



December 7, 2000

Mr. Chris Aoussat FL DEP – Central District 3319 Maguire Boulevard, Suite 232 Orlando, FL 32803-3767

Re: Transportation of Hazardous Waste from SQG without EPA ID Number Unmanifested Waste Reports

Safety-Kleen Systems - Sanford, FL Service Center

Facility EPA ID # FLD984171165 Generator – Brevard Fire/Rescue Fleet Cocoa, FL

Dear Mr. Aoussat:

As a follow-up to my telephone message of November 22, 2000, this correspondence serves as notification that representatives of the Safety-Kleen Sanford Service Center transported multiple shipments of hazardous waste from a Small Quantity Generator (SQG) without an EPA identification number. These errors were discovered during an in-house review of facility paperwork during the week of November 20, 2000. Upon discovery of this information, Safety-Kleen contacted a representative of the Brevard Fire/Rescue Fleet department and assisted him with the completion of an EPA Identification Number application. To the best of Safety-Kleen's knowledge, this completed application was sent to the FL DEP - Tallahassee office for processing on November 22, 2000.

In accordance with 40 CFR 264.76, Safety-Kleen is also submitting the attached unmanifested waste reports for waste aqueous brake solution generated by Brevard Fire/Rescue Fleet. These reports cover waste aqueous brake solutions picked-up by Safety-Kleen on the following days:

April 12, 1999 July 9, 1999 September 28, 1999 December 17, 1999 March 7, 2000 June 9, 2000 August 29, 2000 November 20, 2000

Existing systems (i.e continuous employee training, and management review of daily paperwork) at the Sanford Service Center should have identified these issues and corrected them in a more timely basis. Safety-Kleen regrets the errors and, in an effort to prevent reoccurrence, has again reviewed the various hazardous waste generator requirements with its employees.

If you have any questions or need additional information, please contact me at 561-736-2267.

Sincerely

Scott A. Schneider

Environmental, Health & Safety Manager

cc:

Brevard Fire/Rescue Fleet

Customer File

Mr. Jim Childress, Safety-Kleen

attachments

C A B B TO	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORTED	PART A: GENERATOR ANNUAL REPORT
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Use this form as a cover for all required regions.	PART B: FACILITY ANNUAL REPORT
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III. NAME OF INSTALLATION	
	EMS, INC.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIIVE
V. LOCATION OF INSTALLATION	
6 0 0 CENTRAL PARK	DRIIVE
SANFORD, FL 327	7 1
VI. INSTALLATION CONTACT	
NAME (last and first)	PHONE NO. (area code & no.)
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VII. TRANSPORTATION SERVICES USED (for Part A repor	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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A. Print or Type Name	B. Signature C. Date Signed

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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 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 2 0
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE
	RECEIVED (day/mo/yr) 0 9 / 0 7 / 1 9 9 9
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	
600 CENTRAL PARK	DIRIIVE
SANFORD, FL 327	711
V. LOCATION OF INSTALLATION	
600 CENTRAL PARK	DRIVE
SANFORD, FL: 327	7 1
VI. INSTALLATION CONTACT	
NAME (last and first)	PHONE NO. (area code & no.)
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VII. TRANSPORTATION SERVICES USED (for Part A repor	is 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	
certify under penalty of law that I have personally examined and am famil	iar with the information submitted in this and all attached documents
and that based on the inquiry of those individuals immediately responsible	- 3
true, accurate, and complete. I am aware that there are significant penalti	es 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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RAYZIMMERMAN	4 0 7 3 2 1 6 0 8 0
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PACE 7 OF 16

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SANFORD, FL. 327	7 1 1 1
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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	
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FACILITY REPORT - PARTS B & C																						
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PACE 9 OF 16

	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 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 2 0
	PART C: UNMANIFESTED WASTE REPORT THIS REPORT IS FOR A WASTE
	RECEIVED (day/mo/yr) 0 7 / 0 3 / 2 0 0 0
II. INSTALLATION'S EPA ID NUMBER	
F L D 9 8 4 1 7 1 1 6 5	
III. NAME OF INSTALLATION	
SAFETY-KLEEN SYST	EMS, INC.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIVE
SANFORD, FL: 327	7 1
V. LOCATION OF INSTALLATION	
600 CENTRAL PARK	DRIVE
SANFORD, FL. 327	7 1
VI. INSTALLATION CONTACT	
NAME (last and first)	PHONE NO. (area code & no.)
RAYZIMMERMAN	4 0 7 3 2 1 6 0 8 0
VII. TRANSPORTATION SERVICES USED (for Part A repo	rts 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 fam	
and that based on the inquiry of those individuals immediately responsible	
true, accurate, and complete. I am aware that there are significant penalt fines and imprisonment.	ies for submitting raise information, including the possibility of
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A. Print or Type Name	
	B. Signature C. Date Signed

FACILITY REPORT - PARTS B & C																		
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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 2 0
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE
	RECEIVED (day/mo/yr) 0 9 / 0 6 / 2 0 0 0
II. INSTALLATION'S EPA ID NUMBER	
III. NAME OF INSTALLATION	
	EMS, INC.
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IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	7 1
V. LOCATION OF INSTALLATION	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	7111 1 1
VI. INSTALLATION CONTACT	
NAME (last and first)	PHONE NO. (area code & no.)
RAY ZIMMERMAN	407 321 6080
VII. TRANSPORTATION SERVICES USED (for Part A report	ls only)
	<u> </u>
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 famili	ar with the information submitted in this and all attached documents
and that based on the inquiry of those individuals immediately responsible	
true, accurate, and complete. I am aware that there are significant penaltic	
fines and imprisonment.	
A. Print or Type Name	B. Signature C. Date Signed
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PACE 13 OF 16

	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 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 2 0
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr) 2 9 / 0 8 / 2 0 0 0
II. INSTALLATION'S EPA ID NUMBER	RECEIVED (day/mo/yr) 2 9 / 0 8 / 2 0 0 0
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III. NAME OF INSTALLATION	
SAFETY-KLEEN SYST	EMS, INC.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
V. LOCATION OF INSTALLATION	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	[7] 1 [] []
VI. INSTALLATION CONTACT	
NAME (last and first)	PHONE NO. (area code & no.)
RAY ZIMMERMAN	4 0 7 3 2 1 6 0 8 0
VII. TRANSPORTATION SERVICES USED (for Part A repor	ts only)
VIII. COST ESTIMATED FOR FACILITIES (For Part 8 Only)	
A. COST ESTIMATE FOR FACILITY CLOSURE	
\$	\$
IX. CERTIFICATION	
certify under penalty of law that I have personally examined and am famil	lar with the information submitted in this and all attached documents
and that based on the inquiry of those individuals immediately responsible	for obtaining the information, I believe that the submitted information is
true, accurate, and complete. I am aware that there are significant penalti	es 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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PAGE 15 OF 16

	1. TYPE OF HAZARDOUS WASTE REPORT
HAZARDOUS WASTE REPORT	PART A: GENERATOR ANNUAL REPORT
	THIS REPORT IS FOR THE YEAR ENDING DEC 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 2 0
	PART C: UNMANIFESTED WASTE REPORT
	THIS REPORT IS FOR A WASTE
WANGTALL ATIONIS COATO AUTROCEO	RECEIVED (day/mo/yr) 2 0 / 1 1 / 2 0 0 0
II. INSTALLATION'S EPA ID NUMBER	
III. NAME OF INSTALLATION	EMS, INC.
IV. INSTALLATION MAILING ADDRES	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	7 1
V. LOCATION OF INSTALLATION	
600 CENTRAL PARK	DRIVE
SANFORD, FL 327	
VI. INSTALLATION CONTACT	
NAME (last and first)	PHONE NO. (area code & no.)
RAY ZIMMERMAN	4 0 7 3 2 1 6 0 8 0
VII. TRANSPORTATION SERVICES USED (for Part A repo	
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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 fam	iliar with the information submitted in this and all attached documents
and that based on the inquiry of those individuals immediately responsible	
true, accurate, and complete. I am aware that there are significant penali	ties for submitting false information, including the possibility of
fines and imprisonment.	

A. Print or Type Name	B. Signature C. Date Signed