

Florida Department of Environmental Protection

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

JeffKottkamp Lt. Governor

Mimi A. Drew Secretary

10/26/2010

Catherine McCord Heritage-Crystal Clean LLC 9940 Currie Davis Dr #A44 Tampa, FL 33619-2669

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **9940 Currie Davis Dr #A44, Tampa, FL 33619-2669** has been registered through **March 1, 2011** with the following status:

Facility ID # FLR000170431 Transfer Facility for Universal Waste Lamps Transfer Facility for Universal Waste Devices

The registration form for the year **2011** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of and reverse distribution programs for universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Universal Waste Lamp and Device Transporter and Handler Registration Form changes, please notify me at Mail Stop 4555 at the address above. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

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Laurie Tenace Environmental Specialist Waste Reduction Section

Enclosures



Received AUG 23 2010 **BSHW**

VIA UPS Next Day

August 20, 2010

Florida Dept. of Env. Protection Waste Management Division – HWRS, MS4560 2600 Blair Stone Road Tallahassee, FL 32399-2400

RE: Heritage-Crystal Clean, LLC 8700-12FL – Notification of Regulated Waste Activity 9940 Currie Davis Rd., A44, Tampa, FL 33619

FL DEP:

Please find attached Heritage-Crystal Clean, LLC's Notification of Regulated Waste Activity for our proposed new branch located at 9940 Currie Davis Rd., A44, Tampa, Florida. Documents attached include:

8700-12 FL – Florida Notification of Regulated Waste Activity Certification by responsible corporate officer Evidence of Financial Responsibility/Certificates of Liability Insurance **Description of Transfer Facility Operations** Closure Cost Estimate and Closure Plan Contingency and Spill Response Plan Proposed Site Plan

I have also attached a Heritage Crystal Clean check # 103195 in the amount of \$100 to pay for the Used Oil Transfer Facility permit.

If you should have any questions regarding these documents or need additional information, please do not hesitate to contact me at (847) 783-5355 or by e-mail at michelle.walper@crystal-clean.com.

Sincerely,

Michelle R. Walper

Enclosures cc: Phil Comella Catherine McCord Anthony Tripp **Aprilia Graves**

F				Received						
FLORIDA EPA ID	RI DEP V		ACTIVITY n-HWRS, MS4560 e, FL 32399-2400	AUU BS an EPA ID	Date Ro Sold the off HMA RCRA Number for haza	icial Use Only) offi				
		and facility iden	tification							
2. Facility or Business Name	HEF	RITAGE-CRYSTAL C	LEAN, LLC		21D №. 3 5 2 0 8	3 3 1 5 0				
3. Facility Operator (List additional Operators in the comments section).	HERIT	AGE-CRYSTAL CLE	X New Operator Date became Operator: 10 / 1 /2010 (estimate) mm dd yy							
comments section).	Street or P.O. Box	2175 POINT E	BLVD., SUITE 37	'5 _{ehs} ph	one Number: (847) 836-5670				
	City or Town:	ELGIN	J	State:	Zip Code:	60123				
	Operator Type:	Operator Type: Private Federal Municipal State Other								
4. Facility Physical Location	Physical Street Address: 9940 CURRIE DAVIS DR. A44									
Information	City or Town:	TAMPA	State: FL	Zip Code:	33619					
	County: Hillsborough If available, please attach a map or sketch of the facility boundaries.									
	Latitude: [2 7 [d d	5 7 0 0.0576 Long	itude: 8 2 2 0 d d mm							
5. Facility North Am Classification Syst Code(s)	•	A. 4238 c.	30	в. 562112 р.						
6. Facility or	Street Address or P.O. Box: 2175 POINT BLVD., SUITE 375_EIIS									
Business Mailing Address	City or Town:	ELGIN		State: IL		60123				
7. Facility or Business Contact	First Name:	CATHERINE	Last Name: M	CCORD	Title:	/P-EHS				
Person	Phone Number:	(847) 783-5949	Extension:	E-Mail:	CATHERINE.MCCORD@ CRYSTAL-CLEAN.COM					
	Street or P.O. Box: 2175 POINT BLVD., SUITE 375									
	City or Town:	ELGIN	State: IL	Zip Code:	60123					
8. Real Property (Land) Owner of the Facility's	ST. PAL	perty (Land) Owner: JL FIRE & MARINE	Date became Owner: / / / mm dd yy							
Physical Location (List additional	Street or P.O. Box	385 WASH	INGTON ST.	Phone Number: (651) 221-7911						
real property owners in the comments	City or Town:	ST. PAU	IL	State: MN	Zip Code:	Zip Code: 55102				
section.)	Owner Type: Private Federal Municipal State Other									

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. FLR000170431
9. Type of Regulated Waste Activity (Mark 'X' in all th	at apply):
 9. Type of Regulated Waste Activity (Mark 'X' in all the 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 	 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
 c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of <i>non-acute</i> hazardous waste and 1 kg (2.2 lbs) or less of <i>acute</i> hazardous waste 	 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
 In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator 	 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 Certificat Registration must be renewed annually. □ a. For ow c. Hazardous Waste Transporter Insurance Informat Insurance Company XL SPECIALTY INSURANCE COM Address	n waste only 🗵 b. For commercial purposes tion PANY HCC transports under ILR 000 130 062 GLEVIEW BLVD.,
Contact SUETTA BARTLEY Policy Number AEC 002320203	
	Expiration date 06/01/2011
e. 🛛 Hazardous Waste Transfer Facility:	Storage Volume Varies between 2 to 40 - 55 actives
Florida Administrative Code (F.A.C.)]:	lity [Rule 62-730.171(3)(a)3., F.A.C.] / operations [Rule 62-730.171(3)(a)4., F.A.C.] 171(3)(a)5., F.A.C.] Rule 62-730.171(3)(a)6., F.A.C.] /30.171(3)(a)7., F.A.C.]
	Revised 10-25-10

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 pharmace	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) 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	LESS THAN 1,000 LBS.									
b. Pesticides										
c. Pharmaceuticals										
d. Mercury Containing Devices	LESS THAN 1,000 LBS.									
e. Mercury Containing Lamps	LESS THAN 1,000 LBS.									
(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 recy	ty, a facility must treat, dispose or recycle a UW. A permit is required for cling.									
	8) Specific Certification to be signed by all Used Oil Transporters									
(1) Used Oil Transporter - indicate type(s) of activity(ies):	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,									
 a. Transporter b. Transfer Facility 	current and being adhered to. If any modifications have been made to the									
(2) Collection Center	orginally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is									
(3) Used Oil Processor (A permit is required for this activity.)	demonstrated by the attached Used Oil Transporter Certificate of									
(4) I Off Creation Used Oil Durman										
(4) Off-Specification Used Oil Burner	demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), FAC									
(5) 🔲 Used Oil Fuel Marketer										
 (5) Used Oil Fuel Marketer (6) Used Oil Filter a. Transporter 	Liability Insurance, DEP form 62-710.901(4), FAS									
 (5) Used Oil Fuel Marketer (6) Used Oil Filter a. Transporter b. Transfer Facility 	Liability Insurance, DEP form 62-710.901(4), FAS Additional Constant Signature of Authorized Person									
 (5) Used Oil Fuel Marketer (6) Used Oil Filter a. Transporter 	Liability Insurance, DEP form 62-710.901(4), FAS									
 (5) Used Oil Fuel Marketer (6) Used Oil Filter a. Transporter b. Transfer Facility c. Processor 	Liability Insurance, DEP form 62-710.901(4), E.A.S. Signature of Authorized Person CATHERINE A MC CORD									
 (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- 	Liability Insurance, DEP form 62-710.901(4), E.A.S. Signature of Authorized Person CATHERINE A MC CORD									
 (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 	Liability Insurance, DEP form 62-710.901(4), EAS Signature of Authorized Person CATHERINE A We Con Print Name of Authorized Person									
 (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- 	Liability Insurance, DEP form 62-710.901(4), E.A.S. Signature of Authorized Person CATHERINE A MC CORD									
 (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. 	Liability Insurance, DEP form 62-710.901(4), FAC Signature of Authorized Person CATERINE A MC (Sup 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): Sour mailing (business) address									
 (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, 	Liability Insurance, DEP form 62-710.901(4), FAC With the second Signature of Authorized Person CANERINE A Me Conference 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):									

						4	EPA	ID No.					-
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 C your facility. Hazardous wa	List them	in the order	they ar	e presented i	n the re	egulations (e	e.g., D0	001, D003,	F007, I	J 112) .			ndled at
⁷ D001	2	D002	3	D004	4	D005	5	D006	6	D007	7	D00	8
⁸ D009	9	D010	10	D011	11	D018	12	D019	13		14	D02	
¹⁵ D023	16	D024	1-	D025	18	D026	19	D027	20	D028	21	D02	9
²² D035	23	D038	24	D039	25	D040	26	F001	27	F002	28	F00	3
11. Other S	atus Ch	anges (M	ark 'X'	in all that a	pply):	_							
□ (3) B. Facility □ (1) □ (2)	Closed at Closed at be handl Out of Bu address, a	this location ing regulate usiness - Bu and phone m	n and m d waste siness cl number v	has been del oved or mor there. osed on vhere you ca	ving to in be re	another - su eached after	ıbmit a closing	(Date).	Please	provide a c		-	
City	, State, Z	ip											
□ с.	Property	Tax Defau	lt			D. Petition	n for B	ankruptcy	Prote	ction			
12. Certification accordance information submitting facility, I am a	with a sys bmitted is false info ware that owner,	stem design s, to the bes ormation, in transfer fac	ed to ass t of my l cluding t ilities m or an a	sure that qua knowledge a the possibilit ust comply	lified p nd beli ty of fir	ersonnel pro ef, true, acco ne and impri e requirement	operly g urate, a isonme nts of F	gather and o and comple nt for know	evaluat te. I am ving vic).171, F	e the inform aware that plations. If	nation subn t there are s I have notif tule 62-730.	nitted. Th ignifican fied as a	ne it penalties transfer C. ned
ALANIN MACIO				CATHERINE MCCORD				0		-2010			
Allow of the mark					VICE PRESIDENT - EHS						<u> </u>	01-1	
If the person	who fille	d in this fo	rm is no	ot the Facili	ty Con	tact or Ope	erator,	please con	plete t	he inform	ation below	7:	
(Name of pers	on compl	eting this fo	orm)		(Phon	e Number)		<u></u>	(E-n	nail Addres	s)		
13. Comme USE ILR	nts: 000 13	0 062 AS	S TRAI	NSPORT	ER E	PA ID #.							