

2007 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

Site EPA_ID		FL0984171094		Site Name		Safety Kleen System		New Site Contact?		Karen Turner		Phone:		847-468-6722			
		form		recv pages		Submission Paper Disk		Quality Control initial date		QC error pages		Data Entry initial date		Transfer Initial Date			
Receipt and Data Entry		SI		3		✓ ✓		Et 3/7						46 4/2			
		GM															
		WR															
		OI															
		form		page sub pg		Action Item		QC init date		Site Contact date		Corrective Action		data entry initial date		DE Comment	
Data entry or Basic edit errors		GM		1		Gen = 0		46 4/2		Ben Smith		OK					
Advanced Edit Errors																	
Subsequent Notification <input type="checkbox"/> Notification DATA Entered by: _____ Date: / /																	
DATA ENTRY/FILING ASSIGNMENT: _____ Scanned to Oculus : <input type="checkbox"/> Date: / /																	

MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		MAR 07 2009
1. Reason for Submittal and Status of Information Supplied (see instructions on page 9) MARK ALL BOX(ES) THAT APPLY	A. Reason for Submittal: <div style="text-align: right;">BY: <u>BSH/v</u></div> <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (see instructions on page 10)	EPA ID Number: FLD984171694		
3. Site Name (see instructions on page 10)	Name: SAFETY-KLEEN SYSTEMS INC		
4. Site Location Information (see instructions on page 10)	Street Address: 8755 NORTHWEST 95TH STREET		
	City, Town, or Village: MEDLEY	State: FL	
	County Name: DADE	Zip Code: 33178-	
5. Site Land Type (see instructions on page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 10)	A. 562112	B.	
	C.	D.	
7. Site Mailing Address (see instructions on page 11)	Street or P.O. Box: 1502 E VILLA STREET		2ND FLOOR EHS
	City, Town, or Village: ELGIN		State: IL
	Country:		Zip Code: 60120-
8. Site Contact Person (see instructions on page 11)	First Name: JEFF	MI:	Last Name: CURTIS
	Phone Number: (561) 738-3026 Extension:		Email: JEFF.CURTIS@SAFETY-KLEEN.COM
9. Legal Owner and Operator of the Site (see instructions on pages 11 and 12)	A. Name of Site's Operator: SAFETY-KLEEN SYSTEMS INC		Date Became Operator (mm/dd/yyyy): 07/30/1991
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: SAFETY-KLEEN SYSTEMS INC		Date Became Owner (mm/dd/yyyy): 07/30/1991
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

**9. Legal Owner
(Continued)
Address**

Street or P.O. Box: 5400 LEGACY DRIVE CLUSTER II BLDG 3

City, Town, or Village: PLANO

State: TX

Zip Code: 75024-

Country:

10. Type of Regulated Waste Activity

Mark 'X' in the appropriate boxes. Mark "Yes" or "No" for each choice. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities

Complete all parts for Items 1 through 6.

For Items 2 through 6, check all that apply:

Y ☒ N ☐ **1. Generator of Hazardous Waste**

If "Yes" choose only one of the following - a,b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo
of non-acute hazardous wasteIn addition, indicate other generator activities
(check all that apply)Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☒ N ☐ **2. Transporter of Hazardous Waste**Y ☒ N ☐ **3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:**
A hazardous waste permit is required for
this activityY ☐ N ☒ **4. Recycler of Hazardous Waste (at your site)**Note: A hazardous waste permit may be required
for this activity.**5. Exempt Boiler and/or Industrial Furnace**Y ☐ N ☒ a. Small Quantity On-site Burner ExemptionY ☐ N ☒ b. Smelting, Melting, Refining Furnace ExemptionY ☐ N ☒ **6. Underground Injection Control****B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste (accumulate 5,000 KG or more)
[refer to your State regulations to determine what is regulated]. Indicate
types of universal waste generated and/or accumulated (Managed)
at your site. (check all boxes that apply)Manageda. Batteries ☐b. Pesticides ☐c. Thermostats ☐d. Lamps ☐e. Other UNSPECIFIED ☐f. Other MERCURY CONTAINING DEVICE ☐g. Other _____ ☐Y ☐ N ☒ **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities - Mark all boxes that applyY ☒ N ☐ **1. Used Oil Transporter**
If "Yes", mark each that applies.☒ a. Transporter☒ b. Transfer FacilityY ☐ N ☒ **2. Used Oil Processor and/or Re-refiner -**
If "Yes", mark each that applies.☐ a. Processor☐ b. Re-refinerY ☐ N ☒ **3. Off-Specification Used Oil Burner**Y ☐ N ☒ **4. Used Oil Fuel Marketer**

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of Off-Specification
Used Oil to Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the Used Oil Meets the
Specifications

11. Description of Hazardous Wastes (see instructions on page 17)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

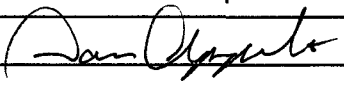
D001	D004	D005	D006	D007	D008	D009
D010	D011	D018	D019	D021	D022	D023
D024	D025	D026	D027	D028	D029	D030
D032	D033	D034	D035	D036	D037	D038
D039	D040	D041	D042	D043	F002	F003
F005						

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (see instructions on page 17)

JEFF.CURTIS@SAFETY-KLEEN.COM

13. 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. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, 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. (see instructions on page 17)

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	D. Date Signed (mm-dd-yyyy)
	DAN APPELT	02/28/2008
	DIR COMPLIANCE	

.ERROR LISTING FOR SAFETY-KLEEN SYSTEMS INC
04/02/08

RUN ON

. ERRORS are listed by form AND page number
. A form heading does not necessarily indicate ERRORS.
. FORM GM ERRORS LIST

page# error message

00001 CHECK: G105 REPORT YEAR GENERATED QTY = 0

00003 CHECK: 213 TONS SHIPPED TO SCD077995488

. FORM WR ERROR LIST

page# message

. FORM IC ERROR LIST

CHECK: NO G3 FILE FOUND - NO STATE WASTE CODES?

CHECK: NO G5 FILE FOUND - NO ONSITE TREATMENT OR DISPOSAL?

CHECK: NO R3 FILE FOUND - NO STATE WASTE CODES?

. FORM GM DETAILS LIST

. FORM OI ERROR LIST

. REPORT TOTALS FOR SAFETY-KLEEN SYSTEMS INC

IN TONS

TOTAL GENERATED (GM)	=	99.51
TOTAL RECEIVED (WR)	=	309.89
TOTAL RECEIVED (GM)	=	310.46
TOTAL SHIPPED (GM)	=	408.94
TOTAL TREATED (GM)	=	0.00
TOTAL UI, POTW, & NPDES	=	0.00
TOTAL RCRA GENERATION	=	99.51

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE FORM (TYPE)

FORM CODE

TONS GENERATED

W002 Contaminated debris: paper, clothing, rags, wood,	27.89
W203 Concentrated non-halogenated (E.G. non-chlorinated	71.61

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE SOURCE

SOURCE CODE

TONS GENERATED

G09 Other production or service-related processes(wher	71.61
G19 Other one-time or intermittent processes(specify i	27.89
G61 Hazardous waste received from off-site for storage	0.00

. RCRA WASTE TONS GENERATED ON-SITE BY WASTE ONSITE SYSTEM

SYSTEM CODE

TONS TREATED

TONS RESIDUAL

H010 Metals recovery including retorting, smelting, che	0.1963
0.0000	

! Did you have any RCRA residuals reported on a separate form GM?

. RCRA WASTE TONS SHIPPED TO OFFSITE TREATMENT SYSTEMS

SYSTEM

TONS SHIPPED

H020 Solvents recovery (distillation, extraction, etc)	375.78
H061 Fuel blending prior to energy recovery at another	28.20
H141 Storage, bulking, and/or transfer off-site - no tr	4.97