

2003 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

Site EPA_ID		FLD980847271		Site Name		Safety Klen Tampa		New Site Contact?		Matt Hendrick		Phone:		813-626-1203	
Receipt and Data Entry	form	recv pages	Submission Paper Disk		Quality Control initial date		QC error pages		Data Entry initial date		Transfer Initial Date				
	SI	3	X	X	APM	3/31					4/6 4/12				
	GM			X			360T Gen								
	WR				/	/	By mixing H22/water H22								
	OI			X	/	/	Solvents on-site								
Data entry or Basic edit errors	form	page	sub pg	Action Item	QC init	date	Site Contact	date	Corrective Action	data entry initial	date	DE Comment			
				2 copies were sent but exactly the same								@7 8/9			
Advanced Edit Errors															

DATA ENTRY/FILING ASSIGNMENT:

MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11) CHECK CORRECT BOX(ES)	A. Reason for Submittal: <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 11)	EPA ID Number: FLD980847271		
3. Site Name (see instructions on page 11)	Legal Name: SAFETY-KLEEN SYSTEMS, INC		
4. Site Location Information (see instructions on page 11)	Street Address: 5309 24TH AVE SOUTH		
	City, Town, or Village: TAMPA	State: FL	
	County Name: HILLSBOROUGH	Zip Code: 33619- -	
5. Site Land Type (see instructions on page 11)	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 11)	A. 562112		B. 532490
	C.		D.
7. Site Mailing Address (see instructions on page 12)	Street or P.O. Box: 1502 E VILLA ST		
	City, Town, or Village: ELGIN		State: IL
	Country:	Zip Code: 60120- -	
8. Site Contact Person (see instructions on page 12)	First Name: MATT	MI:	Last Name: HENDRICK
	Phone Number: (813) 626-1203 Extension:		Email: MATT.HENDRICK@SAFETY-KLEEN.COM
9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)	A. Name of Site's Operator: SAFETY-KLEEN SYSTEMS, INC		Date Became Operator (mm/dd/yyyy): 12/17/1986
	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): 12/17/1986
	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		
	Street or P.O. Box: 5400 LEGACY DRIVE		
	City, Town, or Village: PLANO		
	State: TX	Zip Code: 75024- -	Country:

RECEIVED
MAR 8 0 2004

HAZARDOUS WASTE

EPA ID No. FLD980847271

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)**A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(choose only one of the following three categories)

- ☒ 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 waste

In addition, indicate other generator activities (check all that apply)

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

For Items 2 through 6, check all that apply:

- Y ☒ 2. Transporter of Hazardous Waste
- Y ☒ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity
- 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
- N ☐ a. Small Quantity On-site Burner Exemption
- N ☐ b. Smelting, Melting, Refining Furnace Exemption
- 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 at your site. (check all boxes that apply)

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste ☐ N

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

C. Used Oil Activities**1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- Y ☒ a. Transporter
- Y ☒ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- N ☐ a. Processor
- N ☐ b. Re-refiner

3. Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

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

11. Description of Hazardous Wastes (see instructions on page 16)

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.

F001	F002	F003	F005	D001	D006	D007
D008	D011	D018	D022	D027	D028	D035
D036	D038	D039	D040			


Please list the waste codes of the State-regulated hazardous wastes
 al page if more spaces are needed for waste codes.

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.

[illegible][illegible]

MATT.HENDRICK@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	03/19/2004
	DIRECTOR COMPLI	

2003 BIENNIAL HAZARDOUS WASTE REPORT (BR) SUBMISSION DATA ENTRY/ QUALITY CONTROL CHECKLIST

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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		X X		BT 8/2							
		GM													
		WR													
		OI													
form		page sub pg		Action Item		QC init date		Site Contact date		Corrective Action		data entry initial date		DE Comment	
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F001	F002	F003	F005	D001	D006	D007
D008	D011	D018	D022	D027	D028	D035
D036	D038	D039	D040			

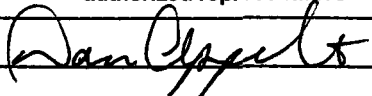
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handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

[illegible][illegible]

MATT.HENDRICK@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	03/19/2004
	DIRECTOR COMPLI	



RECEIVED

AUG 0 4 2004

HAZARDOUS WASTE

SAFETY-KLEEN CORP.

1502 East Villa St 2nd floor, Elgin, IL 60120

7000 0600 0025 2319 9042

FLDEP

Twin Towers Office Bldg
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

RE: 2003 Biennial Hazardous Waste Report

Dear Sir/Ms

Enclosed you will find a copy of the 2003 Annual Hazard Waste Report which had originally been submitted last March for the following Safety-Kleen facility

FLD980847271 Tampa

If you should have any questions/comments, please contact me at 800-669-5840 x6727 or email me at Linda.Wierzbicki@Safety-Kleen.com

Regards,

Linda Wierzbicki
Manifest Dept



RECEIVED

AUG 06 2004

HAZARDOUS WASTE

SAFETY-KLEEN CORP.

1502 East Villa St 2nd floor, Elgin, IL 60120

7000 0600 0025 2319 9042

FLDEP

Twin Towers Office Bldg

2600 Blair Stone Rd

Tallahassee, FL 32399-2400

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Linda Wierzbicki
Manifest Dept