



## 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

04/11/2011

Catherine McCord, Vice President Environmental Health and Safety  
Heritage-Crystal Clean LLC  
2175 Point Blvd Ste #375  
Elgin, IL 60123

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Heritage-Crystal Clean LLC** located at **9940 Currie Davis Dr #A44, Tampa , FL33619-2669**

**FLR000170431**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Non-Handler of Hazardous Waste.**

Your facility is **currently registered** for the following activities: **UW Lamp Transfer Facility, UW Device Transfer Facility (reg exp on 03/01/12); HW Transporter, HW Transfer Facility (reg exp on 06/01/11) ; Used Oil Transfer Facility, Used Oil Filter Transfer Facility (reg exp on 06/30/2012).**

Your facility is **currently permitted** as: **No Active Hazardous Waste Treatment, Storage, or Disposal Permit.**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here:

<http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm>.

**To review the details of your status**, visit:

[http://appprod.dep.state.fl.us/www\\_RCRA/Reports/handler\\_results.asp?epaid=FLR000170431](http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLR000170431).

For further assistance, please e-mail a Notification Coordinator at [EPOST\\_HWreg@dep.state.fl.us](mailto:EPOST_HWreg@dep.state.fl.us) or call us at (850)245-8707.

Sincerely,

FOR

Glen Perrigan  
Environmental Manager  
Hazardous Waste Regulation Section

ME ID: 95762 , Email Address: [Catherine.Mccord@Crystal-Clean.com](mailto:Catherine.Mccord@Crystal-Clean.com)



February 28, 2011

UPS Next Day Air

Florida Dept. of Environmental Protection  
Bob Martinez Center, 2600 Blair Stone Rd.  
Tallahassee, Florida 32399-2400

Re: Heritage-Crystal Clean, LLC

Dear Sir/Madam:

Please find attached Heritage Crystal Clean's renewal documents for our Florida transporter licenses, Florida transfer facilities and other related documents as provided in the table below.

Documents enclosed:	Renewal for:
(a) Transporter License 8700-12FL – Notification of Regulated Waste Activity for Transporter ILR 000 130 062 2175 Point Blvd., Suite 375, Elgin, IL	<ul style="list-style-type: none"><li>• Used Oil and Filter</li><li>• Universal Waste</li><li>• Hazardous Waste</li></ul>
(b) Florida Transfer Facilities 8700-12FL – Notification of Regulated Waste Activity for Transfer Facility 950 Eller Dr., Port Everglades, FL FLR 000 120 014	<ul style="list-style-type: none"><li>• Used Oil and Filter</li><li>• Universal Waste</li><li>• Hazardous Waste</li></ul>
8700-12FL – Notification of Regulated Waste Activity for Transfer Facility 9940 Currie Davis Rd, A44 Tampa, FL FLR 000 170 431	<ul style="list-style-type: none"><li>• Used Oil and Filter</li><li>• Universal Waste</li><li>• Hazardous Waste</li></ul>
8700-12FL – Notification of Regulated Waste Activity for Transfer Facility 7037 Commonwealth Ave., #8, Jacksonville, FL FLR 000 154 278	<ul style="list-style-type: none"><li>• Used Oil and Filter</li><li>• Universal Waste</li><li>• Hazardous Waste</li></ul>
(c) Other related documents: <ul style="list-style-type: none"><li>• Hazardous Waste Transporter Status Form</li><li>• Hazardous Waste Transporter Certificate of Liability</li></ul>	<ul style="list-style-type: none"><li>• Hazardous Waste</li></ul>
<ul style="list-style-type: none"><li>• Annual Reports by Used Oil and Used Oil Filter Handlers for 2010</li><li>• Used Oil Certificate of Liability</li></ul>	<ul style="list-style-type: none"><li>• Used Oil and Filter</li></ul>
<ul style="list-style-type: none"><li>• Universal Waste checklists</li></ul>	<ul style="list-style-type: none"><li>• Universal Waste</li></ul>
Renewal Fee in the amount of \$400	<ul style="list-style-type: none"><li>• Used Oil Transporter and Transfer Facility fees</li></ul>

**Heritage-Crystal Clean, LLC**

2175 Point Boulevard, Suite 375, Elgin, IL 60123  
847.836.5670 Phone 847.836.5677 Fax 877.WE TRY 4 U Toll Free  
[www.crystal-clean.com](http://www.crystal-clean.com)

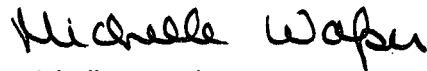
Please note that the 8700-12FL Notification Forms for the transfer facilities located in Port Everglades, Tampa and Jacksonville provide hazardous waste insurance information in Question 7. However since we only use our ILR 000 130 062 to transport hazardous waste we only checked that box on our ILR renewal. If you should have any questions regarding this, please do not hesitate contact either Catherine McCord at [Catherine.mccord@crystal-clean.com](mailto:Catherine.mccord@crystal-clean.com) or myself at [Michelle.walper@crystal-clean.com](mailto:Michelle.walper@crystal-clean.com). This is consistent with previous communications between Catherine McCord and the Department.

We currently use the same Used Oil training manual that we provided in our 2010 submittal. If you would like another copy we would be more than happy to provide that to you.

Renewal certificates can be forwarded to my attention at [michelle.walper@crystal-clean.com](mailto:michelle.walper@crystal-clean.com).

If you should have any questions regarding these documents, please do not hesitate to contact me at (847) 783-5355 or by e-mail. Thanks for your help with these renewals.

Sincerely,

A handwritten signature in black ink that reads "Michelle Walper". The signature is written in a cursive, flowing style.

Michelle R. Walper

Enclosures

cc: Phil Comella  
Catherine McCord



**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

Date Received  
(for FDEP Official Use Only)

**Received**

**MAR 01 2011**

EPA ID **F L R 0 0 0 1 7 0 4 3 1**

MTS

RGR for  
**BSHW**

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy

Street or P.O. Box:

**2175 POINT BLVD., SUITE 375**

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**  
dd mm ss . ssss

Longitude: **8 2 2 0 2 4 . 1146**  
dd mm ss . ssss

Method:

**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**

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 XL SPECIALITY INSURANCE COMPANY HCC TRANSPORTS UNDER ILR 000 130 062Address 525 EAGLEVIEW BLVD., EXTON, PA 19341Contact SUETTA BARTLEY Telephone 317-844-7759Policy Number AEC 002320203 Expiration date 06/01/2011d. **Transportation Mode** ☐ Air ☐ Rail ☒ Highway ☐ Water ☐ Other - specify \_\_\_\_\_e. ☒ **Hazardous Waste Transfer Facility:** Storage Volume varies☐ **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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LESS THAN 1,000 LBS.
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LESS THAN 1,000 LBS.
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LESS THAN 1,000 LBS.

(3) Mercury Recovery and/or Reclamation Facility ☐  
[Chapter 62-737, F.A.C.]

Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐

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

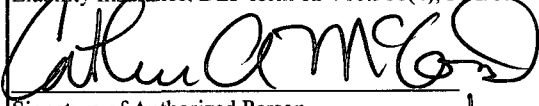
(5) ☐ Used Oil Fuel Marketer

(6) Used Oil Filter

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

**(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 McCord

Print Name of Authorized Person

2/23/2011

(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

EPA ID No.

FLR000170431

**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.

<sup>1</sup> D001	<sup>2</sup> D002	<sup>3</sup> D004	<sup>4</sup> D005	<sup>5</sup> D006	<sup>6</sup> D007	<sup>7</sup> D008
<sup>8</sup> D009	<sup>9</sup> D010	<sup>10</sup> D011	<sup>11</sup> D018	<sup>12</sup> D019	<sup>13</sup> D021	<sup>14</sup> D022
<sup>15</sup> D023	<sup>16</sup> D024	<sup>17</sup> D025	<sup>18</sup> D026	<sup>19</sup> D027	<sup>20</sup> D028	<sup>21</sup> D029
<sup>22</sup> D035	<sup>23</sup> D038	<sup>24</sup> D039	<sup>25</sup> D040	<sup>26</sup> F001	<sup>27</sup> F002	<sup>28</sup> 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

02-23-2011

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 regulations Hazardous Wastes:

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



# 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

## 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

### SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Heritage - Crystal Clean, LLC 2. Telephone No. (847) 783-5351

Site Address: 9940 Currie Davis Dr., Ste. 101

Tampa, FL 33619 3. EPA ID No. FLR0 0017 0431

☐ Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) Chuck Sizemore

Title Environmental Scientist Phone number (if different from #2, above) (\_\_\_\_) \_\_\_\_\_

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter ☒ Transfer Facility ☐ Collection Center/Aggregation Point ☐ Processor ☐ Marketer

☐ 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 HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected

a. In Florida.....

b. From out of state.....

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

Automotive	Industrial	Mixed	Total
255	660		915
			915

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

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.....

Incinerated.....

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

In State	Out of State
	915
	915
	0



[illegible]