



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

04/30/2010

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 **5309 24th Ave S, Tampa.**

FLD980847271

Your facility notified FDEP requesting the following status/activities:

**Treater/Storer, HW Transporter, HW Transfer Facility, Large Quantity Generator
Used Oil Marketer, 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,

for Michael Redig

Michael X. Redig
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 1792 , Email Address: bhassler@jkkeller.com

Link: http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD980847271



RECEIVED

MAR 16 2010

BY: BSHW

SAFETY-KLEEN CORP.

1502 East Villa Street, 2nd Floor, Elgin, IL 60120

7003 0500 0004 3919 1080

March 9, 2010

FLDEP Waste Mgmt
HWRs, MS4555
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

RE: Safety-Kleen 2009 Biennial Hazardous Waste Report

Dear Sir/Ms

Enclosed you will find the signed SI pages and electronic submittal of the 2009 Biennial Hazardous Waste Report for the following Safety-Kleen locations:

FLD982133159	Tallahassee
FLD984171165	Sanford
FLD980847214	Orange Park
FLD984171694	Medley
FLD984167791	Boynton Beach
FLD980847271	Tampa

If you should have any questions/comments in regards to this submission, please contact me at 847-468-6727 or email Linda.Wierzicki@Safety-Kleen.com

Regards,

Linda Wierzicki

Linda Wierzicki
Waste Compliance

Initials _____
Date _____



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8760

RECEIVED
(for FDEP Official Use Only)

MAR 16 2008

EPA ID FLD980847271

BY: BSHW

1. Reason for
Submittal

- ☐ 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 site identification information).
☒ As a component of the Hazardous Waste Report. ☐ Is this the final notification (see instructions) for the facility?

2. Facility or
Business Name

SAFETY-KLEEN SYSTEMS, INC

FEID No.

39-6090019

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

A. Name of Operator:

SAFETY-KLEEN SYSTEMS, INC

☐ New Operator

Date Became Operator : 12/17/1986
mm dd yy

Street or P.O. Box:

5309 24TH AVE SOUTH

Phone Number:

(813) 626-1709

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: HILLSBOROUGH

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

Latitude: 0 0 0.0000
dd mm ss.ssss

Longitude: 0 0 0.0000
dd mm ss.ssss

Method:
Datum:

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

A. 562112

B.

C.

D.

6. Facility Mailing
Address

Street or P.O. Box: 5309 24TH AVE SOUTH

City or Town: TAMPA

State: FL Zip Code: 33619-

7. Facility Contact
Person

First Name:

JOHN

Last Name:

WALTERS

Title:

FACILITY MANAGER

Phone Number: (813) 626-1709 Extension:

Email: john.walters@safety-kleen.com

Street or P.O. Box: 24TH AVE SOUTH

City or Town: TAMPA

State: FL

Zip Code: 33619-

8. Real Property
Owner of the
Facility's
Physical Location

Name of Real Property Owner:

SAFETY-KLEEN SYSTEMS, INC

☐ New Owner

Date Became Owner : 12/17/1986
mm dd yy

Street or P.O. Box:

5360 LEGACY DR

Phone Number:

(813) 626-1709

(List additional
real property owners
in the comments
section).

City or Town: PLANO

State: TX

Zip Code: 75024-

Owner Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐ Other US

9. Type of Regulated Waste Activity Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice.

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 nonacute 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/or 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 - Check 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 LOCKTON COMPANIES, LLC-N DALLAAddress 717 N HARWOOD LB#27DALLASTX75201Contact: John WaltersTelephone: 8136261709Policy Number: safk103Expiration date: 09/01/2010d. Transportation Mode: ☐ Air; ☐ Rail; ☒ Highway; ☐ Water; ☐ Other - specify _____e. ☒ Hazardous Waste Transfer Facility:Storage Volume 0.00☐ 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	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 type="checkbox"/>	<input type="checkbox"/>	0.00
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00
e. Mercury Containng Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00

(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) ☐ Used Oil 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

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

(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.

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	D004	D005	D006	D007	D008	D009
D010	D011	D018	D019	D021	D022	D023
D024	D025	D026	D027	D028	D029	D030
D032	D033	D034	D035	D036	D037	D038

☐ 11. Other Status Changes (Mark 'X' in the appropriate boxes):

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 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.

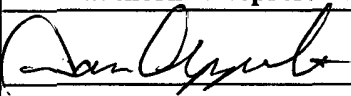
Contact _____ Phone _____

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	Name and official title (type or print) of owner, operator, or an authorized representative	Date Signed (mm-dd-yyyy)
	DAN APPELT DIRECTOR, ENVIRO COMPLIANCE	03/06/2010

13. Comments

Land Type: ☒ Private ☐ Federal ☐ Municipal ☐ State ☐

D039 D040 D041 D042 D043 F002 F003 F005