

August 16, 1993

Mr. Ashwin Patel
Hazardous Waste Section
Florida Department of Environmental
Regulation - Northeast District
7825 Baymeadows Way, Suite 200B
Jacksonville, Florida 32256-7577

Subject: 12 Gallon Waste Mineral Spirits Spill
Safety-Kleen Corporation
161 Industrial Loop, South
Orange Park, Florida 32073
FLD 980 847 214

Dear Mr. Patel:

The following information is being submitted for an incident at the referenced facility pursuant to 40 CFR 264.56 (j).

Location of Incident: Camp Blanding
RR 1, PO Box 478
Starke, Florida 32602

Facility Operator: Safety-Kleen Corporation
1000 N. Randall Road
Elgin, Illinois 60123

Facility Location: 161 Industrial Loop, South
Orange Park, Florida 32073
Telephone (904) 264-2607
FLD 980 847 214

1. Report Date: August 6, 1993
2. Person Filing Report: Larna Wells
3. Date and Time of Incident: August 6, 1993 2:10 P.M.
4. Description of Incident: Drum fell inside truck when sales representative was turning corner.

5. Extent of Personal Injuries: None
6. Extent of Property Damage: None
7. Description and Estimated Quantity of Material Released:
Approximately 12 gallons of waste mineral spirits.
8. Human Health and Environmental Impact: None
9. Remedial Action Taken: All of spill material was recovered. Boons used to contain spill. Absorbents and corn cob used to clean up residue. Grass/dirt area 10 inches x 20 feet x 8 inches deep was excavated.
10. Estimated Quantity of Clean-Up Residue for Treatment and Disposal:
A total of 3-30 gallon drums was generated from clean-up. Material was shipped to a Safety-Kleen Recycling Facility located in Lexington, SC.

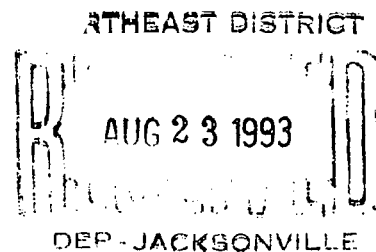
This letter also serves as notification that the spill has been cleaned up, and that all emergency equipment is again ready for use. Please contact me at 904-264-2607 if you have any questions.

Sincerely,

Larna Wells

Larna Wells
Branch Facility Manager
Safety-Kleen Corporation
161 Industrial Loop, South
Orange Park, Florida 32073

bc: Branch Spill File 1430
Regional Office File Xa
Catherine McCord, EHS/Eastern Division File Xa
Al Seyfer, RM/Tampa Region



August 20, 1993

Mr. Ashwin Patel
Hazardous Waste Section
Florida Department of Environmental
Regulation - Northeast District
7825 Baymeadows Way, Suite 200B
Jacksonville, Florida 32256-7577

Subject: Unmanifested Waste Report

Dear Mr. Patel:

Attached you will find an Unmanifested Waste Report, Part C.

The report is submitted by Safety-Kleen Corporation, 161 Industrial Loop,
South, Orange Park, Florida 32073.

If you have any questions concerning this report, please feel free to call
me at 904-264-2607.

Sincerely,

Larna Wells

Larna Wells
Branch Facility Manager
Safety-Kleen Corporation
161 Industrial Loop, South
Orange Park, Florida 32073

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| HAZARDOUS WASTE REPORT | | I. TYPE OF HAZARDOUS WASTE REPORT | |
| Use this form as a cover for all required reports. | | PART A: GENERATOR ANNUAL REPORT | |
| | | THIS REPORT IS FOR THE YEAR ENDING DEC 31. 19 93 | |
| | | PART B: FACILITY ANNUAL REPORT | |
| | | THIS REPORT FOR YEAR ENDING DEC 31. 19 93 | |
| | | PART C: UNMANIFESTED WASTE REPORT | |
| | | THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) 08-06-1993 | |
| II. INSTALLATION'S EPA I.D. NUMBER | | | |
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 F F L D 9 8 0 8 4 7 2 1 4 1 | | | |
| III. NAME OF INSTALLATION | | | |
| 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 S A F E T Y - K L E E N C O R P O R A T I O N | | | |
| IV. INSTALLATION MAILING ADDRESS | | | |
| <small>STREET OR P.O. BOX</small> | | | |
| 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 3 1 6 1 I N D U S T R I A L L O O P S O U T H | | | |
| <small>CITY OR TOWN</small> | | | |
| 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 O R A N G E P A R K | | | |
| <small>ST. ZIP CODE</small> | | | |
| 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 F L 3 2 0 7 3 | | | |
| V. LOCATION OF INSTALLATION | | | |
| <small>STREET OR ROUTE NUMBER</small> | | | |
| 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 5 S A M E | | | |
| <small>CITY OR TOWN</small> | | | |
| 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 (Empty) | | | |
| <small>ST. ZIP CODE</small> | | | |
| 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 (Empty) | | | |
| VI. INSTALLATION CONTACT | | | |
| <small>NAME (last and first)</small> | | | <small>PHONE NO. (area code & no.)</small> |
| 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 2 G I A M B R O N E R U S S | | | 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 9 0 4 - 2 6 4 - 2 6 0 7 |
| VII. TRANSPORTATION SERVICES USED (for Part A reports only) | | | |
| List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report. | | | |
| | | | |
| VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only) | | | |
| A. COST ESTIMATE FOR FACILITY CLOSURE | | B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only) | |
| \$ | | \$ | |
| 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 (Empty) | | 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 (Empty) | |
| IX. CERTIFICATION | | | |
| I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. | | | |
| Larna Wells A PRINT OR TYPE NAME | | Larna Wells B SIGNATURE | |
| | | 8/20/93 C DATE SIGNED | |

UNMANIFESTED WASTE REPORT
PAGE 2 of 2

FACILITY REPORT—PARTS B & C

| | | | |
|--|---------------------------|--|--|
| FOR OFFICIAL USE ONLY (Items 1 & 2) | 1. DATE RECEIVED - 1 9 | XVI. TYPE OF REPORT (enter an "X") <input type="checkbox"/> PART B <input checked="" type="checkbox"/> PART C | XVII. FACILITY'S EPA I.D. NO. G F L D 9 8 0 8 4 7 2 1 4 |
| | 2. RECEIVED BY | | |

| | |
|--|---|
| XVIII. GENERATOR'S EPA I.D. NO. F L T M P 9 3 0 4 3 6 9 | XIX. GENERATOR'S ADDRESS (street or P.O. box, city, state, & zip code) 161 Industrial Loop, South Orange Park, FL 32073 |
|--|---|

XIX. GENERATOR NAME (specify)
Safety-Kleen Corporation

| LINE NUMBER | A. DESCRIPTION OF WASTE | B. EPA HAZARDOUS WASTE NUMBER (see instructions) | C. MAN-DLING METHOD (enter code) | D. AMOUNT OF WASTE | E. UNIT OF MEASURE (enter code) |
|-------------|---|--|----------------------------------|--------------------|---------------------------------|
| 1 | RQ Hazardous Waste; Liquid, N.O.S. Contaminated Debris Class I, NA 3082, PB III (F001, F002, D001, B001, D007, D008, D009) (ERG #3) | F 0 0 1 D 0 0 1 F 0 0 2 D 0 0 6 | 0 6 1 | 5 2 2 | DM |
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XXII. COMMENTS (enter information by line number—see instructions)
Waste from spill was unmanifested. Spill was completely recovered and brought to Safety-Kleen facility.