

### Florida Department of Environmental Protection

Bob Martinez Center 2600 Blair Stone Road Tallahassee, Florida 32399-2400 Charlie Crist Governor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

02/03/2010

Brenda Hassler Safety - Kleen Systems Inc 3003 Breezewood Ln Neenah, WI 54956-9611

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **8755 NW 95th St, Medley**, **FL 33178-1462** has been registered through **March 1**, **2011** with the following status:

#### Facility ID # FLD984171694

Transporter of Universal Waste Lamps and Devices Transfer Facility for Universal Waste Lamps Transfer Facility for Universal Waste Devices Small Quantity Handler Facility for Universal Waste Lamps and Devices (Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2011** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

Laurie Tenace Environmental Specialist Hazardous Waste Management Section

Enclosures



3003 W. Breezewood Lane, P.O. Box 368 Neenah, Wisconsin 54957-0368 (920) 722-2848 www.jjkeller.com

"Publishing & Services Since 1953"

January 19, 2010

Laurie Tenace MS4555 Dept of Environmental Protection 2600 Blair Stone Road Tallahassee FL 32399-2400

SUBJECT: Safety-Kleen Systems Inc Universal Lamp and Device Transporter renewal.

Enclosed are the 2010 Hazardous Universal Lamp renewal application and checklist for each of the Safety-Kleen Systems locations.

Please process the renewals and email Brenda Hassler at J.J. Keller the new permits. Her email address is <u>Bhassler@jjkeller.com</u>.

If you have any questions, please call me at 800-558-5011 ext 2397.

Sincerely,

Brenda Schaffer UUClient Service Representative





Mailing Address: P.O. Box 368 Neenah, WI 54957-0368 Remittance Address: P.O. Box 672 Neenah, WI 54957-0672 www.jjkeller.com

### POWER OF ATTORNEY LICENSES, PERMITS, TAXES, REPORTS

State of <u>Texas</u> County of <u>Collin</u>

KNOW ALL MEN BY THESE PRESENTS that Safety-Kleen Systems Inc

, an <u>Corporation</u>

(Individual, Partnership or

Corporation) having an office at <u>5360 Legacy Drive Building 2 Suite #100 Plano TX 75024</u>, acting through the undersigned does hereby designate and appoint **J. J. KELLER & ASSOCIATES, INC.**, a Corporation with offices at 3003 W. Breezewood Lane, Neenah, WI as Attorney-In-Fact for the said Safety-Kleen Systems Inc

for the following limited and special purposes:

To obtain, complete, execute, renew, and deliver applications for fuel, highway use tax, reciprocity, mileage, over dimensional and similar permits, licenses, titles, and apportioned licenses of the states of the United States and provinces of Canada in which motor vehicles for the carriage of goods or passengers are operated or intended to be operated by <u>Safety-Kleen Systems Inc</u> and

To obtain, complete, execute, renew, and deliver applications for private, exempt, or intrastate authority with the various state commissions and/or file authority as granted by the Federal Highway Administration with the various state commissions in which motor vehicles for the carriage of goods or

passengers are operated or intended to be operated by Safety-Kleen Systems Inc

and

To prepare, execute, and deliver fuel tax, mileage tax, ton-mile tax, and apportioned reports required to be filed with the states of the United States and provinces of Canada, and provide audit representation for those taxes and reports.

This **POWER OF ATTORNEY** is restricted and limited to the matters specifically set forth herein for the term beginning July 28, 2008

#### IN WITNESS WHEREOF Safety-Kleen Systems Inc

has caused these presents to be executed by a duly authorized officer or owner hereto this

day of Sept 23, 2008 Sworn to and subscribed before me this (Company Authorized Signature) JZ day of Virgil W Duffie III/Assistant Secretary (Printed Company Authorized Name and Title) My commission expires (State) Notary Public Signature) County) AFFIX SEAL HERE

Structure       8700-12FL - FLORIDA NOTIFICATION PRESENCED         REGULATED WASTE ACTIVITY       DEP Waste Management Division-HWRS, MS4560         2600 Blair Stone Rd. Tallahassee, FL 32399-2400       (850) 245-8772         EPA ID       F       L       D       9       8       4       1       7       1       6       9       4         1. Reason for Submittal       Mark 'X' in correct box:       Image: Correct box:       Image: Correct box:       Image: Correct box:       To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).								
	To provide <u>subsequent notification</u> (to update status and facility identification							
	information). Is this the final notification (see instructions) for the facility?							
2. Facility or	FEID No.							
Business Name SA				3	9 6 0 9 0 0 1 9			
3. Facility Operator (List additional	Name of Operator	:		New Opera	ator Operator: <u>7 / 30 / 91</u>			
Operators in the	SAFETY-KLEEN	SYSTEMS INC		Date became	mm dd yy			
comments section).	Street or P.O. Box			Phone	e Number:			
	Cite an Tank	8755 NORTHWEST 95TH	I STREET		84-0123			
	City or Town: ME	DLEY	· · · · · · · · · · · · · · · · · · ·	State: FL	Zip Code: 			
	Operator Type: 💈	Private Federal	Municipal	State Othe	·			
4. Facility Physical	Physical Street Ad							
Location Information	8755 NORTHWES City or Town:	<u>T 95TH STREET</u>	π	State: FI	Zip Code:			
Information	MEDIEY			State: FL	33178			
	County: Choose If availal boundary			lease attach a map or sketch of the facility				
	Latitude: []d_dd_d	mm s s.ssss	itude: [] [_] [_] d d m m	\$ 5 . \$\$\$\$	Method: Datum:			
5. Facility North Am		A.		В.				
Classification Syst	tem (NAICS)	<u>562112</u> <b>c</b> .	D.					
Code(s)	Street Address or							
6. Facility or Business Mailing			OOD LANE PO BO					
Address	City or Town: NEI	ENAH	}	State: WI	Zip Code: 54957-0368			
7. Facility or	First Name:		Last Name:		Title:			
Business Contact	BRENDA Phone Number:		HASSLER AUTH AGENT					
Person	800-558-5011		Extension: 7351	E-Mail: Bhassler@jjkeller.com				
	Street or P.O. Box: 3003 W BREEZEWWOD LANE							
	City or Town: NEl	ENAH		State: WI	Zip Code: 54957			
8. Real Property	Name of Real Pro	perty (Land) Owner:	New Owner					
(Land) Owner	Date became Owner: 7 / 30 / 91							
of the Facility's Physical Location	SAFETY-KLEEN SYSTEMS INC     mm dd yy       Street or P.O. Box:     Phone Number:							
(List additional 5360 LEGACY DRIVE BLDG 2 SUITE 100 800-669-5840								
real property owners in the comments	City or Town:			State: TX	<b>Zip Code:</b> 75024			
section.)	Owner Type:	ANO Private Federal [	Municipal Sta		I/JU24			

.

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 01-04-2009 Page 1 of 4

	EPA ID No. FLD984171694					
9. Type of Regulated Waste Activity (Mark 'X' in all that						
A. Hazardous Waste Activities:	For Items 2 through 7, mark 'X' in all that apply.					
<ul> <li>(1) Generator of Hazardous Waste</li> <li>(Choose only one of the following three categories.)</li> <li>a. Large Quantity Generator (LQG):</li> </ul>	(2) Treater, Storer, or Disposer of Hazardous Waste (at your facility) Note: A hazardous waste permit may be required for this activity.					
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of <i>non-acute</i> hazardous waste; or Greater than 1 kg (2.2 lbs) of <i>acute</i> hazardous waste	<ul> <li>a. Operating Commercial TSD</li> <li>b. Operating Non-commercial TSD</li> <li>c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)</li> </ul>					
<ul> <li>b. Small Quantity Generator (SQG): Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste</li> </ul>	<ul> <li>(3) Recycler of Hazardous Waste (at your facility) Specify: Commercial; Non-Commercial. A permit is required for storage prior to recycling.</li> <li>(4) Exempt Boiler and/or Industrial Furnace <ul> <li>a. Small Quantity On-site Burner Exemption</li> <li>b. Smelting, Melting, and Refining Furnace Exemption</li> </ul> </li> </ul>					
<ul> <li>c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste</li> </ul>	(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.					
<ul> <li>In addition, indicate other generator activities that apply.</li> <li>d. United States Importer of hazardous waste</li> <li>e. Mixed Waste (hazardous and radioactive) Generator</li> </ul>	(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.					
(7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own						
c. Hazardous Waste Transporter Insurance Informati Insurance Company <u>NATIONAL UNION FIRE INC OF</u> Address 550 SOUTH MAIN STREET SUITE 600	ion					
GREENVILLE	SC _29601					
Contact CARLA AYER - SK RISK MANAGEMENT						
Policy Number <u>MULTIPLE SEE ATTACHED</u>						
	Water Other - specify					
e. 🖾 Hazardous Waste Transfer Facility:	Storage Volume					
Initial notification						
	with the initial notification for a transfer facility [Rule 62-730.171(3),					
Florida Administrative Code (F.A.C.)]:						
	the transporter that the proposed location satisfies the					
criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]						
Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.] A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]						
$\square$ A brief general description of the transfer facility $\square$ A copy of the facility closure plan [Rule 62-730.]	• • • • • • • • • • • • • • • • • • •					
A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.] A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]						
Notification of changes in above items						
Annual update notification						

# Medley, FL

	EPA ID No. FLD984171694						
B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):							
Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated							
Small Quantity Handler (SQH) = always less than 5,000 kg accum							
<ul> <li>Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler</li> <li>Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler</li> </ul>							
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler							
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
[Note: 4 lamps = 1 kg, $62-737.200(10)$ ]							
Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceuticals	utical waste (UPW) accumulated						
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazard	lous ("P-listed") pharmaceutical waste accumulated						
Pharmaceuticals SQH = always less than 5,000 kg of UPW and a	lways 1 kg or less of acutely hazardous UPW accumulated						
	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.						
a. Batteries	550						
b. Pesticides	500						
c. Pharmaceuticals							
d. Mercury Containing Devices	1400						
e. Mercury Containing Lamps	1500						
	Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]						
(4) Reverse Distributor of UW  Pharmaceuticals	Lamps Devices						
(5) Destination Facility for UW Storage prior to recy	y, a facility must treat, dispose or recycle a UW. A permit is required for cling.						
c. oscu on Acurilles.	8) Specific Certification to be signed by all Used Oil Transporters						
(1) Used Oil Transporter - indicate type(s) of activity(ies):	I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place,						
<ul> <li>a. Transporter</li> <li>b. Transfer Facility</li> </ul>	current and being adhered to. If any modifications have been made to the						
(2) Collection Center	orginally approved training program, they are explained in attachments to						
(3) Used Oil Processor (A permit is required for this activity.)	this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of						
	Liability Insurance, DEP form 62-710.901(4), F.A.C.						
(5) Used Oil Fuel Marketer	A Idillo La I						
<ul><li>(6) Used Oil Filter</li><li>a. Transporter</li></ul>	Brende achaffer / Caute agent						
<b>b</b> . Transfer Facility	Signature of Authorized Person						
c. Processor	BRENDA SCHAFFER/ JJ KELLER/ AUTH AGENT						
d. End User	Print Name of Authorized Person						
(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-							
Specification Burners and Marketers must pay an annual \$100							
registration fee. Used Oil Processors are exempt from this fee. If	(9) The records required under the provisions of Rule 62-710.510,						
applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.	F.A.C., are kept at (check one):						
$\square$ A check is enclosed.	<ul> <li>Our mailing (business) address</li> <li>The site (facility) address</li> </ul>						

					EP/	A ID No. F	LD984	171694		
D. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Handler [Chapter 62-740, F.A.C.] Note: A water facility permit may be required for this activity.										
10. Waste Codes for Federally Regulated Hazardous Wastes: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.										
/ D001	<sup>2</sup> D004	<sup>3</sup> D005	4	D006	5	D007	6	D008	7	D009
8D010	9 	10 D018	n	D019	12	D021_	13	D022	14	D023
15 D024	16 D025	17 D026	18	D027	19	D028	20	D029	21	D030
<sup>22</sup> D032	<sup>23</sup> D033	24 D034	25	D035	26	D036	27	<u>D0</u> 37	28	D038
11. Other Stat	tus Changes (Ma	urk 'X' in all that a	pply)	:						
<ul> <li>(2) Waste generated by business has been delisted.</li> <li>(3) Other (explain)</li> <li>(1) Closed at this location and moved or moving to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.</li> <li>(2) Out of Business - Business closed on (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.</li> <li>Contact Phone</li> </ul>										
Addre City, S										
C. Pr	operty Tax Defau	it		D. Petitic	on for l	Bankruptcy	Prote	ction		
12. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.										
Signature of o	wner, operator, representative	or an authorized		F	rint N	ame and '	Title			Date Signed (mm-dd-yyyy)
Biendodrh		ler	RO	ENDASC	half	er TIKel	Jectr	tuth Ac	ivent	01-14-2010
G DULING GALLY	U PPA	<u></u>		<u>Hand</u>	le <u>c</u> ,				<u></u>	
										······
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:										
BRENDA SCHAFFER/ JJ KELLER/ AUTH AGENT 800-558-5011 EXT 2397 bschaffer@ijkeller.com										
(Name of person	completing this for	rm)	(Pho	one Number)			(E-n	nail Addres	s)	
<b>13. Comment</b> #10 (CON'T) D		D042, D043, F002, I	F003,	F005						



### Department of Environmental Protection

Jab Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 David B. Struhs Secretary

### UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers which are not engaging in transport activities need not complete this form.

SAFETY-KLEEN SYSTEM	IS INC 8755 NW 95'	H STREET MEDLEY FL	
Facility Name	Street Address	City and State	
<u>800-558-5011 X7351</u>	920-727-7550	bhassler@Jike	lier.com
Phone	Fax	E-mail	

Section 1: For all transporters and transfer facilities (in-state and out-of-state). Complete all sections and check all boxes that apply.

3. Estimated weight of DEVICES handled during the last calendar year. \_\_\_\_\_ lb.

4. Estimated <u>number</u> of lamps or devices each facility received. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.

30,114	AGNL. LOM	W. MELBOURNEFL	321-952-1516
Number L	D Facility Nam		Phone
542	AERC. COM	HAVWARD, CA	510.429-1129
Number (L)	D Facility Nam		Phone
401	SAFETY-14 CEN	DOLTON IL	708.225-8100
Number (L)	D Facility Nam	c City/State	Phone
BRENDA SC	haffachitkeller	Brenderchaffer DKell	u 1-14-2010
Print Nam	e of Authorized Agent	Signature of Authorized Agent	Date

"More Protection, Less Process"

<sup>1.</sup> Estimated <u>number</u> of LAMPS handled during the last calendar year. <u>31,056</u> Types: Fluorescent HID

## EPA#FLD984171694

Section 2: For out-of-state transporters and transfer facilities only

1. Is your any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes X No

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously \_\_\_\_\_

Submitted in What Year?

BRENDA Schaffer IJSKeller Bundadchaffer DKeller 1-14-2010 Print Name of Authorized Agent Signature of Authorized Agent Date

Complete, sign and return this checklist along with your registration form to:

Ms. Irene Gleason MS 4555 Hazardous Waste Management Section Florida Department of Environmental Protection 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

#### **QUESTIONS OR COMMENTS?**

If you have any questions or comments, please contact Ms. Irene Gleason at (850) 488-0300 or via e-mail at irene.gleason@dep.state.fl.us.

### Thank you for your cooperation in providing this information.

TransChkl.doc

"More Protection, Less Process"