

## 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

07/20/2012 Brenda Hassler, Authorized Agent Safety - Kleen Systems Inc 3003 Breezewood Ln Neenah, WI 54956-9611

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 **Safety - Kleen Systems Inc** located at **161 Industrial Loop S, Orange Park , FL32073-6259** 

## FLD980847214

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Large Quantity Generator; Small Quantity Handler, Universal Waste Batteries, Universal Waste Battery Transporter, Universal Waste Pesticide Transporter, Universal Waste Lamps.

Your facility is **currently registered** for the following activities: **UW Lamp Transporter**, **UW Device Transporter**, **UW Lamp Transfer Facility**, **UW Device Transfer Facility**, **UW Lamp SQH**, **UW Device SQH** (reg exp on 03/01/13); HW Transporter, HW Transfer Facility (reg exp on 09/01/12); Used Oil Transporter, Used Oil Transfer Facility, Used Oil Marketer, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2013).

Your facility is currently permitted/active as: Operating Commercial TSD (exp on 12/20/13).

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

To review the details of your status, visit:

http://appprod.dep.state.fl.us/www\_RCRA/Reports/handler\_results.asp?epaid=FLD980847214. For further assistance, please e-mail a Notification Coordinator at <u>EPOST\_HWreg@dep.state.fl.us</u> or call us at (850)245-8707.

Sincerely,

River M Shim

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 2319 , Email Address: bhassler@jjkeller.com

FLORIDA	RE DEP W	FL - FLORIDA NOT GULATED WASTE /aste Management Division- Blair Stone Rd. Tallahassee (850) 245-8772	ACTIVITY -HWRS, MS4560			
EPA ID F L D	9 8 0 8 4	7 2 1 4				
I. Reason for Submittal       Mark 'X' in ved correct box:              □ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).         FEB 2 0 2012              □ To provide subsequent notification (to update status and facility identification information).         Is this the final notification (see instructions) for the facility?         Is this the final notification (see instructions) for the facility?						
	AFETY-KLEEN S	YSTEMS INC			3	96090019
<b>3. Facility Operator</b> (List additional Operators in the comments section).	SAFETY-KLEE	N SYSTEMS INC			Phone	Operator: <u>10 / 20 / 86</u> mm dd yy e Number:
		L LOOP SOUTH			904	4-264-2607
	City or Town: ORANGE PARK			State: Fl	L	<b>Zip Code:</b> 32073
	Operator Type: [	Private Federal	Municipal	State	]Othe	r
4. Facility Physical	Physical Street Ad					
Location		L LOOP SOUTH	·			
Information	City or Town:State:Zip Code:ORANGE PARKFL32073			<b>Zip Code:</b> 32073		
			If available, ple boundaries.	If available, please attach a map or sketch of the facility		
	Latitude:   _   Longitude:   Method: d m m s s . ssss d d m m s s . ssss Datum:					
5. Facility North Am Classification Syst	-	<b>A</b> 562112		В.		
Code(s)	,	С.		D.		
6. Facility or	Street Address or					
<b>Business Mailing</b>	3003 BREEZEW City or Town:	OOD LANE PO BOX 36	8	State:		Zin Code:
Address	NEENAH			W	/I	Zip Code: 54957-0368
7. Facility or	First Name: BRENDA		Last Name: HASSLER			Title: AUTH AGENT
Business Contact Person	Phone Number:		Extension:	E-Mail:		AUTHAGENT
1 61300	800-558-5011		7351		ler@j	jkeller.com
	Street or P.O. Box 3003 BREEZEW					
	City or Town:	OOD LANE		State:		Zip Code:
	NEENAH			W		54957
8. Real Property (Land) Owner of the Facility's	SAFETY-KLEEN	<b>berty (Land) Owner:</b> N SYSTEMS INC		Date be		er Owner: <u>10 / 20 / 86</u> mm dd yy
Physical Location	Street or P.O. Box: Phone Number:					
(List additional real property owners	5360 LEGACY L City or Town:	DRIVE BLDG 2 SUITE 1	00	State:	800	0-669-5840
in the comments	PLANO			State: T	X	<b>Zip Code:</b> 75024
section.)	Owner Type: 🛛 I	Private Federal	Municipal Sta		Other_	

DEP Form 62-730.900(1)(b), adopted by reference in rule 62-730.150(2)(a), 62-710.500(1), and 62-737.400(3)(a)2., F.A.C. Effective Date 01-04-2009 Page 1 of 4

	EPA ID No. <sub>FLD980847214</sub>
9. Type of Regulated Waste Activity (Mark 'X' in all tha	
<ul> <li>A. Hazardous Waste Activities:</li> <li>(1) Generator of Hazardous Waste <ul> <li>(Choose only one of the following three categories.)</li> <li> <ul> <li>a. Large Quantity Generator (LQG):</li> <li>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</li> </ul> </li> <li> b. Small Quantity Generator (SQG): <ul> <li>Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (&gt;220 to &lt;2,200</li> </ul> </li> </ul></li></ul>	<ul> <li>For Items 2 through 7, mark 'X' in all that apply.</li> <li>(2) Treater, Storer, or Disposer of Hazardous Waste <ul> <li>(at your facility) Note: A hazardous waste permit may be required for this activity.</li> <li>a. Operating Commercial TSD</li> <li>b. Operating Non-commercial TSD</li> <li>c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)</li> </ul> </li> <li>(3) Recycler of Hazardous Waste (at your facility) Specify: Commercial; Non-Commercial. <ul> <li>A permit is required for storage prior to recycling.</li> <li>(4) Exempt Boiler and/or Industrial Furnace</li> </ul> </li> </ul>
<ul> <li>lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste</li> <li>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</li> <li>In addition, indicate other generator activities that apply.</li> <li>d. United States Importer of hazardous waste</li> </ul>	<ul> <li>a. Small Quantity On-site Burner Exemption</li> <li>b. Smelting, Melting, and Refining Furnace Exemption</li> <li>(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.</li> <li>(6) Underground Injection Control - Mark an 'X' even if the</li> </ul>
<ul> <li>e. Mixed Waste (hazardous and radioactive) Generator</li> <li>(7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually. a. For own c. Hazardous Waste Transporter Insurance Information Insurance Company ACE AMERICAN INSURANCE COMPANY</li> </ul>	on a state of the
Address <u>C/O 26 CENTURY BLVD. PO BOX 305191</u> <u>NASHVILLE</u> Contact <u>WILLIS OF TEXAS, INC</u> Policy Number <u>ISAH08692397</u> d. Transportation Mode Air Rail Highway	TX         37230-5191           Telephone         877-945-7378           Expiration date         9/1/12
<ul> <li>Florida Administrative Code (F.A.C.)]:</li> <li>Certification by a responsible corporate officer of a criteria of Section 403.7211(2), Florida Statutes (</li> <li>Evidence of the transporter's financial responsibilities</li> <li>A brief general description of the transfer facility of the facility closure plan [Rule 62-730.1]</li> <li>A copy of the contingency and emergency plan [Rule</li> </ul>	(F.S.) [Rule 62-730.171(3)(a)1., 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.] ule 62-730.171(3)(a)6., F.A.C.]
A map or maps of the transfer facility [Rule 62-73 Notification of changes in above items Annual update notification	υ. ι / 1( <i>3)</i> (ά <i>)</i> / ., Γ.Α.Ο.]

	EPA ID No. FLD980847214		
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 accu	mulated		
	unulated for fire has deer		
Mercury-containing devices LQH = 100 kg (220 lb) or more acc			
Mercury-containing devices SQH = less than 100 kg accumulated	d by for-nire nandler		
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamp	ps) or more accumulated by for-hire handler		
Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamp	ps) accumulated by for-hire handler		
[Note: 4 lamps = 1 kg, $62-737.200(10)$ ]			
Pharmaceuticals LQH = 5,000 kg or more of universal pharmace	utical waste (UPW) accumulated		
Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazard	dous ("P-listed") pharmaceutical waste accumulated		
Pharmaceuticals SQH = always less than 5,000 kg of UPW and a	lways 1 kg or less of acutely hazardous UPW accumulated		
(1) For those Managing (see note in Facility	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.		
(instructions)			
a. Batteries	550		
b. Pesticides	500		
c. Pharmaceuticals			
d. Mercury Containing Devices	150		
e. Mercury Containing Lamps	1300		
	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	ty, a facility must treat, dispose or recycle a UW. A permit is required for cling.		
	8) Specific Certification to be signed by all Used Oil Transporters		
(1) Used Oil Transporter - indicate type(s) of activity(ies):	I certify as a Used Oil Transporter that the training program and financial		
a. Transporter	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		
orginally approved training program, they are explained in attachments i			
(2) Collection Center this registration form. Evidence of financial responsibility is			
<ul> <li>(3) Used Oil Processor (A permit is required for this activity.)</li> <li>(4) Off-Specification Used Oil Burner</li> <li>demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.</li> </ul>			
(5) 🛛 Used Oil Fuel Marketer			
(6) Used Oil Filter	Al April 15 Keller/ Auth Agent		
a. Transporter	Signature of Authorized Person		
<ul> <li>b. Transfer Facility</li> <li>c. Processor</li> </ul>			
c. Processor       Adam Hooyman/JJ Keller/Auth Agent         d. End User       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 (9) The records required under the provisions of Rule 62-710.51			
applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.			
TRAVELED BY THE REAL PROPERTY OF A DEPARTMENT OF A DEPARTMENTA DEPARTA DEPARTMENTA DEPARTA DEPARTMENTA DEPARTA DEPARTA DEPARTMENT A DEPARTMENTA DEPARTMENTA DEPARTA DEPART	F.A.C., are kept at (check one):		
	<ul> <li>F.A.C., are kept at (check one):</li> <li>Our mailing (business) address</li> <li>The site (facility) address</li> </ul>		

	EPA L	D No. FLD980847214	·			
D. Other State Regulated Waste Activities:	—	<b>/ater (PCW) Handler</b> [Chap lity permit may be required for				
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 usua	n the regulations (e.g., D001	, D003, F007, U112).				
1 D001 2 D004 3 D005	D001 2 D004 3 D005 4 D006 5 D007 6 D008 7 D009					
8 0010 0011 0018	11 12	D021 13 D022	14 D023			
15 D024 16 D025 17 D026	18 19	20 D028 D029	21 D030			
<sup>22</sup> D032 D033 D034	25 D035 26	0036 <sup>27</sup> D037	28 D038			
11. Other Status Changes (Mark 'X' in all that a	p <b>ply):</b>					
<ul> <li>(2) Waste generated by business has been dell</li> <li>(3) Other (explain)</li> <li>B. Facility Closed</li> <li>(1) Closed at this location and moved or move be handling regulated waste there.</li> <li>(2) Out of Business - Business closed on</li></ul>	ving to another - submit a ne					
Contact		······································				
City, State, Zip		·····				
C. Property Tax Default	D. Petition for Ban	kruptcy Protection				
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 as for submitting false information, including the possibilit facility, I am aware that transfer facilities must comply v	lified personnel properly gat nd belief, true, accurate, and y of fine and imprisonment :	her and evaluate the informati complete. I am aware that the for knowing violations. If I h	ion submitted. The ere are significant penalties ave notified as a transfer			
Signature of owner, operator, or an authorized representative	Print Nan	e and Title	Date Signed (mm-dd-yyyy)			
Ad Hogo IT Kelled Auth Agent	Adam Hooman /:	5 Keller/ Auth Agent	1/25/2012			
		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
If the person who filled in this form is not the Facilit	y Contact or Operator, ple	ase complete the informatio	n below:			
Adam Hooyman/JJ Keller/Auth Agent	800-558-5011 EXT 7062	<u>ahooyman@jjkelle</u>	r.com			
(Name of person completing this form)	(Phone Number)	(E-mail Address)				
13. Comments:						
#10 (CON'T) D039, D040, D041, D042, D043, F002, F	003, F005					

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F	FLORIDA FLORIDA FLORIDA FLORIDA FDEP, MS 4560, 2600 Blair Stone Road Tallahassee, Florida 3230	99-2400	and L Effective Date	International Report by Used Oil- ised Oil Filter Handlers June 9, 2005
	Annual Report by Used Oil and Used Oil and Used Oil ("Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850 for reporting period January 1, 2011 through December 31, 2 Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent]	2011	ITA, BOX 3 DEIDA	BSHW
SEC	CTION A TO BE COMPLETED BY ALL REGISTERED PERSONS			
1. (	Company Name: SAFETY-KLEEN SYSTEMS INC. 2. Te	elephone No. (	800 669	.5840
	Site Address: 161 IAOUSTEIAL LOOP SOUTH ORANGE	PARK P	<sup>2</sup> L 32	073
-	3.	EPA ID No.	12 980	847214
_	Check box if any of the above items (1-3) have changed since your last registration	n		
	Name of person preparing report (please print)		-	
-	Title MGR - REGULATORY LOMPLANCE Phone number (if different from	m #2, above)	847,468	-6725
Use B	Type of operation (check as many as apply to your operations) ed Oil: Transporter Transfer Facility Collection Center/Aggregation Point P Burner (of off-specification used oil) ed Oil Filter: Transporter Transfer Facility Processor	rocessor 🔲 M		
SE	CTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USE	ed Oil Filter H	HANDLERS S	EE SECTION C)
4	Amount (in gallons) of Used Oil and Oily Wastes collected	al Mix	ed	Total
1. /	a. In Florida			1365009
	<b>b.</b> From out of state <b>169827</b>	<b>5</b>		166870
	c. Beginning Inventory	••••••	[	3500
	<b>d.</b> Total (sum of totals from Lines <b>a</b> + <b>b</b> + <b>c</b> )	••••••		1535379
		In S	State	Out of State
2.	Amount (in gallons) of Used Oil and Oily Wastes Managed			
	N - Not an end use, transferred to another facility for storage or processing	1529	196	
	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	1529	7196	
4.	End of year, on hand estimate (Difference between Lines 1D and Line 3)	6	183	

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Page 1 of 2

DEP Form # <u>62-710,901(3))</u>
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 STAT	TE 🚽
1. Number of filters on hand from previous year	31020	
2. Number of used oil filters collected	1707642	
3. Total number of used oil filters to manage (1 plus 2)	1738662	
<ol> <li>Disposition of used oil filters collected:</li> <li>a. Transferred to another registered facility</li> </ol>	1725737	
b. Burned for energy recovery at a Waste-To-Energy facility		
c. Transferred directly to a metal foundry for recycling		
d. TOTAL	1725737	
5. End of year, on had estimate (Difference between Lines 3 and Line 4d)	1725737 12925	
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 <b>55</b> -gallon drum of <u>crushed</u> used oil filters = approximately <u>400</u> used oil filters
One <b>55</b> gallon drum of <u>uncrushed</u> used oil filters = approximately <u>250</u> used oil filters
One <b>ton</b> 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: <a href="mailto:aprilia.graves@dep.state.fl.us">aprilia.graves@dep.state.fl.us</a>,



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

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CASHIER CHECK DETAIL

DATE: 02/16/12

TOLL FREE NUMBER: 1-800-558-5011

FL DEPT OF ENVIRONMENTAL REG HAZARDOUS WASTE MNGMNT SECTION 2600 BLAIR STONE RD TALLAHASSEE FL 32399-2400

SUBJECT: HAZARDOUS PERMIT SEE BILLING SPREADSHEET

CLIENT NAME: SAFETY-KLEEN SYSTEMS INC

CASHIER CHECK NUMBER: 2005217612

AMOUNT: \$900.00

41000436/B/22

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Received FEB 2 0 2012 BSHW