



Florida Department of Environmental Protection

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

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

October 14, 2010

Catherine McCord
Heritage-Crystal Clean LLC
2175 Point Blvd Ste #375
Elgin, IL 60123

BE IT KNOWN THAT

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

IS HEREBY REGISTERED AS A USED OIL

Transfer Facility, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)

The Department of Environmental Protection hereby issues
Registration Number **FLR000170431** on October 14, 2010
Insurance Carrier: **XL SPECIALTY INSURANCE**

This registration will expire on 06/30/2011

This certificate documents receipt of your annual registration
and annual report. It shall be displayed in a prominent place
at your facility. This certificate and your cancelled check
are your receipts.

Aprilia Graves
Engineering Specialist IV
Hazardous Waste Regulation Permitting



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,

A handwritten signature in cursive script that reads 'Michelle Walper'.

Michelle R. Walper

Enclosures

cc: Phil Comella
Catherine McCord
Anthony Tripp
Aprilia Graves



**8700-12FL - FLORIDA NOTIFICATION OF
REGULATED WASTE ACTIVITY**

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Received

Date Received
AUG 23 2010
DEP Official Use Only

BSHW

EPA ID

RCRA Info

**1. Reason for
Submittal**

Mark 'X' in
correct box:

- ☒ 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 status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

**2. Facility or
Business Name**

HERITAGE-CRYSTAL CLEAN, LLC

FEID No.

3 5 2 0 8 3 1 5 0

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

Name of Operator:

HERITAGE-CRYSTAL CLEAN, LLC

☒ New Operator

Date became Operator: 10 / 1 / 2010
(estimate) mm dd yy

Street or P.O. Box:

2175 POINT BLVD., SUITE 375 EHS

Phone Number: (847) 836-5670

City or Town:

ELGIN

State: IL

Zip Code:

60123

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**4. Facility Physical
Location
Information**

Physical Street Address:

9940 CURRIE DAVIS DR. A44

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 5 7 0 0 . 0576
d d m m s s . ssss

Longitude: 8 2 2 0 2 4 . 1146
d d m m s s . ssss

Method:

Datum: LONG. IS -82

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

A.

423830

B.

562112

C.

D.

**6. Facility or
Business Mailing
Address**

Street Address or P.O. Box:

2175 POINT BLVD., SUITE 375 -EHS

City or Town:

ELGIN

State: IL

Zip Code:

60123

**7. Facility or
Business Contact
Person**

First Name:

CATHERINE

Last Name:

MCCORD

Title:

VP-EHS

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

Name of Real Property (Land) Owner:

ST. PAUL FIRE & MARINE INSURANCE

☐ New Owner

Date became Owner: ____ / ____ / ____
mm dd yy

Street or P.O. Box:

385 WASHINGTON ST.

Phone Number: (651) 221-7911

City or Town:

ST. PAUL

State: MN

Zip Code:

55102

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

9. Type of Regulated Waste Activity (Mark 'X' in all that 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
- ☐ 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 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 - Choose 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 _____

Address _____

Contact _____ Telephone _____

Policy Number _____ Expiration date _____

d. **Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify _____e. ☒ **Hazardous Waste Transfer Facility:** Storage Volume _____☒ **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 (see note in instructions)	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	☐	☐	☒	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 ☐ 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) ☐ 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**

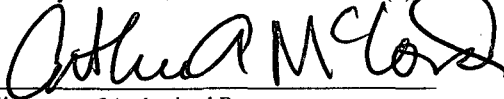
- ☐ a. Transporter
- ☒ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

(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.

(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

CATHERINE A McLeod

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

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 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	D002	3	D004	4	D005	5	D006	6	D007	7	D008
8	D009	9	D010	10	D011	11	D018	12	D019	13	D021	14	D022
15	D023	16	D024	17	D025	18	D026	19	D027	20	D028	21	D029
22	D035	23	D038	24	D039	25	D040	26	F001	27	F002	28	F003

11. Other Status Changes (Mark 'X' in all that apply):**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 Form 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

Print Name and Title

Date Signed (mm-dd-yyyy)

CATHERINE MCCORD
VICE PRESIDENT - EHS

08/16/2010

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

(Name of person completing this form)

(Phone Number)

(E-mail Address)

13. Comments:

USE ILR 000 130 062 AS TRANSPORTER EPA ID #.

Question 10 continued:

Waste Codes for Federally Regulated Hazardous Wastes:

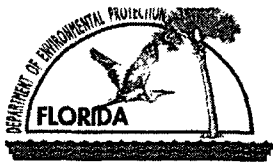
F005, U151, U239, U002, others including D003 are handled, but are not common.

Section 62-730-171(3)(a) Certification

Catherine A. McCord, a responsible corporate officer of Heritage Crystal Clean, LLC, hereby certifies that the company meeting the location criteria of Section 403.7211(2), F.S. The basis for this certification is as follows:

1. Crystal Clean retained Grubb & Ellis, a nationally-known real estate firm to locate property meeting the setback criteria in Section 403.7211. Crystal Clean then worked with the Florida Department of Environmental Protection to select a location that satisfied the siting criteria.
2. Based upon this evaluation and confirmation from the DEP, Crystal Clean certifies that the facility located at 9940 Currie Davis Dr., Tampa, FL 33619 satisfies the criteria in Section 403.7211.

Signed: Catherine A. McCord
Printed: CATHERINE A. McCord
Position: Vice President - Environment,
Health and Safety
Date: August 16, 2010



Department of Environmental Protection
FDEP MS 4550 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(4)
Form Title Certificate of Liability Insurance
Used Oil Transporters
Effective Date June 9, 2005

Certificate of Liability Insurance Used Oil Transporters

Please Print or Type Form

1. XL Specialty Insurance Company, (the Insurer), c/o XL Environmental, Inc., 525 Eagleview Blvd.
(Name of the Insurer) (Address of the Insurer) Exton, PA 19341

hereby certifies that it has issued liability insurance to: Heritage-Crystal Clean, Inc. (the Insured),
(Name of the Insured)

2175 Point Blvd., #375, Elgin, IL 60123 whose EPA Identification number is FLR 000 130 062.
(Address of the Insured)

This insurance complies with the insured's obligation to demonstrate the financial responsibility required by Florida

Administrative Code Rule 62-710.600(2)(e). [See page 2 on the back side of this Form]

The insurance is primary and the company shall be liable for amounts up to \$ 1,000,000 less the deductible or retention of \$ 50,000 for each accident exclusive of legal defense costs. If a deductible or retention is applied, its amount may not exceed 10% of the equity of the Insured.

This coverage is provided under policy number AEC0002320202, issued on 06/01/2010.

The expiration date of said policy is 06/01/2011 or the annual renewal date is 06/01/2011.
(Date) (Date)

2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under this policy.
- The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the Insured for any such payment made by the Insurer.
- Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
- Cancellation of the insurance, whether by the Insurer or the Insured or by any other termination of the insurance (e.g. expiration or non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
- The Insurer shall not be liable for the payment of any judgment or judgments against the insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more States, including Florida.

J. William Hornsey
(Signature of Insurer or Authorized Representative)

Authorized Representative of

J. William Hornsey, RPLU
(Type Name)

XL Specialty Insurance Company
(Name of Insurer)

Vice President
(Title)

Same as above
(Address of Representative)

**TRANSFER FACILITY OPERATIONS
9940 CURRIE DAVIS DR. A44, TAMPA, FL**

Heritage-Crystal Clean, LLC ("Crystal Clean") has approximately 65 branches in the United States. Our route trucks travel from our branches to customers to provide parts cleaner units and to service them with fresh solvent or aqueous cleaners. We also collect containerized wastes that are classified as RCRA hazardous, used oil, universal waste, and industrial non-hazardous waste. Containers are brought back to the branch and moved from a route truck to a box trailer. No containers are opened at the branches. Both the route trucks and the box trailers have secondary containment systems, to isolate any possible releases. The box trailer is transported from the branch by a third-party transporter to one of our four distribution hubs in Shreveport, Philadelphia, Indianapolis, and Atlanta. The Atlanta Distribution Hub services the Tampa branch. The trailer is moved within 10 days of the receipt of hazardous waste at the branch.

At the Atlanta hub most containers are moved into a second box trailer for transport to a third party disposal or recycling facility. Crystal Clean does bulk used oil and used oily waters, RCRA non-hazardous aqueous parts cleaning solutions, RCRA non-hazardous mineral spirits parts cleaner waste, and reuse mineral spirits parts cleaner product into tanks and later places them into rail cars or tanker trucks for transport to off-site locations.