



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

04/14/2010

Michelle Walper
Heritage - Crystal Clean LLC
2175 Point Blvd Ste 375
Elgin, IL 60123-9211

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 **2175 POINT BLVD., STE 375, ELGIN, IL 60123** has been registered through **March 1, 2011** with the following status:

Facility ID # **ILR000130062**
Transporter of Universal Waste Lamps and Devices

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



RECEIVED

February 26, 2010

MAR 02 2010

UPS Next Day Air

BY: BSHW

Florida Dept. of Environmental Protection
Bob Martinez Center, 2600 Blair Stone Rd.
Tallahassee, Florida 32399-2400

Re: Heritage-Crystal Clean, LLC

Dear Sir/Madam:

Please find attached Heritage Crystal Clean's renewal documents for (a) Florida Transporter; (b) Florida Transfer Facilities; and (c) other related information requested in your e-mail dated January 19, 2010.

Documents enclosed:	Renewal for:
(a). Florida Transporter License	
8700-12FL – Notification of Regulated Waste Activity for Transporter ILR 000 130 062 2175 Point Blvd., Suite 375, Elgin, IL	<ul style="list-style-type: none">- Used Oil and Filter- Universal Waste- Hazardous Waste
(b). Florida Transfer Facilities	-
8700-12FL – Notification of Regulated Waste Activity for Transfer Facility 950 Eller Dr., Port Everglades, FL FLR 000 120 014	<ul style="list-style-type: none">- Used Oil and Filter- Universal Waste- Hazardous Waste
8700-12FL – Notification of Regulated Waste Activity for Transfer Facility 8503 A Sunstate St., Tampa, FL FLR 000 092 171	<ul style="list-style-type: none">- Used Oil and Filter- Universal Waste- Hazardous Waste
8700-12FL – Notification of Regulated Waste Activity for Transfer Facility 7037 Commonwealth Ave., #8, Jacksonville, FL FLR 000 154 278	<ul style="list-style-type: none">- Used Oil and Filter- Universal Waste- Hazardous Waste
(c). Other Related Documents	
Hazardous Waste Transporter Status Form	<ul style="list-style-type: none">- Hazardous Waste
Annual Reports for Used Oil and Used Oil Filter Handlers for 2009	<ul style="list-style-type: none">- Used Oil and Filter
Used Oil Training Manual	<ul style="list-style-type: none">- Used Oil
Renewal Fee in the amount of \$400	<ul style="list-style-type: none">- Used Oil Transporter and Transfer Facility fees



Heritage-Crystal Clean, LLC

CH1 11913526.1

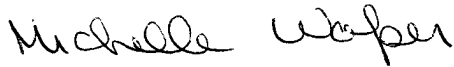
2175 Point Boulevard, Suite 375, Elgin, IL 60123
847.836.5670 Phone 847.836.5677 Fax 877.WE TRY 4 U Toll Free
www.crystal-clean.com

Our Used Oil training manual contains confidential information that we would not like to provide to the public.

Renewal certificates can be forwarded to my attention at michelle.walper@crystal-clean.com.

If you should have any questions regarding these documents, please do not hesitate to contact me at (847) 783-5355 or by e-mail. Thanks for your help with these renewals.

Sincerely,

A handwritten signature in black ink that reads "Michelle Walper". The signature is written in a cursive, flowing style.

Michelle R. Walper

Enclosures

cc: Phil Comella
Catherine McCord

Are your services commercially available? yes

STATE OF FLORIDA

HAZARDOUS WASTE TRANSPORTER STATUS FORM

1. Transporter Identification:

Transporter Name: Heritage - Crystal Clean, LLC

Transporter EPA ID: ILR 000 130 062

Location Address: 2175 Point Blvd. Suite 375

Elgin, IL 60123

Contact: Michelle Walper Telephone: 847-783-5355

Mailing Address: same as above

II. Insurance Information:

Insurance Company: XL Specialty Ins. Company

Address: 505 Eagleview Blvd

Exton, PA 19341

Contact: Suzette Bartley Telephone: 317-844-7754

Policy Number: AFC 0023-20202

Expiration date: 6-1-10

III. Waste Information:

EPA Waste Codes for Waste Routinely or Usually Transported:

0001 0002 0004-0011 0018 0019 0021-29, 0035, 0038-0040

F001 F002 F003 F005 U151 U154 U239 U002

Comments: others (including 0003) are

handled but not common

IV. Certification:

I certify under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

CATHERINE A McCORD Vice President Environment, Health & Safety

Print/Type Name Title

Catherine A McCord 2/21/10

Signature Date Signed

V. The transporter identified above is in compliance with the financial responsibility requirements for hazardous waste transporters pursuant to Chapter 62-730.170, Florida Administrative Code. The forms submitted by the transporter show compliance with the financial responsibility through _____

Date

Signature of Florida Department of Environmental Protection Representative Date Signed



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

RECEIVED
MAR 01 2010

Date Received
Official Use Only

EPA ID

I	L	R	0	0	0	1	3	0	0	6	2
---	---	---	---	---	---	---	---	---	---	---	---

MTS

RCRA Info

1. Reason for Submittal

Mark 'X' in
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

2. Facility or Business Name

HERITAGE-CRYSTAL CLEAN, LLC

FEID No.

3	5	2	0	8	3	1	5	0
---	---	---	---	---	---	---	---	---

3. Facility Operator (List additional Operators in the comments section).

Name of Operator:

HERITAGE-CRYSTAL CLEAN, LLC

☐ New Operator

Date became Operator: 07 / 09 / 99
mm dd yy

Street or P.O. Box:

2175 POINT BLVD., SUITE 375

Phone Number:

(847) 836-5670

City or Town:

ELGIN

State:

IL

Zip Code:

60123

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical Location Information

Physical Street Address:

2175 Point Blvd., Suite 375

City or Town:

ELGIN

State:

IL

Zip Code:

60123

County:

Choose Kane

If available, please attach a map or sketch of the facility boundaries.

Latitude:

42

4

9593

Longitude:

88

20

1052

Method:

Datum:

dd mm ss.ssss

dd mm ss.ssss

dd mm ss.ssss

dd mm ss.ssss

5. Facility North American Industry Classification System (NAICS) Code(s)

A.

562112

B.

423830

C.

D.

6. Facility or Business Mailing Address

Street Address or P.O. Box:

2175 POINT BLVD., SUITE 375 - EHS

City or Town:

ELGIN

State:

IL

Zip Code:

60123

7. Facility or Business Contact Person

First Name:

MICHELLE

Last Name:

WALPER

Title: COMPLIANCE

MGR

Phone Number:

(847) 783-5355

Extension:

E-Mail:

MICHELLE.WALPER@
CRYSTAL-CLEAN.COM

Street or P.O. Box:

2175 POINT BLVD., SUITE 375

City or Town:

ELGIN

State:

IL

Zip Code:

60123

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner:

PANCOR

☐ New Owner

Date became Owner: ____ / ____ / ____
mm dd yy

Street or P.O. Box:

2175 POINT BLVD., SUITE 125

Phone Number:

(847) 551-9195

City or Town:

ELGIN

State:

IL

Zip Code:

60123

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that apply):**A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

(3) ☐ Recycler of Hazardous Waste (at your facility)Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

(4) ☐ Exempt Boiler and/or Industrial Furnace

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.**(6) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☒ Transporter of Hazardous Waste [Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☒ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**Insurance Company XL SPECIALITY INSURANCE COMPANYAddress 505 Eagleview Blvd., Exton, PA 19341Contact SUETTA BARTLEY Telephone 317-844-7759Policy Number AEC 002320201 Expiration date 6-01-2010**d. Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify _____**e. ☐ Hazardous Waste Transfer Facility:** Storage Volume _____☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]

☐ **Notification of changes in above items**☐ **Annual update notification**

B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LESS THAN 1,000 lbs.
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LESS THAN 1,000 lbs.
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LESS THAN 1,000 lbs.

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

C. Used Oil Activities:**(1) Used Oil Transporter - indicate type(s) of activity(ies):**

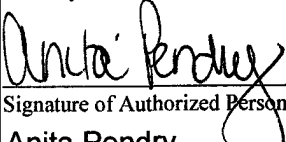
- ☒ a. Transporter
- ☐ b. Transfer Facility

(2) ☐ Collection Center**(3) ☐ Used Oil Processor** (A permit is required for this activity.)**(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(8) Specific Certification to be signed by all Used Oil Transporters

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.



Signature of Authorized Person

Anita Pendry

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 applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☒ A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☒ our mailing (business) address
- ☐ The site (facility) address

EPA ID No.

ILR000130062

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.

¹ D001	² D002	³ D004	⁴ D005	⁵ D006	⁶ D007	⁷ D008
⁸ D009	⁹ D010	¹⁰ D011	¹¹ D018	¹² D019	¹³ D021	¹⁴ D022
¹⁵ D023	¹⁶ D024	¹⁷ D025	¹⁸ D026	¹⁹ D027	²⁰ D028	²¹ D029
²² D035	²³ D038	²⁴ D039	²⁵ D040	²⁶ F001	²⁷ F002	²⁸ F003

11. Other Status Changes (Mark 'X' in all that apply):**A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) _____

B. Facility Closed

- ☐ (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.
- ☐ (2) Out of Business - Business closed on _____ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact _____ Phone _____

Address _____

City, State, Zip _____

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection**

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 owner, operator, or an authorized representative

Print Name and Title

Date Signed
(mm-dd-yyyy)

Anita Pendry

ANITA PENDRY
DIRECTOR - EHS

2/26/10

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

Question 10 continued:

Waste Codes for Federally Regulated Hazardous Wastes:

F005, U151, U239, U002, others including D003 are handled, but are not common.



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

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

Transporter ID# ILR 000 130 062

Heritage-Crystal Clean, LLC 2175 Point Blvd. Suite 375,
Facility Name Street Address City and State Elgin, IL 60123
847-783-5355 847-836-6169 michelle.walper@
Phone Fax E-mail crystal-clean.com

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

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

13,375

Types: Fluorescent ☒ HID ☒

2. Estimated number of DEVICES handled during the last calendar year. 37 gallons

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

3. Estimated weight of DEVICES handled during the last calendar year. 308 lb.
(NOT ballasts)

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

13,375 HTR-Group, Kaiser, MO 1-800-664-1434
Number ☒ L ☐ D Facility Name City/State Phone

37 gal HTR-Group, Kaiser, MO 1-800-664-1434
Number ☐ L ☐ D Facility Name City/State Phone

Number ☐ L ☐ D Facility Name City/State Phone
Michelle Walper Michelle Walper 4-9-10
Print Name of Authorized Agent Signature of Authorized Agent Date

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

1. Is 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 ✓

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? 2009, new notification sent out

Michelle Walper
Print Name of Authorized Agent

Michelle Walper
Signature of Authorized Agent

4-9-10
Date

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

Laurie Tenace, 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 Laurie Tenace at (850) 488-0300 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.

TransChkl.doc