERATOR ANNUAL REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Use this form as a cover for all required reports.                                                                                                                                                                                                            | PART B: FACILITY ANNUAL REPORT  THIS REPORT IS FOR THE YEAR ENDING DEC 3 2 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| II. INSTALLATION'S EPA ID NUMBER                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| III. NAME OF INSTALLATION                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SAFETY-KLEEN SYST                                                                                                                                                                                                                                             | EMS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| IV. INSTALLATION MAILING ADDRESS                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| V. LOCATION OF INSTALLATION                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| VI. INSTALLATION CONTACT                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| VII. TRANSPORTATION SERVICES USED (for Part A report                                                                                                                                                                                                          | ts only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A. COST ESTIMATE FOR FACILITY CLOSURE                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| IX. CERTIFICATION  I certify under penalty of law that I have personally examined and am and that based on the inquiry of those individuals immediately respon true, accurate, and complete. I am aware that there are significant perfines and imprisonment. | familiar with the information submitted in this and all attached documents sible for obtaining the information, I believe that the submitted information is enalties for submitting false information, including the possibility of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| A. Print or Type Name                                                                                                                                                                                                                                         | B. Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| /III. G        | ·                                     | ORS EPA                               |                 | _                 |             | XX. GENE                               |                   | OR'            | SA            | DDF       | RES         | S (s         | tre          | et o       | r PO         | bo   | x, c         | ity,        | sta       | e, 6       | ( ZI     | ) ÇC               | ue                  |
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| 6              |                                       | .,                                    |                 |                   |             |                                        | П                 |                |               |           |             |              |              |            |              | Ц    |              | Ц           | _         |            | Ц        | _                  | ┵                   |
|                | :                                     |                                       |                 |                   |             | .,,,                                   | П                 |                |               |           |             |              | ┸            | Ц          |              | Щ    | 1            |             | 4         | ╀          | Ц        | 4                  | ╄                   |
| 7              |                                       | 4                                     |                 |                   |             |                                        |                   |                |               |           |             |              | 4            | Ц          | 4            | Ц    | _            | H           | 4         | ╄          | Н        | 4                  | ╄                   |
|                |                                       |                                       |                 |                   |             | ************************************** | ₩                 |                |               |           |             | 4            | ╄            | ₽          | <b></b>      | ₩    | +            | ╀           |           | -          | H        | ╁                  | ╁                   |
| 8              |                                       |                                       |                 | :                 |             |                                        | $\blacksquare$    | 4              | Ш             |           |             | 4            | ┿            | -          | -            | H    | -            | H           | +         | ┿          | H        | ┿                  | ╁╴                  |
|                |                                       | · · · · · · · · · · · · · · · · · · · | <del></del>     | -                 |             |                                        | ╬                 |                |               | +         |             | H            | ┿            | ╁          | ╅            | H    | ╅            | H           | $\forall$ | ╈          | H        | ╅                  | 十                   |
| 9              | 1                                     |                                       |                 |                   |             |                                        |                   | +              | Н             |           |             |              | _            | H          | _            | H    | ╈            | П           | 7         | t          | П        | †                  | t                   |
| 1 0            |                                       |                                       |                 |                   |             |                                        | ╫                 | +              | М             | -         | +           |              | ┪            | Ħ          | 1            | Ħ    | 1            | Ħ           | Π         | ╅          | П        | 1                  | T                   |
| 10             | }                                     |                                       |                 |                   |             |                                        |                   | -              |               |           | +           | T            | 1            | Ħ          |              | П    | T            |             |           |            | $\prod$  |                    | Τ                   |
| 11             | <del> </del>                          | · · · · · · · · · · · · · · · · · · · |                 |                   |             |                                        | Ħ                 |                |               |           |             |              | Ī            | П          |              |      |              |             | $\prod$   | Ţ          | $\prod$  |                    |                     |
| • •            |                                       |                                       |                 |                   |             |                                        |                   |                |               |           |             | П            | I            |            |              |      |              |             | Ц         | Ţ          | Ц        | $oldsymbol{\perp}$ | ┇                   |
| 1 2            |                                       | *********                             | 1,,-            |                   |             |                                        | П                 |                |               |           |             |              |              | Ц          |              | Ц    | 4            | 1           | Ц         | _          | Щ        | 4                  | ╄                   |
|                |                                       |                                       |                 |                   |             |                                        |                   |                |               |           |             |              |              |            |              |      |              | 2000        | Ш         |            |          | ***                |                     |
| (XII. C        | OMMEN                                 | S (enter i                            | nformat         | ion by            | line num    | ber - see in                           | struc             | tion           | s)            |           |             |              |              | <b>***</b> |              | 000  |              | c th        |           |            |          |                    |                     |
| Vaste          | was shipp                             | ed from th                            | e gener         | ator's l          | ocation to  | the Sanford<br>LD 98490820             | taciiii<br>12 T   | ty Wi<br>The v | itnou<br>wast | ла<br>ewa | mar<br>as h | nies<br>ulke | n. c<br>edat | t the      | ıy-∧ı<br>Saı | nfor | i wa<br>d fa | eility      | , wit     | th         |          |                    |                     |
| sole tra       | ansporter<br>varte wash               | under U.S<br>er solvents              | end th          | ranspo<br>en shir | oped to the | e Safety-Klee                          | n Le              | xing           | ton           | Rec       | ycle        | Ce           | nter         | (in        | Lexi         | ngto | on, S        | SC)         | for       |            |          |                    |                     |
|                | ng by dist                            |                                       | .,              | o, mp             |             | =                                      |                   | 3              |               |           |             |              |              |            |              |      |              |             |           |            |          |                    |                     |
| ,              | J , -                                 |                                       |                 |                   |             |                                        |                   |                |               |           |             |              |              |            |              |      |              |             |           |            |          |                    |                     |
|                |                                       |                                       |                 |                   |             |                                        |                   |                |               |           |             |              |              |            |              |      |              |             |           |            |          |                    |                     |
|                |                                       |                                       |                 |                   |             |                                        |                   |                |               |           |             |              |              |            |              |      |              |             |           |            |          |                    |                     |
|                |                                       |                                       |                 | :                 |             |                                        |                   |                |               |           |             |              |              |            |              |      |              |             |           |            |          |                    |                     |
|                |                                       |                                       |                 | :                 |             |                                        |                   |                |               |           |             |              |              |            |              |      |              |             |           |            |          |                    |                     |