

## Florida Department of **Environmental Protection**

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

Herschel T. Vinyard Jr. Secretary

07/01/2013 Tony Cellucci, VP Transportation Compliance Safety-Kleen Systems Inc 42 Longwater Dr Norwell, MA 02061

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 5610 Alpha Dr, Boynton Beach, FL33426-8329

## FLD984167791

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 03/01/2014); HW Transporter, HW Transfer Facility (reg exp on 06/30/2014); Used Oil Transfer Facility, Used Oil Filter Transfer Facility (reg exp on 06/30/2014).

Your facility is currently permitted/active as: Operating Commercial TSD (exp on 11/19/2017).

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=FLD984167791. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us .

Sincerely,

Glen Perrigan

**Environmental Manager** 

Hazardous Waste Regulation Section

Liver M ym

ME ID: 48680, Email Address: <a href="mailto:cellucci.anthony@cleanharbors.com">cellucci.anthony@cleanharbors.com</a>



## 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

<b>ENLORIDA</b>	2500 Blair Stone Rd. Tallanassee, FL 32399-2400 (850) 245-8772								
EPA ID F L D	9 8 4 1 6	7 7 9	1		e we ye	es sur		e de la companya del companya de la companya de la companya del companya de la co	9. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
1. Reason For Submittal  JUN 0 4	2013	was  To p	te, universal wa provide <u>subsequ</u> prmation).	otification (to o ste, or used oil a lent notification fication (see inst	ctivities) (to upd	). late statu	s and fac	cility identificati	on
2. Facility or FEID No.									
	AFETY-KLEEN S		NC				3 9	6 0 9 0	0 1 9
3. Facility Operator	Name of Operator	*				New Operator			
(List additional Operators in the	SAFETY-KLEEN SYSTEMS INC  Date became Operator: 10 / 10 / 89								
comments section).	Street or P.O. Box	Street or P.O. Box: Phone Number:							уу
,	5610 ALPHA D							6-1339	
	City or Town: BOYNTON BEACH				St	ate: FL	Zij	Code: 33426	
	Operator Type:		Federal	Municipal	Stat		Other	33 120	_·
4. Facility Physical	Physical Street Ac	ldress:		<u> </u>				——————————————————————————————————————	
Location	<del></del>	5610 ALPHA DRIVE							
Information	City or Town:  BOYNTON BEACH  State: Zip Code:  51 33426								
	County: Choose	unty: Choose If available, pl				ease attach a map or sketch of the facility			
	Latitude:         d d								
•	5. Facility North American Industry  Classification System (NAICS)  562112								
Classification Sys Code(s)	Classification System (NAICS)								
6. Facility or Business Mailing	Street Address or 42 LONGWATE							•	
Address	City or Town: NORWELL			State:			Zij	p Code: 02061-	9149
7. Facility or	First Name:			Last Name: CELLUCCI		Tit	tle:	(D) 14 1 10 E	
Business Contact Person	Phone Number:	ANTHONY Phone Number:		Extension:	E-Mail:		1	VP TRANS COM	MPLIANCE
7 613011	781-792-5760						CI.ANTHO	NY@CLEANHARB	ORS.COM
·	Street or P.O. Box: 42 LONGWATER DRIVE								
	City or Town: NORWELL				State: MA			<b>Zip Code:</b> 02061-9149	
8. Real Property	Name of Real Pro	Name of Real Property (Land) Owner:				New Owner			
(Land) Owner of the Facility's	SAFETY-KLEEN SYSTEMS INC				D	Date became Owner: 10 / 10 / 89 mm dd yy			
	Street or P.O. Box:					Phone Number:			
(List additional	2600 NORTH CENTRAL EXPRESSWAY, SUITE 400						800-66	9-5840	_
real property owners in the comments	City or Town: RICHARDSON					ate: TX		<b>p Code:</b> 75080	
section.)	Owner Type: Private Federal Municipal State Other								
	Owner Type:	i i i vale [	Trederar (		state	ال السا			-

	EPA ID No. <sub>FLD984167791</sub>					
. Type of Regulated Waste Activity (Mark 'X' in all tha	nt apply):					
A. Hazardous Waste Activities:  (1) Generator of Hazardous Waste	For Items 2 through 7, mark 'X' in all that apply.  (2) Treater, Storer, or Disposer of Hazardous Waste  (et your facility) Note: A hazardous waste pormit					
(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	(at your facility) Note: A hazardous waste permit may be required for this activity.   a. Operating Commercial TSD  b. Operating Non-commercial TSD  c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)					
b. Small Quantity Generator (SQG): Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute hazardous waste	<ul> <li>(3) Recycler of Hazardous Waste (at your facility)         Specify: Commercial, Non-Commercial.         A permit is required for storage prior to recycling.     </li> <li>(4) Exempt Boiler and/or Industrial Furnace         a. Small Quantity On-site Burner Exemption         b. Smelting, Melting, and Refining Furnace Exemption     </li> </ul>					
c. Conditionally Exempt SQG (CESQG): Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and 1 kg (2.2 lbs) or less of acute hazardous waste	(5) Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.					
In addition, indicate other generator activities that apply.  d. United States Importer of hazardous waste  e. Mixed Waste (hazardous and radioactive)  Generator	(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.					
(7) Transporter of Hazardous Waste [Note: A Certificate Registration must be renewed annually.  a. For own	of Liability Insurance is required along with this registration.] waste only \( \omega \) b. For commercial purposes					
c. Hazardona Wasta Transporter Ingurance Information I	^ <del></del>					
$\frac{-}{C}$ Policy: ISAHO8719652 Expiration: 09/01/201	3					
d. Transportation Mode Air Rail Highway	Water Other - specify					
e. Hazardous Waste Transfer Facility:	Storage Volume <u>13200 GALLONS</u>					
Florida Administrative Code (F.A.C.)]:  Certification by a responsible corporate officer of criteria of Section 403.7211(2), Florida Statutes Evidence of the transporter's financial responsibility.  A brief general description of the transfer facility.  A copy of the facility closure plan [Rule 62-730.1]  A copy of the contingency and emergency plan [Rule 62-73]  Notification of changes in above items	ty [Rule 62-730.171(3)(a)3., F.A.C.] operations [Rule 62-730.171(3)(a)4., F.A.C.] 71(3)(a)5., F.A.C.] tule 62-730.171(3)(a)6., F.A.C.]					
Annual update notification						

	EPA ID No. FLD984167791			
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 mor Small Quantity Handler (SQH) = always less than 5,000 kg ac				
Mercury-containing devices LQH = 100 kg (220 lb) or more Mercury-containing devices SQH = less than 100 kg accumulations.				
Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 la  Mercury-containing lamps SQH = less than 2,000 kg (8,000 la  [Note: 4 lamps = 1 kg, 62-737.200(10)]	· ·			
Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely have the pharmaceuticals SQH = always less than 5,000 kg of UPW and the pharmaceuticals SQH = always less than 5,000 kg of UPW and the pharmaceuticals SQH = always less than 5,000 kg of UPW and the pharmaceuticals SQH = always less than 5,000 kg of UPW and the pharmaceuticals SQH = always less than 5,000 kg of UPW and the pharmaceuticals SQH = always less than 5,000 kg of UPW and the pharmaceuticals SQH = always less than 5,000 kg or more of universal pharmaceuticals are the pharmaceuticals.	zardous ("P-listed") pharmaceutical waste accumulated			
	(2) Enter your esitmate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.			
a. Batteries	550			
b. Pesticides	500			
c. Pharmaceuticals				
d. Mercury Containing Devices	150			
e. Mercury Containing Lamps	1000			
(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 Pharmaceutica	ls Lamps Devices			
(5) Destination Facility for UW  Note: for this act storage prior to r	rivity, a facility must treat, dispose or recycle a UW. A permit is required for ecycling.			
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  Brenda Hassler/JJ Keller/Auth Agent  Print Name of Authorized Person			
(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.  A check is enclosed.	(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):  ☐ our mailing (business) address ☐ The site (facility) address			

DED Tomas (0. 400.000/15/15) Salare a large entraction and 140/05/15 (0. 410.400/15)

.1

Control of	and the second s	A STATE OF THE STA					
EPA ID No. FLD984167791							
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.							
D001 2 D004 3 D005	<sup>4</sup> D00	6 D007	б D008	7 D009			
8 D010 P D011 D018	<i>11</i> D01		D022	D023			
15 D024 16 D025 17 D026	D02	19	<sup>20</sup> D029	D030			
D032 D033 D034 D034	D03	5 D036	D037	D038			
11. Other Status Changes (Mark 'X' in all that ap			<del></del>				
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							
Contact	Phone	e					
Contact Phone Address							
City, State, Zip							
C. Property Tax Default							
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   nepresentative	Print Name and Title			Date Signed (mm-dd-yyyy)			
Dendo Anslu I Willer	BRENDA	HASSLER/JJ Keller	Authorized Agent	6/3/13			
y was y was				7-1			
			<del>-</del>				
If the person who filled in this form is not the Facilit	y. Contact o	r Operator, please cor	nplete the information	on below:			
BRENDA HASSLER/JJ Keller/Auth Agent	800-558-5011 EXT 7351 bhassler@jjkeller.com			com			
(Name of person completing this form)	(Phone Number) (E-mail Address)						
13. Comments:	<u> </u>						
#10 (CON'T) D039, D040, D041, D042, D043, F002, F003, F005							