

Florida Department of Environmental Protection

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

JeffKottkamp Lt. Governor

Michael W. Sole Secretary

04/27/2010

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

The Hazardous Waste Regulation Section has reviewed your application for a hazardous waste DEP/EPA Identification Number. Based on the information received you must use the following identification number for all manifests or reports for Safety-Kleen Systems Inc located at **5610** Alpha Dr, Boynton Beach.

FLD984167791

Your facility notified FDEP requesting the following status/activities:

Treater/Storer, HW Transporter, HW Transfer Facility, Large Quantity Generator Oil Filters, Used Oil Transporter & Transfer Facility Small Quantity Handler, Universal Batteries, Universal Battery Transporter, Universal Pesticide Transporter, Universal Lamps, Universal Lamp Transporter, Universal Device Transporter

THIS LETTER IS NOT AN APPROVAL TO TRANSPORT HAZARDOUS WASTE OR USED OIL OR UNIVERSAL WASTE OR TO OPERATE A HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY OR A UNIVERSAL WASTE OR USED OIL PROCESSING FACILITY OR LARGE QUANTITY HANDLER. PLEASE CONTACT THE DEPARTMENT FOR COMPLETE REQUIREMENTS FOR HAZARDOUS WASTE OR USED OIL TRANSPORTERS, UNIVERSAL WASTE HANDLERS, USED OIL PROCESSING FACILITIES, AND TSDS.

You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status or contact information. For further assistance, please call the Notification Coordinator at (850)245-8760 or (850)245-8772 or (850)245-8706. Sincerely,

fin n gr

for Michael Redig

Michael X. Redig Environmental Manager Hazardous Waste Regulation Section

ME ID: 48680 , Email Address: <u>bhassler@jjkeller.com</u> Link: <u>http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984167791</u>



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 Collin

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) 23 day of Virgil W Duffie III/Assistant Secretary (Printed Company Authorized Name and Title) My commission expires (State) Notary Public Signature) **AFFIX SEAL HERE**

FLORIDA	RE DEP W	GULATED W Vaste Management Blair Stone Rd. Ta	ASTE . Division-	-HWRS, MS4560)F			
EPA ID F L D	9 8 4 1 6	7 7 9 1						
	Mark 'X' in correct box: To provide initial notification (to obtain an EPA ID Number for halarids, EVED waste, universal waste, or used oil activities). To provide subsequent notification (to update status and facility identification: UK information). Is this the final notification (see instructions) for the facility? 							
	me SAFETY-KLEEN SYSTEMS INC					FEID 3		
3. Facility Operator (List additional Operators in the comments section).	SAFETY-KLEEN Street or P.O. Box City or Town:	SYSTEMS INC : 5610 ALPHA DI YNTON BEACH	<u>RIVE</u>	Date Municipal		Phon	Operator: <u>10 / 10 / 89</u> mm dd yy e Number: 736-1339 Zip Code: <u>33426</u>	
Location Information	Physical Street Ad <u>5610 ALPHA DRI</u> <u>City or Town:</u> <u>BOYNTON BEAC</u> <u>County:</u> Choose	dress: VE		If available,	State:	·	Zip Code: <u>33426</u> ap or sketch of the facility	
	Latitude: Longitude: Method: d d mm s s .ssss d d mm s s .ssss d d mm s s .ssss Datum:							
5. Facility North American Industry Classification System (NAICS) Code(s)			B. D.					
6. Facility or Business Mailing	Street Address or P.O. Box: 3003 BREEZEWOOD LANE PO BOX 368 City or Town: State: Zip Code:							
Address	First Name:	ENAH		Last Name:	June.	WI	54957-0368	
7. Facility or Business Contact	BRENDA			HASSLER			AUTH AGENT	
Person	Phone Number: 800-558-5011 Street or P.O. Box:			Extension: 7351		E-Mail: Bhassler@jjkeller.com		
	3003 W BREEZEWWOD LANE City or Town: NEENAH					WI	Zip Code: 54957	
8. Real Property (Land) Owner of the Facility's Physical Location	Name of Real Property (Land) Owner: SAFETY-KLEEN SYSTEMS INC					ew Own became	er Owner: <u>10 / 10 / 89</u> mm dd yy	
Physical Location (List additional	Street or P.O. Box:Phone Number:5360 LEGACY DRIVE BLDG 2 SUITE 100800-669-5840							
real property owners in the comments section.)	City or Town: PL Owner Type: 🛛	ANO			State	TX]Other_	Zip Code: 75024	

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. _{FLD984167791}
9. Type of Regulated Waste Activity (Mark 'X' in all tha	t 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 	 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.)
 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 <i>non-acute</i> hazardous waste and/or 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste 	 (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
 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 	(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.
In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator 	 (6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.
 (7) X Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. □ a. For own c. Hazardous Waste Transporter Insurance Informatic Insurance Company NATIONAL UNION FIRE INC OF Address 550 SOUTH MAIN STREET SUITE 600 GREENVILLE Contact CARLA AYER - SK RISK MANAGEMENT Policy Number MULTIPLE SEE ATTACHED 	on
d. Transportation Mode 🗌 Air 🗌 Rail 🛛 Highway	Water Other - specify
e. 🛛 Hazardous Waste Transfer Facility:	Storage Volume
Florida Administrative Code (F.A.C.)]:	ity [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., 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	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 pharmaceuticals	eutical waste (UPW) accumulated						
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazar	dous ("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 Generate/ (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 [Chapter 62-737, F.A.C.]	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 rec	ty, a facility must treat, dispose or recycle a UW. A permit is required for ycling.						
 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 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.						
 (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 						

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	EPA	ID No. FLD98416779	01					
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 D0	08 ⁷ D009					
8 0010 9 0011 10 0018	11 12 D019	D021 13 D0						
15 D024 16 D025 17 D026	18 19 D027	D028 20 D0	29 D030					
²² D032 ²³ D033 ²⁴ D034	²⁵ D035 ²⁶	D036 27 D0	28 D038					
11. Other Status Changes (Mark 'X' in all that a	ipply):							
 (1) Business no longer generates, transports, (2) Waste generated by business has been de (3) Other (explain) B. Facility Closed (1) Closed at this location and moved or more be handling regulated waste there. (2) Out of Business - Business closed on	ving to another - submit a	new Form 8700-12FL : (Date). Please provid	for the new location if you will de a contact person, mailing					
Contact			_					
Address City, State, Zip								
C. Property Tax Default		ankruptcy 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	l Print Na	Date Signed (mm-dd-yyyy)						
Brende Schaffer Dikeller	BRENM Schaffe	r/JJKeller	01-14-2010					
If the person who filled in this form is not the Facil	ity Contact or Operator,	please complete the in	formation below:					
BRENDA SCHAFFER/ JJ KELLER/ AUTH AGENT 800-558-5011 EXT 2397 bschaffer@jjkeller.com								
(Name of person completing this form) (Phone Number) (E-mail Address)								
13. Comments: #10 (CON'T) D039, D040, D041, D042, D043, F002,	F003, F005							