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

April 26, 2010

Brenda Hassler
Safety - Kleen Systems Inc
3003 W Breezewood Lane
Neenah, WI 54957- 0368

BE IT KNOWN THAT

Safety - Kleen Systems Inc
5309 24th Ave S
Tampa, FL 33619- 5368

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Marketer, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLD980847271** on April 26, 2010
Insurance Carrier: **GREENWICH INSURANCE**

This registration will expire on 06/30/2011

This certificate documents receipt of your annual registration and annual report. It shall be displayed in a prominent place at your facility. This certificate and your cancelled check are your receipts.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Permitting

J. J. Keller
& Associates, Inc.

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 Bhassler@jjkeller.com.

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

Sincerely,

Brenda Schaffer

Brenda Schaffer
Client Service Representative

Initials_____
Date_____

J. J. Keller
& Associates, Inc.
Since 1953

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 Texas

County of Collin

KNOW ALL MEN BY THESE PRESENTS that Safety-Kleen Systems Inc , an Corporation (Individual, Partnership or Corporation) having an office at 5360 Legacy Drive Building 2 Suite #100 Plano TX 75024 , 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 Safety-Kleen Systems Inc 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

(Company Authorized Signature)

Virgil W Duffie III/Assistant Secretary
(Printed Company Authorized Name and Title)

Sworn to and subscribed before me this 23 day of 9-08

My commission expires 9-11-11

Waukesha (County) WI (State)

(Notary Public Signature)

AFFIX SEAL HERE

VALERIE SQUIER
NOTARY PUBLIC
STATE OF WISCONSIN

© Copyright 2008 J. J. KELLER & ASSOCIATES, INC. Neenah, WI • USA • (920)722-2848

8700-12FL - FLORIDA NOTIFICATION FOR REGULATED WASTE ACTIVITY

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

RECEIVED JAN 20 201

EPA ID FLD980847271

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 SAFETY-KLEEN SYSTEMS INC

FEID No. 396090019

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

Name of Operator: SAFETY-KLEEN SYSTEMS INC
☐ New Operator
Date became Operator: 12 / 17 / 86 (mm dd yy)
Street or P.O. Box: 5309 24TH AVE SOUTH
Phone Number: 813-626-1203
City or Town: TAMPA **State:** FL **Zip Code:** 33619
Operator Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____

4. Facility Physical Location Information

Physical Street Address: 5309 24TH AVE SOUTH
City or Town: TAMPA **State:** FL **Zip Code:** 33619
County: Choose__
If available, please attach a map or sketch of the facility boundaries.
Latitude: ___ ___ ___.____ (d d m m s s .ssss) **Longitude:** ___ ___ ___.____ (d d m m s s .ssss) **Method:** **Datum:**

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

A. 562112 B. C. D.

6. Facility or Business Mailing Address

Street Address or P.O. Box: 3003 BREEZEWOOD LANE PO BOX 368
City or Town: NEENAH **State:** WI **Zip Code:** 54957-0368

7. Facility or Business Contact Person

First Name: BRENDA **Last Name:** HASSLER **Title:** AUTH AGENT
Phone Number: 800-558-5011 **Extension:** 7351 **E-Mail:** Bhassler@jjkeller.com
Street or P.O. Box: 3003 W BREEZEWWOD LANE
City or Town: NEENAH **State:** WI **Zip Code:** 54957

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: SAFETY-KLEEN SYSTEMS INC
☐ New Owner
Date became Owner: 12 / 17 / 86 (mm dd yy)
Street or P.O. Box: 5360 LEGACY DRIVE BLDG 2 SUITE 100
Phone Number: 800-669-5840
City or Town: PLANO **State:** TX **Zip Code:** 75024
Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other_____

EPA ID No. FLD980847271

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 NATIONAL UNION FIRE INC OF PITTSBURG PA C/O MARSH USA INC
Address 550 SOUTH MAIN STREET SUITE 600
GREENVILLE SC 29601
Contact CARLA AYER - SK RISK MANAGEMENT Telephone 972-265-2854
Policy Number MULTIPLE SEE ATTACHED Expiration date 9/1/10

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**

EPA ID No.

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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	☒	☒	☒	
b. Pesticides	☐	☒	☒	
c. Pharmaceuticals	☐	☐	☐	
d. Mercury Containing Devices	☐	☒	☒	
e. Mercury Containing Lamps	☒	☒	☒	

(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

(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.

(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 orginally 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.

Brenda Hassler / JS Keller
Signature of Authorized Person

Brenda Hassler / JS Keller / Auth Agent
Print Name of Authorized Person

(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. FLD980847271

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 D004	3 D005	4 D006	5 D007	6 D008	7 D009
8 D010	9 D011	10 D018	11 D019	12 D021	13 D022	14 D023
15 D024	16 D025	17 D026	18 D027	19 D028	20 D029	21 D030
22 D032	23 D033	24 D034	25 D035	26 D036	27 D037	28 D038

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)
Brenda Schaffer JJ Keller	BRENDA SCHAFFER JJ Keller Auth Agent	01-14-2010

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 (Name of person completing this form) | 800-558-5011 EXT 2397 (Phone Number) | bschaffer@jjkeller.com (E-mail Address)

13. Comments:

#10 (CON'T) D039, D040, D041, D042, D043, F002, F003, F005

Certificate of Liability Insurance
Used Oil Transporters

Please Print of Type Form

1. Greenwich Insurance Company, (the Insurer). Seaview House, 70 Seaview Ave., Stamford, CT 06902
(Name of the Insurer) (Address of the Insurer)
hereby certifies that it has issued liability insurance to: Safety-Kleen Systems (the Insured).
(Name of the Insured)
see attached whose EPA Identification number is _____ _____ _____ _____.
(Address of the Insured)
This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida Administrative Code Rule 62-710.600(2)(d). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to $ 1,000,000 less the deductible or retention of $500,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the insured.

This coverage is provided under policy number PEC002102003 Issued on 9/1/09
(Date)
The expiration date of said policy is 9/1/10 or the annual renewal date is 9/1/10
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

a. Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.

b. The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer.

c. Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (EDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.

d. Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FOEP as evidenced by certified mail return receipt.

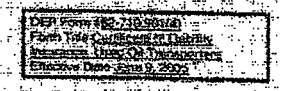
e. The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the Insurance described heroin, but such termination shall not affect the liability of the Insurer for the payment of any such Judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus tines insurer, in one or more States, including Florida.

_____ Authorized Representative of
(Signature of Insurer or Authorized Representative)

Christopher Biddle Greenwich Insurance Company
(Type Name) (Name of Insurer)

Vice President 505 Eagleview Blvd., Exton, PA 19341
(Title) (Address of Representative)



Chapter 62710600(2)(e), Florida Administrative Code
Certification Program for Used Oil Transporters

(e) Have, verify, and maintain vehicle insurance with a combined single limit of no less than $1,000,000. Such insurance, or additional policy, must in no way exclude pollution coverage for sudden and accidental alleged or threatened discharge, dispersal, seepage, migration, release or escape of used oil, and must include any cost or expense relating to pollution damage for which the transporter is legally liable. Such insurance must be maintained at all times and be exclusive of legal defense costs.

1. The insurance required in this paragraph may be established by:

a. Evidence of liability insurance, either on a claim made or an occurrence basis, with or without a deductible (with the deductible, If any, to be on a per occurrence or per accident basis and not to exceed ten percent of the equity of the business), using DEP Form 62-710.901(4). The insurance policy shall be issued by an agent or company authorized or licensed to transact business in the State of Florida. An ACORI) form will only be accepted for renewal of a policy with the same carrier; or

b. For business entities registered in Florida, evidence of self-insurance provided by the chief financial officer of the business entity.

2. States and the federal government are exempt from the requirements of this paragraph.

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4555, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32359-2400, Phone (850) 245-8754, email: sebrena.peck@dep.state.fl.us, OR Phone (850) 245-8755, email: Richard.neves@dep.state.fl.us

Fleet	Address	CITY	State	EPA #
1 / 310840	3023 DIAL STREET	WHISTLER	AL	ALD071951628
1 / 310930	161 INDUSTRIAL LOOP SOUTH	ORANGE PARK	FL	FLD980847214
1 / 310940	4426 ENTREPOT BLVD	TALLAHASSEE	FL	FLD982133159
1 / 310950	5610 ALPHA DRIVE	BOYNTON BEACH	FL	FLD984167791
1 / 310960	8755 NW 95TH STREET	MEDLEY	FL	FLD984171694
1 / 310970	600 CENTRAL PARK DRIVE	SANFORD	FL	FLD984171165
1 / 310980	5309 24TH AVENUE SOUTH	TAMPA	FL	FLD980847271
1 / 311768	1400 NW 13TH AVE. SUITE B	POMPANO BEACH	FL	FLD984247882
1 / 311772	2930 63RD AVE. EAST	BRADENTON	FL	FLR000120618
1 / 330377	244 PR ANDERS LANE	WHIGHAM	GA	GAR000022517
1 / 330381	359 CYPRESS RD.	OCALA	FL	FLR000060301

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/09/2009

PRODUCER
Marsh USA Inc.
550 South Main Street, Suite 600
Greenville, SC 29601
Attn: Greenville.certrequest@marsh.com /212-948-4388 Fax

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: American International Specialty Lines Ins Co	26883
INSURER B: Greenwich Insurance Company	22322
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
SAFETY-KLEEN SYSTEMS, INC. AND ITS
SUBSIDIARIES AND AFFILIATED COMPANIES
5360 LEGACY DRIVE
BUILDING 2, SUITE 100
PLANO, TX 75024

COVERAGES 1

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES(Ea occurrence)	$
		CLAIMS MADE ☐ OCCUR ☐				MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
		GENERAL AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO-JECT ☐ LOC ☐				PRODUCTS - COMP/OP AGG	$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO				BODILY INJURY (Per person)	$
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	$
		HIRED AUTOS					
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR ☐ CLAIMS MADE ☐				AGGREGATE	$
		DEDUCTIBLE					$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS ☐ OTH-ER ☐	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N				E.L. EACH ACCIDENT	$
		(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
A		**OTHER** Contractors	COPS1959257	09/01/2009	09/01/2010	Each Loss	5,000,000
		Ops & Prof Services				Aggregate	10,000,000
B		Pollution Legal Liability	PEC002102003	09/01/2009	09/01/2010	Each Loss	10,000,000
		SIR $1,000,000				Aggregate	10,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER ATL-002052727-01

FL DEPARTMENT OF ENVIRONMENTAL
PROTECTION
HAZARDOUS WASTE MANAGEMENT SECTION-MS4555
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.

© 1998-2009 ACORD CORPORATION. All Rights Reserved
The ACORD name and logo are registered marks of ACORD

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ADDITIONAL INFORMATION

ATL-002052727-01

DATE (MM/DD/YY)
09/09/2009

PRODUCER

Marsh USA Inc.
550 South Main Street, Suite 600
Greenville, SC 29601
Attn: Greenville.certrequest@marsh.com /212-948-4388 Fax

INSURERS AFFORDING COVERAGE	NAIC #
INSURER F:	
INSURER G:	
INSURER H:	
INSURER I:	

INSURED

SAFETY-KLEEN SYSTEMS, INC. AND ITS
SUBSIDIARIES AND AFFILIATED COMPANIES
5360 LEGACY DRIVE
BUILDING 2, SUITE 100
PLANO, TX 75024

TEXT

CERTIFICATE HOLDER

FL DEPARTMENT OF ENVIRONMENTAL
PROTECTION
HAZARDOUS WASTE MANAGEMENT SECTION-MS4555
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

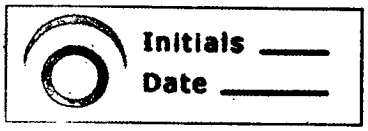
RECEIVED
FEB 2 2 2010
BY: BSHW

safety-kleen®

SAFETY-KLEEN SYSTEMS, INC.

Corp. Compliance, 1502 Villa Street, 2nd Floor, Elgin, IL 60120

CERTIFIED MAIL: 7005 1160 0004 8573 9442



February 16, 2010

Florida Department of Environmental Protection
Attn: Used oil and Filter Handler Report
2600 Blair Stone Road
Tallahassee, FL 32399

RE: 2009 Used Oil Handler Report

Dear Sir or Madam,

Please find enclosed the 2009 Report for the following Safety-Kleen Systems, Inc. facilities –

FLD980847214	Orange Park
FLD982133159	Tallahassee
FLD984167791	Boynton Beach
FLD984171694	Medley
FLR000120618	Bradenton
FLR000060301	Ocala
FLD984247882	Pompano Beach
FLD984171165	Sanford
FLR000114942	Port Canaveral
FLD980847271	Tampa

If there is any additional information required, or should you have any questions/comments, please contact me at 800-669-5840 ext. 6725 or email ben.smith@safety-kleen.com

Sincerely,

Ben Smith
Safety-Kleen Systems, Inc.
847-468-6725 – phone
847-468-6729 – fax
ben.smith@safety-kleen.com

Cc: file, CWC

Department of Environmental Protection

FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title: Annual Report by Used Oil and Used Oil Filter Handlers
Effective Date: June 9, 2005

FEB 22 2010

BY: BSHW

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])
for reporting period January 1, 2008 through December 31, 2008
Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent] to complete this document

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: SAFETY-KLEEN SYSTEMS, INC 2. Telephone No. (800) 669 5840

Site Address: 5309 24TH AVE SOUTH TAMPA FL 33619

3. EPA ID No. FLD 980 847 271

o Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) BEN SMITH

Title COMPLIANCE Phone number (if different from #2, above) (847) 468-6725

5. Type of operation (check as many as apply to your operations)
Used Oil: ● Transporter ● Transfer Facility o Collection Center/Aggregation Point o Processor o Marketer
o Burner (of off-specification used oil)
Used Oil Filter: ● Transporter ● Transfer Facility o Processor o End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected	Automotive	Industrial	Mixed	Total
a. In Florida	2303704	64367		2368071
b. From out of state	0	0		
c. Beginning Inventory				0
d. Total (sum of totals from Lines a + b + c)				2368071

2. Amount (in gallons) of Used Oil and Oily Wastes Managed	In State	Out of State
N - Not an end use, transferred to another facility for storage or processing		2364817
O - Marketed as an on-specification used oil fuel		
F - Marketed as an off-specification used oil fuel		
I - Marketed for an industrial process		
B - Burned as an off-specification used oil fuel		
D - Disposed of		
Landfilled		
Treated at a wastewater treatment unit		
Incinerated		
3. Total amount (in gallons) of used oil managed		2364817
4. End of year, on hand estimate (Difference between Lines 1D and Line 3)		3254

DEP Form #62-710.901(3)
Form Title Annual Report by Used Oil and Used Oil Filter Handlers
Effective Date June 9, 2005

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)		CHECK COLUMN IF OUT OF STATE ↓
1. Number of filters on hand from previous year	21996	
2. Number of used oil filters collected	1670939	
3. Total number of used oil filters to manage (1 plus 2)	1692935	
4. Disposition of used oil filters collected: a. Transferred to another registered facility	1671738	✓
b. Burned for energy recovery at a Waste-To-Energy facility		
c. Transferred directly to a metal foundry for recycling		
d. TOTAL	1671738	
5. End of year, on had estimate (Difference between Lines 3 and Line 4d)	21,197	
6. Gallons of used oil collected as a result of filter processing		
7. Gallons of used oil transferred to a used oil handler (transporter or processor)		
8. Volume of oily waste collected and managed as a result of filter processing		
9. Description of oily waste management		

DIRECTIONS FOR SECTION C

Conversion Table

One **55**-gallon drum of **crushed** used oil filters = approximately **400** used oil filters
One **55** gallon drum of **uncrushed** used oil filters = approximately **250** used oil filters
One **ton** of drained used oil filters = approximately **2,350** used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d .
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: sebrena.bolton@dep.state.fl.us, OR Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us