

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

March 04, 2011

Brenda Hassler Safety - Kleen Systems Inc 3003 W Breezewood Lane Neenah, WI 54957- 0368

BE IT KNOWN THAT

Safety - Kleen Systems Inc 4426 Entrepot Blvd Tallahassee, FL 32310- 8740

IS HEREBY REGISTERED AS A USED OIL

Transporter, Transfer Facility, Marketer, Filter Transporter, Filter Transfer Facility

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)
The Department of Environmental Protection hereby issues
Registration Number **FLD982133159** on March 04, 2011

Insurance Carrier: GREENWICH INSURANCE
Insurance Policy #: PEC002102004
Insurance Ex. Date: 09/01/2011
Transporter Type: FH

This registration will expire on 06/30/2012

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



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@jikeller.com.

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

Sincerely,

Brenda Schaffer

Client Service Representative

Received

JAN 3 1 2011



Department of Environmental Protection

BSHW

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.

SAFETY-KLEEN SYSTEM	IS, INC	4426 ENTREPOT BLVD	TALLAHASSEE F	L
Facility Name	Street Ac	ldress City and	State	
800-558-5011 X7351	920-727-7550		ssler@jjkeller	. (OM)
Phone	Fax	E-mail		
	-	sfer facilities (in-state and out neck all boxes that apply.	t-of-state).	
	f LAMPS handl Fluorescent	ed during the last calendar ye X HID	ar. 8087	
2. Estimated <u>number</u> of Types: Thermo	stats E	dled during the last calendar lectric Switches/Relays Ianometers Other	year. <u>0</u>	
3. Estimated weight of	DEVICES hand	dled during the last calendar y	vear0 lb.	
	-	es each facility received. Che lity name, location, and contact		
8087 AERC	- COM INC 4317 -L F	ORTUNE PL WEST MELBOURNE FL	<u>32904</u> <u>321-952-151</u> 6	
Number (L) D	Facility Name	City/State	Phone	•
Number L D	Facility Name	City/State	Phone	
Number L D	Facility Name	City/State	Phone	
Brenda Schaffe Print Name of Author	VIJAKEILEV	Signature of Authorized Agen	t 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?					
BRENDASCHAfter LITHELLE	r Brendadchafter DKolby 124/2011					
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.

TransChki.doc

8700-12FL - FLORIDA NOTIFICATION OF

REGULATED WASTE ACTIVITY JAN 3 1 201

DEP Waste Management Division-HWRS, MS4560

2600 Blair Stone Rd. Tallahassee, FL 32399-2400 BSHW (850) 245-8772

EPA ID F L D	9 8 2 1 3	3 1 5 9					
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	<u>notification</u> (see inst	ructions) for th	e facil	ity?	
	FETY-KLEEN SYS				FEID 3	No. 9 6 0 9 0 0 1 9	
	SAFETY-KLEEN S	YSTEMS INC			ame (Operator: 7 / 12 / 89 mm dd yy	
comments section).	Street or P.O. Box:		VD.	i i		Number: 76-9764	
	City or Town: TAL	4426 ENTREPOT BL' LAHASSEE		State:	FL	Zip Code: 32310	
	Operator Type: Private Federal Municipal State Other						
Location	Physical Street Add 4426 ENTREPOT B City or Town: TALLAHASSEE			State:	FL	Zip Code: 32310	
	County: Choose	_	If available, boundaries.		ase attach a map or sketch of the facility		
	Latitude: d	m m s s . ssss	ongitude:d dr	nm ss.s		Method: Datum:	
5. Facility North Am Classification Syst Code(s)	Citcan industry	1560110			B. D.		
6. Facility or	Street Address or l			DOM 040			
Business Mailing Address	City or Town: NEE	3003 BREEZ	ZEWOOD LANE PO	State: W		Zip Code: 54957-0368	
7. Facility or Business Contact	First Name: BRENDA		Last Name: HASSLER			Title: AUTH AGENT	
Person	Phone Number:		Extension:	E-Mail:			
	800-558-5011 Street or P.O. Box 3003 W BREEZEW		7351	Bnassier	<u>wilkei</u>	ier.com	
	City or Town:	NAH		State:	WI	Zip Code: 54957	
8. Real Property (Land) Owner	Name of Real Prop	oerty (Land) Owner:	***************************************	□New	Owne	or Owner: <u>7 / 12 / 89</u>	
of the Facility's Physical Location (List additional	SAFETY-KLEEN S Street or P.O. Box	SYSTEMS INC : 5360 LEGACY DRIV	E BLDG 2 SUITE 10	00		mm dd yy e Number: 69-5840	
real property owners in the comments	City or Town:				TX	Zip Code: 75024	
section.)	Owner Type:	Private Federal	Municipal [State C	ther_		

	EPA ID No. FLD982133159
. Type of Regulated Waste Activity (Mark 'X' in all tha	at apply):
A. Hazardous Waste Activities: (1) Generator of Hazardous Waste (Choose only one of the following three categories.) \[\begin{align*} a. Large Quantity Generator (LQG):	For Items 2 through 7, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste
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.	 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.
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.
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 DALLAS Contact CARLA AYER - SK RISK MANAGEMENT Policy Number MULTIPLE SEE ATTACHED	TX 75201 Telephone 972-265-2854 Expiration date 9/1/11
d. Transportation Mode Air Rail Highway e. Hazardous Waste Transfer Facility:	Water ☐ Other - specify Storage Volume 8800 GALLONS
Florida Administrative Code (F.A.C.)]:	ity [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. FLD982133159				
B. Universal Waste (UW)	Activities	(Mark 'X' in	all that apply)	"accumulated" means at any one time):				
	-		•	cumulated by for-hire handler ed 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 LQ	Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated							
Pharmaceuticals LQ	H = more tha	ın 1 kg (2.2 ll	o) of acutely haza	rdous ("P-listed") pharmaceutical waste accumulated				
Pharmaceuticals SQI	I = always lo	ess than 5,000	kg of UPW and	always 1 kg or less of acutely hazardous UPW accumulated				
(1) For those Managing Generate/ Accumulate Generate/ Accumulate Generate/ Accumulate Transport (see note in instructions) Facility Generate/ Facility Generate								
a. Batteries	X			550				
b. Pesticides				500				
c. Pharmaceuticals								
d. Mercury Containing Devices		$\overline{\boxtimes}$		150				
e. Mercury Containing Lamps			\square	2600				
(3) Mercury Recovery and/o [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 U	w 🗆		Pharmaceuticals	☐ Lamps ☐ Devices ☐				
(5) Destination Facility for U	w 🗆		Note: for this active storage prior to reconstructions	ity, a facility must treat, dispose or recycle a UW. A permit is required for ycling.				
C. Used Oil Activities: (1) Used Oil Transporter - indicate type(s) of activity(ies): X								
(7) Used Oil Transporters, Transporters, Transporters, Transporters and Ma registration fee. Used Oil Prograpplicable, enclose a check or payable to Florida Departmen 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							

	EPA I	D No. FLD982133159					
D. Other State Regulated Waste Activities:		Vater (PCW) Handler [Chap	ter 62-740, F.A.C.]				
	Note: A water fac	ility permit may be required for	or this activity.				
10. Waste Codes for Federally Regulated Haza			rdous wastes handled at				
your facility. List them in the order they are presented in Hazardous waste transporters list codes routinely or usual	-		e needed.				
<u> </u>	14 15		7				
1 D001 2 D004 3 D005		D007 6 D008	D009				
D010 D011 D018		D021 D022	D023				
D024 D025 D026	D027 I	D028 D029	D030				
D032	D035 I	D036 2 D037	D038				
11. Other Status Changes (Mark 'X' in all that apply):							
A. Non-Handler of Regulated Waste at This Facili	ity						
(1) Business no longer generates, transports,	treats, stores, or disposes of	hazardous waste					
(2) Waste generated by business has been del							
(3) Other (explain)							
B. Facility Closed							
(1) Closed at this location and moved or mov	ving to another - submit a ne	w Form 8700-12FL for the ne	w location if you will				
be handling regulated waste there.							
(2) Out of Business - Business closed on address, and phone number where you can		(Date). Please provide a conta	ict person, mailing				
, ,	_						
ContactAddress							
City, State, Zip							
C. Property Tax Default	D. Petition for Ban						
12. Certification: I certify under penalty of law that			-				
in accordance with a system designed to assure that qual information submitted is, to the best of my knowledge a	nned personner property gat and belief, true, accurate, and	ner and evaluate the informati complete. I am aware that the	on submitted. The ere are significant penalties				
for submitting false information, including the possibilit	ty of fine and imprisonment:	for knowing violations. If I ha	ave notified as a transfer				
facility, I am aware that transfer facilities must comply v	with the requirements of Rul	e 62-730.171, FAC, and Rule	62-730.182, FAC.				
Signature of owner, operator, or an authorized	_		Date Signed				
representative	Print Nan	ne and Title	(mm-dd-yyyy)				
Brendrachada DKoller Keeth	BRENDA Schaffer	JKeller auth	1-24-2011				
W Agent		agent					
		,					
If the person who filled in this form is not the Facilit	ty Contact or Operator, ple	ease complete the information	n below:				
BRENDA SCHAFFER/ JJ KELLER/ AUTH AGENT	800-558-5011 EXT 2397	bschaffer@jjkeller.	com				
(Name of person completing this form)	(Phone Number)	(E-mail Address)					
13. Comments:							
#10 (CON'T) D039, D040, D041, D042, D043, F002, I	F003, F005						
			,				
	•		+				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/19/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy, concertificate holder in lieu of such endorses	∌rtain p ment(s).	olicies may require an e	ndorse	ment. A stat	ement on th	is certificate does not co	onter r	ights to the
PRODUCER	(0).		CONTA NAME:	CT				
Marsh USA Inc. 550 South Main Street, Suite 600		Received	PHONE			FAX (A/C, No):		
Greenville, SC 29601		1 5 7 0018	(A/C, No, Ext); (A/C, No): E-MAIL ADDRESS:					
Attn: Greenville.certrequest@marsh.com /212-948-4388 Fa	ЗX	JAN 3 1 2011	PRODU	CER MER ID #:				
000000				INS	URER(S) AFFOR	DING COVERAGE		NAIC#
INSURED		BSHW	INSURE	R A : American Ir	ternational Speci	alty Lines Ins Co		26883
SAFETY-KLEEN SYSTEMS, INC. AND ITS SUBSIDIARIES AND AFFILIATED COMPANIES			INSURER B : Greenwich Insurance Company 22322					22322
5360 LEGACY DRIVE			INSURE	RC:				
BUILDING 2, SUITE 100 PLANO, TX 75024	INSURER D:							
. –,			INSURE	RE:				
			INSURE	RF:				
		NUMBER:		-002577755-01		REVISION NUMBER: 2		
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTRIFICATE MAY BE ISSUED OR MAY PERFORM AND CONDITIONS OF SUCH PO	JIREMEN RTAIN, 1	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER E S DESCRIBEE	OCUMENT WITH RESPEC HEREIN IS SUBJECT TO	T TO I	WHICH THIS [
INSR TYPE OF INSURANCE INS	DL SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	}	
GENERAL LIABILITY			****			EACH OCCURRENCE	\$	
COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR	1					MED EXP (Any one person)	\$	
						PERSONAL & ADV INJURY	\$	
						GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:	1 1						\$	
POLICY PRO- JECT LOC							\$	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
ANY AUTO	1 1					BODILY INJURY (Per person)	\$	
ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
HIRED AUTOS NON-OWNED AUTOS	1 1						\$	
NON-OWNED AUTOS							\$	
UMBRELLA LIAB OCCUR	+					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE							\$	
DEDUCTIBLE							\$	
RETENTION \$							\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE N/N	اام	•				E.L. EACH ACCIDENT	\$	
(Mandatory In NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE		
DESCRIPTION OF OPERATIONS below	$\dashv \dashv$	·		`		E.L. DISEASE - POLICY LIMIT	\$	
A Contractors		COPS1959257		09/01/2010		Each Loss		5,000,000
Ops & Prof Srvcs						Aggregate		10,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach A	ACORD 101, Additional Remarks	Schedule	, if more space is	s required)			
CERTIFICATE HOLDER			CANO	ELLATION				
DEP WASTE MANAGEMENT DIVISION-HWRS, MS45 2600 BLAIR STONE RD.		`.	SHC THE ACC	OULD ANY OF EXPIRATION CORDANCE WI	N DATE THI TH THE POLIC	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
TALLAHASSEE, FL AUTHORIZED REPRESENTATIVE of Marsh USA Inc.								

ADDITIONAL INFORMATION	ATL-002577755-01	DATE (MM/DD/YY) 01/19/2011
PRODUCER Marsh USA Inc. 550 South Main Street, Suite 600 Greenville, SC 29601 Attn: Greenville, certrequest@marsh.com /212-948-4388 Fax		
, •		
000000	INSURERS AFFORDING COVERAGE	NAIC#
INSURED	INSURER G:	
SAFETY-KLEEN SYSTEMS, INC. AND ITS SUBSIDIARIES AND AFFILIATED COMPANIES	INSURER H:	
5360 LEGACY DRIVE	INSURER I:	
BUILDING 2, SUITE 100 PLANO, TX 75024	INSURER J:	

TEXT

Other
Policy Covers
Pollution Legal Liability
Policy Details
Insr Ltr: B
Policy Number: PEC002102004 Eff. Dt. 09/01/2010 Exp. Dt. 09/01/2011
Limits
Earth Less: 10.000.000

Each Loss : 10,000,000 Aggregate : 10,000,000

CERTIFICATE HOLDER

DEP WASTE MANAGEMENT DIVISION-HWRS, MS45 2600 BLAIR STONE RD. TALLAHASSEE, FL

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.

•	,						
ĄĆĆ	ORD CERT	TIFICATE OF LI	ABILITY	INSURA	NCE,	DATE (MM/DD/YYYY) 9/1/2010	
PRODUCER	717 N. HARWOOD, LB#27 DALLAS TX 75201	DALLAS	ONLY AN HOLDER.	D CONFERS N THIS CERTIFICA	UED AS A MATTER O RIGHTS UPON ATE DOES NOT AM AFFORDED BY THE	THE CERTIFICATE	
}	214-969-6700	Received	INSURERS A	AFFORDING COV	/ERAGE	NAIC#	
INSURED	Safety-Kleen Systems, Inc.	144: 5 4 0044	INSURER A: Nat	ional Union Fire Ins	Co Pittsburgh PA	19445	
1320096	and all its Subsidiaries and Affiliated Companies	JAN 3 1 2011	INSURER B: See	Attachment			
1	5360 Legacy Dr., Bldg. 2, Suite 100		INSURER C: AC	E American Insur	ance Company	22667	
	Plano TX 75024	BSHW	INSURER D: Eve	rest National Insura	nce Company	10120	
<u> </u>			INSURER E: Illin	nois National Insurar	nce Company	23817	
COVERA	GES SAFKL03 C1		TI Al	HIS CERTIFICATE OF INSUF ISURER(S), AUTHORIZED R	RANCE DOES NOT CONSTITUTE / REPRESENTATIVE OR PRODUCES	A CONTRACT BETWEEN THE ISSUING AND THE CERTIFICATE HOLDER.	
ANY RE MAY PE POLICIE	THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	ŗ	MITS	
7-7	GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,500,000	
1	v	0056404	0/1/2010	0/1/2011	DAMAGE TO RENTED	500,000	

LTR	NSRD	TYPE OF INSURANCE	POLICY NUMBER	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE \$	1,500,000
Α		X COMMERCIAL GENERAL LIABILITY	0956424	9/1/2010	9/1/2011	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	500,000
		CLAIMS MADE X OCCUR				MED EXP (Any one person) \$	5,000
		X \$500,000 SIR				PERSONAL & ADV INJURY \$	1,500,000
						GENERAL AGGREGATE \$	2,000,000
1		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$	2,000,000
		POLICY PRO-	l				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT s	5,000,000
Α		X ANY AUTO	2946584 (OS)	9/1/2010	9/1/2011	(Ea accident)	3,000,000
Α		ALL OWNED AUTOS	2946585 (MA)	9/1/2010	9/1/2011	BODILY INJURY	3/3/3/3/3/
D		SCHEDULED AUTOS	71G5000060-101	9/1/2010	9/1/2011	(Per person) \$	XXXXXXX
		HIRED AUTOS				BODILY INJURY	***********
		NON-OWNED AUTOS				(Per accident) \$	XXXXXXX
		X MCS-90				PROPERTY DAMAGE	
						(Per accident) \$	XXXXXXX
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$	XXXXXXX
		ANY AUTO	NOT APPLICABLE			OTHER THAN EA ACC \$	XXXXXXX
						AUTO ONLY: AGG \$	XXXXXXX
ĺ		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE \$	10,000,000
С	i '	X OCCUR CLAIMS MADE	XOOG24901257	9/1/2010	11/1/2010	AGGREGATE \$	10,000,000
		UMBRELLA			!	\$	XXXXXXX
		DEDUCTIBLE X FORM		'		\$	XXXXXXX
<u> </u>		RETENTION \$				\$	XXXXXXX
В		KERS COMPENSATION EMPLOYERS' LIABILITY Y/N	See Attachment	9/1/2010	9/1/2011	X WC STATU- TORY LIMITS ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	J	j	j	E.L. EACH ACCIDENT \$	2,000,000
ļ	(Man	datory in NH)				E.L. DISEASE - EA EMPLOYEE \$	2,000,000
<u> </u>		, describe under IAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT \$	2,000,000
E	OTH	ER ss Workers Compensation	0910931	9/1/2010	9/1/2011	WC Statutory Limits E.L. Each Accident \$1M	
٦ [nployers Liability		2112010	7/1/2011	E.L. Diease - Ea Employee \$1M	
	<u> </u>		<u> </u>	L. <u></u>	<u> </u>		
DES	CRIPTI	ON OF OPERATIONS / LOCATIONS / VEHICI	LES / EXCLUSIONS ADDED BY ENDORSEM	MENT / SPECIAL PROVI	SIONS		

CERTIFICATE HOLDER	CANCELLATION [SKWCPOL]
10813132	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DEPT OF HIGHWAY SAFETY AND MOTOR VEHICLES	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN
NEIL KIRKMAN BUILDING	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
2900 APALACHEE PARKWAY	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
TALLAHASSEE FL 32399	REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE
	- frank Sallini

ACORD 25 (2009/01)

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Producer: Lockton Companies, LLC-N Dallas

717 N. Harwood, LB#27 Dallas, TX 75201

Insured: Safety Kleen Systems, Inc.

and all its Subsidiaries and Affiliated Companies

Page: 2

Received

JAN 3 1 2011

BSHW

WORKER'S COMPENSATION POLICIES

CALIFORNIA

Policy Number: 044216027

Insurer: New Hampshire Insurance Company NAIC #23841

FLORIDA

Policy Number: 044216028

Insurer: Illinois National Insurance Company NAIC #23817

TEXAS

Policy Number: 044216029

Insurer: New Hampshire Insurance Company NAIC #23841

WISCONSIN, WYOMING AND MASSACHUSETTS

Policy Number: 044216032

Insurer: Commerce and Industry Insurance Company NAIC #19410

ALL OTHER STATES

Policy Number: 044216026

Insurer: New Hampshire Insurance Company NAIC #23841

EXCESS WORKERS COMP:

Policy #: 0910931 (CA, IN, LA, MI, MO, OH, PA & WA) Insurer: Illinois National Insurance Company NAIC #23817

Standard Attachment: SKWCPOL

Master ID: 1320096



Department of Environmental Protection FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005 lecelved

MAR 0 1 2011

Annual Report by Used Oil and Used Oil Filter Handlers*

(*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])

for reporting period January 1, 2010 through December 31, 2010

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent] to complete this document

BSHW

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS		
1. Company Name: SAFETY- KLEEN SYSTEMS INC 2. Tele	phone No. (25	0 576-9764
Site Address: 4426 ENTREPOT BLVD TALLAHASS	EE, FL	32310
3. EF	PA ID No. FLA	982133159
☐ Check box if any of the above items (1-3) have changed since your last registration		
4. Name of person preparing report (please print) BEN SMITH		
Title Mok- Resultance Compliance Phone number (if different from a	#2 above) (94	7,468.6725
	, 2, abovo, (<u>8 v</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
 Type of operation (check as many as apply to your operations) Used Oil: ☐ Transporter ☐ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Proceedings 	essor 🚨 Marke	eter
☐ Burner (of off-specification used oil) Used Oil Filter: ☐ Transporter ☐ Transfer Facility ☐ Processor ☐	⊒ End User	
SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED	OIL FILTER HAND	DLERS SEE SECTION C)
	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected a. In Fiorida	VIIXEG	135 927
b. From out of state 36655 25946		62600
c. Beginning Inventory		3167
d. Total (sum of totals from Lines a + b + c)		201694
	In State	Out of State
2. Amount (in gallons) of Used Oil and Oily Wastes Managed		2400
N - Not an end use, transferred to another facility for storage or processing		200851
O - Marketed as an on-specification used oil fuel		
F - Marketed as an off-specification used oil fuel		
I - Marketed for an industrial process		
B - Burned as an off-specification used oil fuel		
D - Disposed of Landfilled		
Treated at a wastewater treatment unit		
		201694
3. Total amount (in gallons) of used oil managed		843
4. End of year, on hand estimate (Difference between Lines 1D and Line 3)	ĺ	1070

DEP Form #62-710.901(3))
Form Title Annual Report by Used Oil
and Used Oil Filter Handlers
Effective Date June 9, 2005

SECTION C USED OIL FILTERS (OPTIONAL) (USE TABLE BELOW FOR CONVERSIONS)	CHECK COLUMN IF OUT OF	STATE -
Number of filters on hand from previous year	5687	
2. Number of used oil filters collected.	934666	
3. Total number of used oil filters to manage (1 plus 2)	940. 353	
Disposition of used oil filters collected: a. Transferred to another registered facility	936,734	/
b. Burned for energy recovery at a Waste-To-Energy facility		
c. Transferred directly to a metal foundry for recycling		
d. TOTAL	936 734	/
5. End of year, on had estimate (Difference between Lines 3 and Line 4d)	3619	
6. Gallons of used oil collected as a result of filter processing		
7. Gallons of used oil transferred to a used oil handler (transporter or processor)		
8. Volume of oily waste collected and managed as a result of filter processing		
9. Description of oily waste management		

DIRECTIONS FOR SECTION C

Conversion Table

One **55**-gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters

One **55** gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters

One **ton** of drained used oil filters = approximately <u>2,350</u> used oil filters

- 1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
- 2. Enter the number of Used Oil Filters collected.
- 3. Enter the sum of Line 1 + Line 2.
- 4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
- 5. Enter the number of filters on hand at your site as of December 31, last year.
- 6. Fill in the number of gallons of used oil collected by your filter operation.
- 7. Enter the number of gallons transferred to a used oil transporter or processor.
- 8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
- 9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: aprilia.graves@dep.state.fl.us,

JAN 3 1 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 BS-1\/

Issued to Safety-Kleen Systems, Inc. of 53	360 Legacy Drive .Plano .TX .75024		
Dated at	this <u>09th</u> day of <u>Sep</u> 20 10		
Amending Policy No. 2946584	ffective Date 09/01/2010		
Nat'l Union Fire Insurance Co of Pitts Name of Insurance Company 100 Colony Square Ste 900, 1175 Peachtr	sburgh		
Telephone Number 5555555555 Countersigned	d by		
The policy to which this endorsement is attached provides primary or excess in	nsurance, as indicated by, "X" for the limits shown:		
☑This insurance is primary and the company shall not be liable for amounts in ☐This insurance is excess and the company shall not be liable for amounts in	excess of \$\frac{3,000,000.00}{N A}\$ for each accident, for each accident.		
in excess of the underlying limit of \$ N A for each acci Whenever required by the Federal Highway Administration (FHWA) or the Inte	CONT/		
furnish 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 in is: 4048532630	s. The company also agrees, upon telephone request by an force as of a particular date. The telephone number to call		
Cancellation of this endorsement may be effected by the company or the insur- other party (said 35 days notice to commence from the date the notice is maile if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days no	ed by giving (1) thirty-five (35) days notice in writing to the d, proof of mailing shall be sufficient proof of notice), and (2) otice to the ICC (said 30 days notice to commence from the		
date the notice is received by the ICC at its office in Washington, D.C.).			
DEFINITIONS AS USED IN TH	IS 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.	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		
MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer,	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	the cost of necessary measures taken to minimize or mitigate damage to		
highway for transporting property, or any combination thereof.	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 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).	payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy 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		
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 begin, any final judgment recovered against the	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 obligated to make under the provisions of the policy except for the agreement contained in this endorsement.		

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 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 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 judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

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 accident.

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.

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

Form MCS-90

OPERATIONS

Purpose:

BSHW

Division/Department: Transportation **Procedure: O220-002_OC220-002**

Revision: 9

Revision Date: March 15, 2010 Supercedes: July 16, 2009

Issue Date: 5/22/95

Page: 1 of 20

Approved: Rex Dillabough/Bill Ross/Frank Wagner

PROPRIETARY AND CONFIDENTIAL

This procedure provides instructions to all U.S. and Canadian Safety-Kleen truck/route drivers (Over-the-Road and Route drivers, A/C, O/C, Transflo (BIDS) locations, etc.) regarding actions to be taken in the event of a transportation-related incident.

Scope:

This procedure applies to all Safety-Kleen truck/route drivers (Over-the-Road, Route, A/C, O/C, etc.) in the U.S. and Canada.

Responsibilities:

Facility Manager (Branch A/C, O/C, D/C Managers) Facility Managers will be responsible for implementing this procedure when incidents involving transportation occur, completing any accident reports deemed necessary and assisting EHS Managers with their investigation.

Truck/Route Drivers

Truck Drivers are responsible for knowing the procedures to be followed in the Contingency Plan and implementing the plan in the event of an incident, (specific actions to be taken by drivers are addressed below in the procedures).

Environmental Health and Safety (EHS) Managers/ Transportation Compliance Managers After being contacted by Infotrac, EHS Managers, in conjunction with the Transportation Compliance Managers, are responsible for consulting with the drivers to assist them with clean-up of incidental releases; determining whether an emergency Regulatory ID Number is necessary prior to moving clean-up materials and wastes from the site; ensuring the contaminated equipment used in the clean-up is decontaminated; determining whether notifications to regulatory agencies are required and who should make the notification; determining whether written reports to regulatory agencies are required; and notification of the Safety-Kleen Non-Conforming Waste Specialist as appropriate.

2. Secure Site JAN 3 1 2011

a) Ensure that there is No Smoking in the incident area.

BSHW

- b) While maintaining a safe distance from the spill, prevent access to individuals not familiar with the hazards of the material released.
- c) If the incident involves vehicles, erect safety reflectors (as required by U.S. Department of Transportation (DOT) or Canadian Federal or Provincial Transportation Regulations).

3. Assess the Situation **Only if it is safe to do so**

- a) Review the shipping papers, manifests, placards, S-K prequalification documents, or service documents to identify the material(s) released and their hazards.
- b) Estimate the quantity of material(s) released.
- c) Identify the source and location of the release.
- d) Evaluate the extent of property damage or injuries, and determine whether it is safe to approach the injured.
- e) For incidents in the U.S. and Canada, consult the Emergency Response Guidebook (ERG). The ERG provides basic hazard information regarding released materials.

4. Determine if there is an "incidental" or "significant/non-incidental" release

- a) An incidental release is a release which:
 - i. Has not reached the environment (soil or surface water); and
 - ii. Is a small quantity of a known material; and
 - iii. The driver has knowledge of the potential hazards of the material, and the protective precautions and equipment to use to safely address the release; and
 - iv. Release from the source can be stopped by the driver alone (no assistance needed); and
 - v. Adequate equipment is readily available in the truck spill kit or at the incident site to protect the driver, and contain and clean up the released material.

b) ACTION TO BE TAKEN IF THE INCIDENT IS AN "INCIDENTAL RELEASE":

- Review the emergency information to determine proper protective equipment.
- ii. Do not jeopardize your personal safety at any time.
- iii. Don the protective equipment before approaching the incident area.
- iv. If possible, stop the source and migration of the release (close valve, upright drum, cover any storm drains, etc.).
- v. Conduct the immediate notification procedure noted in Section 5 below.
- vi. After consultation with the EHS Manager, clean up the release.
- vii. The EHS Manager must determine if an emergency Regulatory ID number is necessary prior to moving clean-up materials and waste from the site.
- viii. All contaminated clean-up equipment and sorbent is to be placed in a container and secured on the truck for return to the vehicle's base facility.
- ix. Ensure that all equipment is decontaminated in accordance with the facility Contingency Plan, and the spill kit is re-stocked.
- x. See Section 9 for required spill kit items.
- c) A **significant release** is a release which does not meet the definition of incidental release as defined above in "a".

6. Vehicle Accidents

Notify your immediate supervisor. If there is property damage or injuries, request that your supervisor contact an S-K insurance representative as soon as possible. (Refer to Accident and Injury Claims Reporting Procedures O310-002 or Canadian Accident and Injury Claims Reporting Procedures OC310-002).

Facility Managers should consult your **Regional Transportation Compliance Manager** to ensure proper notifications are made, and drug and alcohol tests are completed, if required.

7. Reporting and Follow-up Notification

- a) The Safety-Kleen **EHS Manager** will determine whether the following notifications are required, and if so who should make the notification:
 - i. U.S. Only: National Response Center;
 - ii. <u>Canada Only:</u> 30 Day Notification to the Director General, Transportation of Dangerous Goods for "dangerous goods incidents" (See TDG Part 8).
 - iii. State Emergency Response Commission or Provincial authority;
 - iv. Local Emergency Planning Committee (Canada equivalent if applicable); and
 - v. Emergency Contractor.
- b) Do not make these notifications without first consulting with the EHS Manager identified by Infotrac.
- c) A Safety-Kleen Incident Report Form must be completed whenever an incident has occurred (For Incident Report Form procedures, See Procedure for Incident Report Form O220-001, OC220-001).
- d) When the incident occurs in the US, a **USDOT Spill Report** (Form 5800.1) must be completed for most releases of hazardous materials and any quantity of hazardous waste, while the material is in the course of transportation, including loading, unloading, and temporary transport.
 - Infotrac is responsible to confirm with the Transportation Compliance Department whether, or not, the incident requires the DOT report to be filed. If the incident is reportable, Infotrac will complete the report. The driver must provide Infotrac with the information needed to complete the form.
- 8. DOT Shipping descriptions for Materials Most Likely to be Released or Need Alternate Transportation

The Table below provides shipping descriptions for the materials most commonly transported **by SK drivers**. Following the table is information on the management of contaminated oil and vac wastes.

Consult with the EHS Manager to determine whether additional written reports are necessary to the State/Provincial Environmental Agency, U.S. National Response Center, State Emergency Response, or local Emergency Response (and equivalent Canadian Agencies).

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PRODUCT/ MATERIAL	DOT DESCRIPTION	EPA	TDG DESCRIPTION
	CLEANUP AND REMEDIATION DEB	1	
JFILL (VI VVASTE SPILLS
Our Mark	GUN CLEANER PROD		
Gun Wash	UN3175, RQ Waste, Solids Containing	F005,	WASTE SOLIDS CONTAINING
	Flammable Liquids, n.o.s.	D039, D040	FLAMMABLE LIQUIDS, N.O.S
	(Toluene, Xylene), 4.1, PGII (D001),	F003,	(toluene, xylene), 4.1, UN3175
	(ERG# 133)	D001,	PGII (ON263H)
		D018.	
		D035	
Heavy Duty	Non Regulated Solid	NONE	Non-TDG Regulated Solid
Aqueous Cleaner	Non Negulated Cond	IVOINE	<u> </u>
Photo Wastes	I NA 2077 Harris Marks Callet a co	NONE	Non TDC Beautated Solid
Photo wastes	NA 3077, Hazardous Waste Solid, n.o.s. (Silver), 9, PGIII, (ERG# 171)	NONE	Non-TDG Regulated Solid
SKOS and SKVS	Non Regulated Solid (Used oil)	NONE	Non-TDG Regulated Solid (Use
(uncontaminated;	1	l	oil)
see below for			•
instruction for	,		
contaminated loads)			<u> </u>
	CORE WASTES	<u> </u>	
Used Aqueous	NA3077, Hazardous Waste Solid,	D039	Non-TDG Regulated Solid (Use
Brake Cleaner	n.o.s. (Tetrachloroethylene), 9, PGIII		Aqueous Brake Cleaner and
	(ERG#171)		Debris) (ON263T)
Used Immersion	NA3077, Hazardous Waste	D006,	WASTE CORROSIVE SOLID,
Cleaner	Solid, n.o.s. (Lead,	D008, D018,	BASIC, ORGANIC, N.O.S.
	Tetrachloroethylene), 9, PGIII	D018,	(monoethanolamine), 8, UN3263, PGIII (ON263T)
	(ERG# 171)	D038,	0143203, FGIII (0142031)
		D039,	
		D040	
Used 105 Parts	UN3175, RQ, Waste, Solids Containing	D001,	WASTE SOLIDS CONTAINING
Washer Solvent and	Flammable Liquids, n.o.s.	D018,	FLAMMABLE LIQUIDS, N.O.S.
Bulked 105 and 150	(Petroleum Naphtha, Benzene), 4.1,	D039,	(petroleum naphtha, benzene)
Solvent Mixtures	PGII, (D001), (ERG# 133)	D040	4.1, UN3175, PGII (ON263T)
Used 150 Parts	NA3077, Hazardous Waste Solid,	D039,	Non-TDG Regulated Solid (Use
Washer Solvent	n.o.s. (Petroleum Naphtha,	D040	Parts Washer Solvent and
	Tetrachloroethylene), 9, PGIII (ERG# 171)		Debris) (ON263T)
Used Paint Gun	UN3175, RQ, Waste, Solids	F005,	WASTE SOLIDS CONTAINING
Cleaner and Other	Containing Flammable Liquids,	F003,	FLAMMABLE LIQUIDS, N.O.S.
Paint Wastes	n.o.s. (Methyl Ethyl Ketone,	D001,	(methyl ethyl ketone, benzene)
	Benzene), 4.1,	D018,	4.1, UN3175, PGII (ON263H)
	PGII (D001), (ÉRG# 133)	D035,	
	1	D036,	
	1	D038,	}
		D039,	
Day Oleanas Datt	NACOTT Hamaniana Masta Callal	D040	WASTE TOVIC SOLID
Dry Cleaner Bottoms	NA3077, Hazardous Waste Solid,	F002,	WASTE TOXIC SOLID,

(tetrachloroethylene), 9,

Waste,

NA3077, Hazardous Waste Solid,

n.o.s. (tetrachloroethylene), 9, PGIII,

Containing Flammable Liquids, n.o.s.

(naphtha, Tetrachloroethylene), 4.1,

RQ,

PGII (D001), (ERG# 133)

PGIII, (ERG# 171)

(ERG# 171)

UN3175,

(Perc)

(Perc)

Dry Cleaner

Dry Cleaning

(Naphtha)

Separator Water

Bottoms, Separator

Water and Filters

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Solids

D007,

D039,

D040

F002,

D039,

D040

D001,

D007,

D039,

D040

ORGANIC, N.O.S.

(tetrachloroethylene), 6.1,

UN2811, PGIII (ON263H)

WASTE TOXIC SOLID,

ORGANIC, N.O.S.

(tetrachloroethylene), 6.1, UN2811, PGIII (ON263H)

WASTE SOLIDS CONTAINING

FLAMMABLE LIQUIDS, N.O.S.

(naphtha, tetrachloroethylene),

4.1, UN3175, PGII (ON263H)

In the unlikely event that Used Oil is found to be contaminated with Hydrogen Sulfide, the material must be classified as follows:

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> If the concentration of hydrogen sulfide detected in the headspace of a used oil cargo tank is less than 500 ppm, the following description should be used:

Environmentally hazardous substances, liquid, N.O.S. (hydrogen sulfide) 9, UN 3082, PG III

BSHW

If the concentration of hydrogen sulfide detected in the headspace of a used oil cargo tank is greater than or equal to 500 ppm, the following shipping description should be used:
 Toxic Liquids, Organic, n.o.s. (Hydrogen Sulfide)
 6.1 UN2810, PG I, Poison Inhalation Hazard Zone B

In addition, this material must be shipped in a MC 330 or MC 331 with no bottom outlet valve and properly designed and insulated in accordance with **49** CFR 173.315.

a. <u>Used Oil and Vac Services Wastes Contaminated with Polychlorinated Biphenyls (PCBs)</u>

In instances where used oil is contaminated with PCBs, the material must be classified as follows:

- PCB concentration greater than 20 ppm and less than 50 ppm:
 RQ Environmentally hazardous substances, liquid, n.o.s. (polychlorinated biphenyls), 9 UN3082, PG III (PCBs)
- PCB concentration greater than 50 ppm: RQ
 Polychlorinated biphenyls, liquid, 9, UN2315, PG III
- a. Used Oil and Vac Services Wastes Contaminated with Caustics/Acids

The shipping description below can be used for oils contaminated with bases. If the caustic chemical is known, the name can be substituted as the technical descriptor.

> If the pH of the used oil is greater than or equal to 12, the DOT description is:

40 CFR 279 Exempt:

Corrosive liquid basic, organic, n.o.s. (sodium hydroxide), 8, UN3267, PG II (ERG# 153)

Hazardous Waste:

RQ Waste, Corrosive liquid, basic, organic, n.o.s. (Sodium Hydroxide), 8 UN3267, PGII (D002), (ERG# 153)

EPA codes: D002

If the pH of the used oil is less than or equal to 3:

The shipping description below can be used for oils contaminated with acids. If the acidic chemical is known, the name can be substituted as the technical descriptor.

STATE	AGENCY	NUMBER	COMMENTS
Alabama	Department of Emergency Management Agency	(800) 843-0699 or (205) 280-2312	A copy of DOT 500.1 must also be sent to the Alabama Department of Environmental Management, P.O. Box 301463 Montgomery, AL, 36130
	HazMaterial Helpline U.S. Coast Guard	(800) 451-6027	In State
	U.S. Coast Guard	(251) 441-5286 (mobile)	/
	Department of Public Safety	(334) 242-4378	7: 00 AM - 5: 00 PM Monday-Friday
	Department of Environmental Management	(334) 271-7700	
	ADEM Mobile Field Office	251-450-3400	
	Donate A & D. hii. O. f. A		Received
Arizona	Department of Public Safety Duty Officer	(602) 223-2212	JAN 3 1 2011
	Department of Environmental Quality	(800) 234-5677	BSHW
	T	(504) 000 0000	
Arkansas	Hazardous Waste Division	(501) 682-0833	
California	Department of Toxic Substances	(916) 324-2430	
	Office of Environmental Affairs	(916) 322-7236	
	Office of Emergency Services	(916) 262-1620	
Colorado	Waste Management Division	(877) 518-5608	
Connecticut	State Patrol Department of Environmental Protection	Nearest Office (860) 424-3338	Oil and Chemical Spill Section
	Department of Public Safety	(860) 685-8441 (860) 685-8190	After Hours
	Department of Notice		
Delaware	Department of Natural Resources 24 Hour Complaint and Spill Notification Line	(800) 662-8802	In State
	Air and Waste Division	(302) 739-9401 911	
District of	L Hozordoug Wests Massacratic		<u></u>
District of Columbia	Hazardous Waste Management Branch	(202) 727-6161	

STATE	AGENCY	NUMBER	COMMENTS
		<u> </u>	
Massachusetts	Department of Environmental Protection	(617) 556-1133 (Boston Area Only)	24 hours
		(888) 304-1133	24 hours
	DEP Central:	(508) 792-7650	
	DEP Northeast:	(978) 661-7600	Received
	DEP Southeast:	(508) 946-2700	JAN 3 1 2011
	DEP Western:	(413) 784-1100	BSHW
	State Police	(508) 820-2300	
	Bridgewater MA - Fire	(508) 697-0900	
	Bridgewater MA - Police	(508) 697-6118	
	Salisbury MA - Fire	(978) 462-2411	
	Salisbury MA - Police	(978) 462-9333	
	West Brookfield MA - Fire	(508) 867-1408	
	West Brookfield MA - Police	(508) 867-1405	
Michigan	Department of Environmental Quality Helpline	(517) 373-2730	8:00 AM - 5:00 PM
	Michigan Pollution Emergency Alerting System (PEAS)	(800) 292-4706	24 hours for Spills or Emergencies
Minnesota	Division of Hazardous Waste	(651) 649-5451 (800) 422-0798	
			······································
Mississippi	Department of Environmental Quality	(601) 961-5171	
	Public Service Commission	(601) 961-5439	
Missouri	Department of Natural Resources	(573) 634-2436	
	Emergency Response	(573) 526-3349	Non-emergency

STATE	AGENCY	NUMBER	COMMENTS Received
Ohio	Ohio ERA Emergency Response	(900) 292 0279	<u> </u>
	Ohio EPA Emergency Response Waste Management Division	(800) 282-9378 (405) 271-5338	JAN 3 1 201
Oklahoma	Emergency Reporting	(800) 522-0206	A A B D C C C C C C C C C C C C C C C C C C
	, , , , , , , , , , , , , , , , , , ,		BSHW
_	Oregon Emergency Response	(800) 452-0311	Consorting
Oregon	System	(503)229-5696	General information
	Public Utility Commission	(503) 376-6889	
	•		
	Department of Environmental	(717) 787-4343	24 hours
Pennsylvania	Protection	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
· omioyivama		(747) 054 0004	
	Department of Emergency	(717) 651-2001	24 hours
	Management Agency	(800) 424-7362	
	Local Police and Fire		
	Departments	911 or Operator	·
	Department of Engineermental	(401) 222-2797	Pusings hours
Rhode Island	Department of Environmental Management	(401) 222-2284	Business hours
·	Management		
South Carolina	Department of Health and	(803) 253-6488	24 hours
	Environmental Control		
	Department of Water		
	Environment and	(007) 770 0450	
South Dakota	Natural Resources-Waste	(605) 773-3153	
	Management Program		
·····		· · · · · · · · · · · · · · · · · · ·	
_	Tennessee Emergency	(615) 741-0001	
Tennessee	Management Administration	(800) 262-3300	
	(TEMA)		<u> </u>
	Natural Resource Conservation	:	
_	Commission	(000) 000 0004	
Texas	Industrial and Hazardous Waste	(800) 832-8224	
	Division		
Utah	Department of Environmental	(801) 538-6170	Business hours
Can	Quality	(· / · · · · · ·	
	Down diel Down -	(000) FOC 4400	
	Remedial Response	(802) 536-4123	1
	Hozordoug Management		
Vermont	Hazardous Management Program	(802) 241-3888	Business hours
÷	, rogiani		
	State Police	(802) 244-8775	After hours
		(002)244-0110	Altoi Hours

PROVINCE/ TERRITORY	AGENCY	NUMBER	COMMENTS
			Received
Alberta		Local Police	Mecon
			JAN 3 1 2011
	Provincial Emergency Program	(800) 663-3456	JAN
British Columbia	(PEP)	or	RSHW
	(, _,)	Local Police	Ballan
		· · · · · · · · · · · · · · · · · · ·	
		Local Police or	
Manitoba		Fire Brigade or	
		(204) 945-4888	
		Local Police or	
New Brunswick		1-800-565-1633	
		1-000-000-1000	
		Local Police or	
Newfoundland		(709) 772-2083	
		<u> </u>	
Northwest Territories		(403) 920-8130	
	~	<u></u>	
		Local Police or	
Nova Scotia		1-800-565-1633	
		or (902) 426-6030	
		(902) 420-0030	
Ontario		Local Police	
Ontario			
Prince Edward		Local Police or	
island		1-800-163-3565	=
Totalia 1 000 100 000			
Quebec		Local Police	
		Local Police or	· · · · · · · · · · · · · · · · · · ·
Saskatchewan		1-800-667-7525	
Yukon		(403) 667-7244	



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JAN 3 1 2011
BSHW

To Whom It May Concern:

RE: DRIVERS/HAZMAT EMPLOYEES SUBJECT TO TRAINING AND RE-CERTIFICATION

The purpose of this memo is to certify that all drivers, subject to the Code of Federal Regulations Title 49 Parts 100-185 and Parts 381-399 are required to be trained and tested in the following areas as required:

General Awareness and Familiarization Function Specific

Safety
Security Awareness
In-Depth Security
Carriage by Public Highway (Drivers Only)

This training is required to be conducted within 90 days of the hazmat employee being hired or a change in job function.

Hazmat employees are also subject to recurring training every three years.

A record of the training, containing the below described information may be found in the employee's file:

The employee's name
Training completion date
Description of the training materials used
Name and address of the trainer
Certification that the employee was trained and tested as required

Any questions regarding the training program may be sent to Rex Dillabough at: rex.dillabough@safetykleen.com or he may be reached at 972-265-2335.

Director of Transportation Compliance Safety-Kleen Systems, Inc 5360 Legacy Drive, Building 2, Suite 100 Plano, Texas 75024 972.265.2000 All drivers will carry the latest version of the DOT Emergency Response Guidebook in their vehicles at all times when transporting hazardous wastes.

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Mailing Address:
P.O. Box 368
Neenah, WI 549:57-0368
Remittance Address:
P.O. Box 672
Neenah, WI 549:57-0672
www.jjkeller.com

POWER OF ATTORNEY LICENSES, PERMITS, TAXES, REPORTS

Received

State of Texas	JAN 3 1 2011
County of Collin	
	BSHW
KNOW ALL MEN BY THESE PRESENTS that	Safety-Kleen Systems Inc
, an Corporation	(Individual, Partnership or
	ve Building 2 Suite #100 Plano TX 75024 , acting through the
	. KELLER & ASSOCIATES, INC., a Corporation with offices at
3003 W. Breezewood Lane, Neenah, WI as Attorney	-In-Fact for the said <u>Safety-Kleen Systems Inc</u>
for the following limited and special purposes:	
To obtain, complete, execute, renew, and deduction dimensional and similar permits, licenses, ti	eliver applications for fuel, highway use tax, reciprocity, mileage, over itles, and apportioned licenses of the states of the United States and
provinces of Canada in which motor vehicles	for the carriage of goods or passengers are operated or intended
to be operated by <u>Safety-Kleen Systems In</u> and	nc
	eliver applications for private, exempt, or intrastate authority with the ity as granted by the Federal Highway Administration with the various
state commissions in which motor vehicles for	or the carriage of goods or
passengers are operated or intended to be o	and Safety-Kleen Systems Inc
T	
with the states of the United States and proving reports.	nileage tax, ton-mile tax, and apportioned reports required to be filed inces of Canada, and provide audit representation for those taxes and
This POWER OF ATTORNEY is restricted and limite July 28, 2008	d to the matters specifically set forth herein for the term beginning
IN WITNESS WHEREOF Safety-Kleen Systems In	nc .
has caused these presents to be executed by a duly a	authorized officer or owner hereto this
day of Sept 23, 2008	
	1 Ambaha
Sworn to and subscribed before me this	(Company Authorized Signature)
23 day of 9-08 Exicology	Virgil W Duffie III/Assistant Secretary
My commission expires 9-21-1 COTARY	(Printed Company Authorized Name and Title)
Vinestys (c)	Valle Syll
(County) (State) PUBLIC	(Notary Public Signature)
OF WISCO	
AFFIX SEAL HERE	