

Florida Department of Environmental Protection

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

Jennifer Carroll Lt. Governor

Herschel T. Vinyard, Jr. Secretary

02/22/2011

Brenda Hassler Safety - Kleen Systems Inc 3003 Breezewood Ln Neenah, WI 54956-9611

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 8755 NW 95th St, Medley, FL 33178-1462 has been registered through March 1, 2012 with the following status:

Facility ID # **FLD984171694**

Transporter of Universal Waste Lamps and Devices
Transfer Facility for Universal Waste Lamps
Transfer Facility for Universal Waste Devices
Small Quantity Handler Facility for Universal Waste Lamps and Devices

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices for 1 Year)

The registration form for the year **2012** 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,

Laurie Tenace

Environmental Specialist

Hazardous Waste Management Section

Enclosures



3003 W. Breezewood Lane, P.O. Box 368 Neenah, Wisconsin 54957-0368 (920) 722-2848 • jjkeller.com

"Publishing & Services Since 1953"

January 28, 2011

Received
JAN 3 1 2011

BSHW

Laurie Tenace MS4555
Dept of Environmental Protection
2600 Blair Stone Road
Tallahassee FL 32399-2400

SUBJECT: Safety-Kleen Systems Inc Universal Lamp and Device Transporter renewal.

Enclosed are the 2011 Hazardous Universal Lamp renewal application and checklist for each of the Safety-Kleen Systems locations along with a copy of their Contingency Plan and a Power of Attorney.

Please process the renewals and email Brenda Hassler at J.J. Keller the new permits. Her email address is Bhassler@jjkeller.com.

If you have any questions, please call me at 800-558-5011 ext 2397.

Sincerely,

Brenda Schaffer

Client Service Representative

JAN 31 2011

ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980

Form Approved

OMB No. 2125-0074 BSHW

Issued to Safety-Kleen Systems, Inc. of 5	360 Legacy Drive .Plano .TX .75024
Dated at	this _09th day of Sep 2010
Amending Policy No. 2946584	Effective Date 09/01/2010
Nat'l Union Fire Insurance Co of Pitts Name of Insurance Company 100 Colony Square Ste 900, 1175 Peacht	
Telephone Number 555555555 Countersigne	nd by
The policy to which this endorsement is attached provides primary or excess it	nsurance, as indicated by, "X" for the limits shown:
This insurance is primary and the company shall not be liable for amounts in in excess of the underlying limit of \$ NA for each acc. Whenever required by the Federal Highway Administration (FHWA) or the Integration the FHWA or the ICC a duplicate of said policy and all its endorsement authorized representative of the FHWA or the ICC, to verify that the policy is it is: 4048532630 Cancellation of this endorsement may be effected by the company or the insurance is subject to the ICC's jurisdiction, by providing thirty (30) days in date the notice is received by the ICC at its office in Washington, D.C.).	excess of N A for each accident. erstate Commerce Commission (ICC), the company agrees to ts. The company also agrees, upon telephone request by an inforce as of a particular date. The telephone number to call tred by giving (1) thirty-five (35) days notice in writing to the ad, proof of mailing shall be sufficient proof of notice), and (2)
DEFINITIONS AS USED IN TH	IIS ENDORSEMENT
ACCIDENT includes continuous or repeated exposure to conditions which result in bodily injury, property damage, or environmental damage which the insured neither expected nor intended. MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer,	damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and
or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.	the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.
BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.	PROPERTY DAMAGE means damage to or loss of use of tangible property.
ENVIRONMENTAL RESTORATION means restitution for the loss,	PUBLIC LIABILITY means liability for bodily injury, property damage and environmental restoration.
The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the	payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankrupto

insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA) and the Interstate Commerce Commission (ICC).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation,

maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the

of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

obligated to make under the provisions of the policy except for the

agreement contained in this endorsement.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other

The Motor Carrier Act of 1980 requires limits of financial responsibility according to the type of carriage and commodity transported by the motor carrier It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

Form MCS-90



8700-12FL - FLORIDA NOTIFICATION @ Eeived REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 3 1 2011 2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8772

BSHW

		(000) 2.0 0.72			
EPAID F L D	9 8 4 1 7	1 6 9 4			
	Mark 'X' in correct box:			ies). update status an	d facility identification
2 Facility on				FEID	No
2. Facility or Business Name SAFETY-KLEEN SYSTEMS INC FEID No. 3 9 6 0 9 0 0 1 9					
	Name of Operator SAFETY-KLEEN S		·	New Opera Date became	ator Operator: 7 /30 /91 mm dd yy
comments section).	Street or P.O. Box: Phone Number: 8755 NORTHWEST 95TH STREET 305-884-0123			84-0123	
,		OLEY		State: FL	Zip Code: 33178
	Operator Type: 🗵	Private Federal	Municipal :	State	r
4. Facility Physical Physical Street Address: Location 8755 NORTHWEST 95TH STREET					
	City or Town: MEDLEY			State: FL	Zip Code: 33178
	County: Choose If available, please attach a map or sketch of the facility boundaries.				
	Latitude: Longitude: Method: dd mm ss.ssss dd mm ss.ssss Datum:				
5. Facility North Am Classification Syst Code(s)		A. 562112 C.		B. D.	
6. Facility or Business Mailing Street Address or P.O. Box: 3003BREEZEWOOD LANE PO BOX 368					
Address		ENAH		State: WI	Zip Code: 54957-0368
7. Facility or	First Name:		Last Name:		Title:
Business Contact	BRENDA		HASSLER	E 34-2	AUTH AGENT
Person	Phone Number:		Extension:	E-Mail:	11
	800-558-5011 Street or P.O. Box	•	7351	Bhassler@jike	ner.com
	3003 BREEZEWW				i
	City or Town:	OD LANE		State:	Zip Code:
		ENAH		WI	54957
8. Real Property	Name of Real Prop	perty (Land) Owner:		New Own	er
(Land) Owner				Date became	Owner: 7 / 30 / 91
of the Facility's	SAFETY-KLEEN	SYSTEMS INC		j	mm dd yy
	Street or P.O. Box	:		Phon	e Number:
(List additional	L	5360 LEGACY DRIVE B	LDG 2 SUITE 100		569-5840
real property owners	City or Town:			State:	Zip Code:
in the comments		ANO		TX	75024
section.)	Owner Type: 🔯	Private	Municipal Sta	ate Other_	

	EPA ID No. _{FLD984171694}
. Type of Regulated Waste Activity (Mark 'X' in all tha	
A. Hazardous Waste Activities:	For Items 2 through 7, mark 'X' in all that apply.
(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	(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.)
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	(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
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	(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.
In addition, indicate other generator activities that apply. d. United States Importer of hazardous waste e. Mixed Waste (hazardous and radioactive) Generator	(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 Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Information	· ·
Insurance Company NATIONAL UNION FIRE INC OF Address 717 N HARWOOD LB# 27	PITTSBURG PA C/O LOCKTON COMPANIES
DALLAS	TX 75201
Contact CARLA AYER - SK RISK MANAGEMENT	Telephone 972-265-2854
Policy Number MULTIPLE SEE ATTACHED	Expiration date 9/1/11
d. Transportation Mode Air Rail Highway	☐ Water ☐ Other - specify
e. Hazardous Waste Transfer Facility:	Storage Volume 11880 GALLONS
Florida Administrative Code (F.A.C.)]:	ty [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] tule 62-730.171(3)(a)6., F.A.C.]

	EPA ID No. FLD984171694		
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 esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.		
a. Batteries b. Pesticides c. Pharmaceuticals d. Mercury Containing Devices e. Mercury Containing Lamps	550 500 1400 1500		
(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 Note: for this activi	ty, a facility must treat, dispose or recycle a UW. A permit is required for veling.		
	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. Brenda Schaffer/ JJ Keller/ Auth Agent Print Name of Authorized Person		
(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.	(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		

PPD Primit (0.000 000(1)(1) - June J bring formation in mile (0.000 160(0)(1) (0.000 160(0))

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	EPA	D No. FLD984171694	
D. Other State Regulated Waste Activities:		Water (PCW) Handler [Chacility permit may be required to	
10. Waste Codes for Federally Regulated Hazar your facility. List them in the order they are presented in Hazardous waste transporters list codes routinely or usual	n the regulations (e.g., D00	1, D003, F007, U112).	
D001 2 D004 3 D005		D007 6 D008	⁷ D009
8 D010 9 D011 10 D018		D021 D022	D023
D024 16 D025 17 D026		D028 D029	D030
²² D032 ²³ D033 ²⁴ D034	D035	D036 27 D037	D038
11. Other Status Changes (Mark 'X' in all that ap	pply):		
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			
City, State, Zip			
C. Property Tax Default	D. Petition for Bar	nkruptcy 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 Na	me and Title	Date Signed (mm-dd-yyyy)
Brenda Ocha Afer DKeller Peuth	BRENDASCHA	FFER JJKeller	01-24-2011
W Galat		authagent	
0		<u> </u>	
If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:			
BRENDA SCHAFFER/ JJ KELLER/ AUTH AGENT	800-558-5011 EXT 2397	bschaffer@jjkelle	
(Name of person completing this form)	(Phone Number)	(E-mail Address)	
13. Comments: #10 (CON'T) D039, D040, D041, D042, D043, F002, F003, F005			



Department of Environmental Protection

Jeb Bush Governor Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400 David B. Struhs Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST

The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. Your transporter registration will not be issued until you complete and return the checklist. Handlers which are not engaging in transport activities need not complete this form # \(\begin{align*} \to \mathcal{P} \\ \mathcal{P} \

AFETY-KLEEN SYSTEM	MS INC	8755 NW 95TH STREET	MEDLEY FL
Facility Name	Street A	ldress City	and State
800-558-5011 X7351 Phone	920-727-7550 Fax	bhas E-ma	ster@jjheller.com
rnone	rax	E-ma	111
Section 1: For <u>all</u> transporters and transfer facilities (in-state and out-of-state). Complete all sections and check all boxes that apply.			
1. Estimated <u>number</u> of LAMPS handled during the last calendar year. <u>25,930</u> Types: X Fluorescent X HID			
2. Estimated <u>number</u> of DEVICES handled during the last calendar year. <u>0</u> Types: Thermostats Electric Switches/Relays			
Thermo	ometers N	fanometers Othe	
3. Estimated weight of DEVICES handled during the last calendar year lb.			
4. Estimated <u>number</u> of lamps or devices each facility received. Check the boxes for lamps (L) or devices (D). Give the facility name, location, and contact information.			
25,930 AERO	C - COM INC 4317 -L F	ORTUNE PL WEST MELBOURN	EFL 32904 321-952-1516
Number ① D	Facility Name	City/State	Phone
Number L D	Facility Name	City/State	Phone
Number L D	Facility Name	City/State	Phone
BrendaSchaffer	Litkeller	Brendadchaffer	DKellw 1/24/2011
Print Name of Author	rized Agent	Signature of Authorized A	gent Date

Section 2: For out-of-state transporters and transfer facilities only

1. Is your any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?		
YesX	No	
2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.		
Submitted Previously	Submitted in What Year?	
BRENIN Schaffer JJKeller	Brendo Achoffor OKiller 1/24/2011	
Print Name of Authorized Agent	Signature of Authorized Agent Date	

Complete, sign and return this checklist along with your registration form to:

Ms. Irene Gleason MS 4555
Hazardous Waste Management Section
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Ms. Irene Gleason at (850) 488-0300 or via e-mail at irene.gleason@dep.state.fl.us.

Thank you for your cooperation in providing this information.

TransChkl.doc