

BY _____

Zip:

[illegible]

FDEP - RCRA PROGRAM
VIOLATION FORMPage 2 of

Filled out /corrected :

Received by TLH:

Entered/Returned by TLH:

By -

Date

1

By -

Date

2

EPA ID#

FLD980847214

Facility:

Safety Klean

County:

Clay

Street:

City:

Orange Park

Zip:

Evaluation Link Date:
(MMDDYY)

1/26/94

District:

NE

Inspector:

PJF

SEQ #	#	AUD	AGY	Viol Type (Area)	Date Determined MMDDYY (Violation Link Date)	CLASS	PRIORITY	Return to Compliance		Reg Type	Comment	Data Seq. #
								Scheduled mmddyyyy	Actual mmddyy			
	1	A	S	G6R	3/10/94	1	9			262.11	Hw Det	
	2	A	S	GMR	3/10/94	1	9			262.11 Elem I	EPA # on manifest	
	3	A	S	IMR	3/10/94	1	9			263.20	Tr. Manifest	
	4	A	S	D6S	3/10/94	1	9			264.16	Per. Tr.	
	5	A	S	DPP	3/10/94	1	9			264.31	Main. 4 op.	
	6	A	S	DCP	3/10/94	1	9			264.54	Cont. plan	
	7	A	S	DCP	3/10/94	1	9			264.55	Em. Coord.	
	8	A	S	DMR	3/10/94	1	9			264.73	op record	
	9	A	S	DMC	3/10/94	1	9			264.71	Containers	
	10	A	S	DMC	3/10/94	1	9			264.73	Containers	

FDEP - RCRA PROGRAM
VIOLATION FORMPage 2 of

Filled out /corrected :

Received by TLH:

Entered/Returned by TLH:

By - _____	Date <u>1</u> / <u> </u> / <u> </u>	By - _____	Date <u>2</u> / <u> </u> / <u> </u>
_____	_____	_____	_____
_____	_____	_____	_____

EPA ID#

FLD980847214

Facility:

Safety Klean

County:

Clay

Street:

City:

Orange Park

Zip:

Evaluation Link Date:
(MMDDYY)

1/26/94

District:

NE

Inspector:

PJF

SEQ #	#	AUD	AGY	Viol Type (Area)	Date Determined MMDDYY (Violation Link Date)	CLASS	PRIORITY	Return to Compliance		Reg Type	Comment	Data Seq. #
								Scheduled mmddyyyy	Actual mmddyy			
22	1	A	S	GGR	3/10/94	1	9			262.11	Hw Det	
23	2	A	S	GMR	3/10/94	1	9			262.11 Elem I	EPA # on manifest	
24	3	A	S	IMR	3/10/94	1	9			263.20	Tr. Manifest	
25	4	A	S	DGS	3/10/94	1	9			264.16	Peris. Tr.	
26	5	A	S	DPP	3/10/94	1	9			264.31	Main. 4 op.	
27	6	A	S	DCP	3/10/94	1	9			264.54	Cont. plan	
28	7	A	S	DCP	3/10/94	1	9			264.55	Em. COOR.	
29	8	A	S	DMR	3/10/94	1	9			264.73	op record	
30	9	A	S	DMC	3/10/94	1	9			264.71	Containers	
31	10	A	S	DMC	3/10/94	1	9			264.73	Containers	

Filled out /corrected :

Received by TLH:

Entered/Returned by TLH:

By - _____ _____ _____ _____	Date 1 _____ _____ _____
By - _____ _____ _____ _____	Date 2 _____ _____ _____

EPA ID#

F	L	D	9	8	0	8	4	7	2	1	4
---	---	---	---	---	---	---	---	---	---	---	---

Facility:

Safety klean

County:

Clay

Street:

City:

Zip

Evaluation Link Date:
(MMDDYY)

1	26	94
---	----	----

District:

N	E
---	---

Inspector:

P	J	F
---	---	---

[illegible]

FDEP - RCRA PROGRAM
ENFORCEMENT FORMPage 4 of Filled out /corrected :
Received by TLH:
Entered/Returned by TLH:

By -	Date	By -	Date
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____

EPA ID#

FL0980847214

Attorney Initials:

--	--	--

Accessibility Code:

--

Facility Name: Safety Khen County: Clay
Street: _____ City: _____ Zip: _____

Enforcement Data	Add: ☒	Update: ☐	Delete: ☐	Dist			Insp			
------------------	--	----------------------------------	----------------------------------	------	--	--	------	--	--	--

Violation Link Date: (MMDDYY) 3 10 94Comment: HPV Warning LetterRespon
AgencyEnforcement
Type:

Date Action Taken

Enforcement Seq. #
(Data Entry Only)

S

1	2	5
---	---	---

0	3
---	---

1	0
---	---

9	4
---	---

--	--	--

Violation Addressed:

1 Area GGR # 4 Area DGS # 7 Area DCP # 10 Area Dmc # 13 Area TDR
2 Area GMR # 5 Area OPP # 8 Area DMR # 11 Area GLB # 14 Area TDR
3 Area TMR # 6 Area DCP # 9 Area Dmc # 12 Area GMR # 15 Area OPP
16 Area DTR

Enforcement Data	Add: ☐	Update: ☐	Delete: ☐	Dist			Insp			
------------------	-------------------------------	----------------------------------	----------------------------------	------	--	--	------	--	--	--

Violation Link Date: (MMDDYY)

--	--	--

Comment: _____

Respon
AgencyEnforcement
Type:

Date Action Taken

Enforcement Seq#
(Data Entry Only)

--

--	--	--

--	--

--	--

--	--

--	--	--

Violation Addressed:

_____ Area _____ # _____ Area _____ # _____ Area _____ # _____ Area _____ # _____ Area _____
_____ Area _____ # _____ Area _____ # _____ Area _____ # _____ Area _____ # _____ Area _____
_____ Area _____ # _____ Area _____ # _____ Area _____ # _____ Area _____ # _____ Area _____

LDF ☐ TSF ☒ INC ☐ LQG ☐ SQG ☐ CES ☐ TRA ☐ NHR ☐

Entered/Returned by TLH:

By - _____ Date 1 / 1 / 1994 **ABY**

_____ 1 / 1 / 1994 **FEB 14**

_____ 1 / 1 / 1994 **FEB 11**

_____ 1 / 1 / 1994 **HAZARDOUS WASTE PERMITTING**

F	L	D	9	8	0	8	4	7	2	1	4
---	---	---	---	---	---	---	---	---	---	---	---

7	3	8	9
---	---	---	---

Insp.

P	J	F
---	---	---

District

N	Σ
---	---

Facility:

Safety klean

County:

clay

Street:

City:

Orange Park

Zip

[illegible]

**FDER - RCRA PROGRAM
EVALUATION - VIOLATION - ENFORCEMENT FORM**

DATA ENTERED

LDF ☐ TSF ☒ INC ☐ LQG ☐ SQG ☐ TRA ☐ CES ☐ NHR ☐

Date Submitted: ___/___/___ By: _____ Date Entered : ___/___/___ By: **NOV 17 1992**

EPA ID # **AL1091810841214** County: **Clay**

Facility Name: **Safety Klean Corporation** BY: _____

Street: _____ City: _____

EVALUATION DATA Add: ☒ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year Data Seq # Resp. Agency Evaluation Type Reason (Option) District Office Inspector
11/01/92 **113** **92** **5** **CEA** **NE** **PJF**

Coverage Areas (EV = Evaluated, NE = Not Evaluated, NA = Not Applicable)

Generators

	EV	NE	NA
GER	☐	☐	☐
GGR	☒	☐	☐
GLB	☒	☐	☐
GMR	☒	☐	☐
GOR	☒	☐	☐
GPT	☐	☐	☐
GRR	☐	☐	☐
GSC	☐	☐	☐
GSQ	☐	☐	☐
NHD	☐	☐	☐

Transporters

	EV	NE	NA
TGR	☒	☐	☐
TMR	☒	☐	☐
TOR	☒	☐	☐
TRR	☐	☐	☐
TWD	☐	☐	☐

TSDF's

	E	N	N		E	N	N		E	N	N
	V	E	A		V	E	A		V	E	A
DCH	☐	☐	☐	DLB	☒	☐	☐	DPB	☒	☐	☐
DCL	☐	☐	☐	DLF	☐	☐	☐	DPP	☐	☐	☐
DCP	☐	☐	☐	DLT	☐	☐	☐	DSI	☐	☐	☐
DFR	☐	☐	☐	DMC	☒	☐	☐	DTR	☐	☐	☐
DGS	☒	☐	☐	DMR	☒	☐	☐	DTT	☐	☐	☐
DGW	☒	☐	☐	DOR	☒	☐	☐	DWP	☐	☐	☐
DIN	☐	☐	☐	DOT	☐	☐	☐				

Compliance Schedule (TSD, GEN, TRA)

EV NE NA EV NE NA
 FEA ☐ ☐ ☐ CAS ☐ ☐ ☐

Evaluation
Comments:
(72) 1:

No Violations

EVALUATION DATA (FOLLOW UPS) Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year Data Seq # Resp. Agency Evaluation Type Reason (Option) District Office Inspector
 ___/___/___ ___ ___ ___ ___ ___ ___ ___

EVALUATION DATA (FOLLOW UPS) Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year Data Seq # Resp. Agency Evaluation Type Reason (Option) District Office Inspector
 ___/___/___ ___ ___ ___ ___ ___ ___ ___

EVALUATION DATA (FOLLOW UPS) Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year Data Seq # Resp. Agency Evaluation Type Reason (Option) District Office Inspector
 ___/___/___ ___ ___ ___ ___ ___ ___ ___

EVALUATION DATA (FOLLOW UPS) Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year Data Seq # Resp. Agency Evaluation Type Reason (Option) District Office Inspector
 ___/___/___ ___ ___ ___ ___ ___ ___ ___

EVALUATION DATA (FOLLOW UPS) Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year Data Seq # Resp. Agency Evaluation Type Reason (Option) District Office Inspector
 ___/___/___ ___ ___ ___ ___ ___ ___ ___

Comments: _____

FDER - RCRA PROGRAM

DATA ENTERED

EVALUATION - VIOLATION - ENFORCEMENT FORM 1

NOV 5 1992

LDF ☐ TSF ☒ INC ☐ LQG ☐ SQG ☐ TRA ☐ CES ☐ NHR ☐Date Submitted: 10/5/92 By: lg Date Entered: ___/___/___ By: ___EPA ID # 1410980847214County: NYFacility Name: Safety Kleen

Street: ___

City: Orange ParkEVALUATION DATA Add: ☒ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District	Office Inspector
Mo. Day Year						
10/12/92		S	DFR		74	400

Coverage Areas (EV = Evaluated, NE = Not Evaluated, NA = Not Applicable)

Generators

Transporters

TSDF's

	EV	NE	NA
GER	☐	☐	☐
GGR	☐	☐	☐
GLB	☐	☐	☐
GMR	☐	☐	☐
GOR	☐	☐	☐
GPT	☐	☐	☐
GRR	☐	☐	☐
GSC	☐	☐	☐
GSQ	☐	☐	☐
NHD	☐	☐	☐

	EV	NE	NA
TGR	☐	☐	☐
TMR	☐	☐	☐
TOR	☐	☐	☐
TRR	☐	☐	☐
TWD	☐	☐	☐

E N N			E N N			E N N		
V	E	A	V	E	A	V	E	A
DCH	☐	☐	DLB	☐	☐	DPB	☐	☐
DCL	☐	☐	DLF	☐	☐	DPP	☐	☐
DCP	☐	☐	DLT	☐	☐	DSI	☐	☐
DFR	☐	☐	DMC	☐	☐	DTR	☐	☐
DGS	☐	☐	DMR	☐	☐	DTT	☐	☐
DGW	☐	☐	DOR	☐	☐	DWP	☐	☐
DIN	☐	☐	DOT	☐	☐			

Compliance Schedule (TSD, GEN, TRA)

EV NE NA

EV NE NA

FEA ☐ ☐ ☐CAS ☐ ☐ ☐Evaluation
Comments:
(72) 1: ___VIOLATION DATA Add: ☐ Upd: ☐ Del: ☐ Dist. ☐ Inspector ☐

___ Agency: S Violation Type: DFR Date (mdy) Determined: 10/12/92 Seq. # 121
Class Priority 1 Return to Compliance: 10/29/92 --- Scheduled ---
--- Actual --- 10/23/92

Reg. Type: ☐ Reg. Description (30): ___
Comment (72): ___

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

___ Agency: ☐ Violation Type: ☐ Date (mdy) Determined: ___/___/___ Seq. # ☐
Class Priority ☐ Return to Compliance: ___/___/___ --- Scheduled ---
--- Actual --- ___/___/___

Reg. Type: ☐ Reg. Description (30): ___
Comment (72): ___

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

___ Agency: ☐ Violation Type: ☐ Date (mdy) Determined: ___/___/___ Seq. # ☐
Class Priority ☐ Return to Compliance: ___/___/___ --- Scheduled ---
--- Actual --- ___/___/___

Reg. Type: ☐ Reg. Description (30): ___
Comment (72): ___

(REVISED 6/27/91)

**FDER - RCRA PROGRAM
EVALUATION - VIOLATION - ENFORCEMENT FORM 1**

LDF ☐ TSF ☐ INC ☐ LQG ☐ SQG ☐ TRA ☐ CES ☐ NHR ☐

Date Submitted: __/__/__ By: _____ Date Entered : __/__/__ By: _____

EPA ID #

County: _____

Facility Name: _____

Street: _____

City: _____

EVALUATION DATA Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
/ /					

Coverage Areas (EV = Evaluated, NE = Not Evaluated, NA = Not Applicable)

Generators

	EV	NE	NA
GER	☐	☐	☐
GGR	☐	☐	☐
GLB	☐	☐	☐
GMR	☐	☐	☐
GOR	☐	☐	☐
GPT	☐	☐	☐
GRR	☐	☐	☐
GSC	☐	☐	☐
GSQ	☐	☐	☐
NHD	☐	☐	☐

Transporters

	EV	NE	NA
TGR	☐	☐	☐
TMR	☐	☐	☐
TOR	☐	☐	☐
TRR	☐	☐	☐
TWD	☐	☐	☐

TSD's

E N N			E N N			E N N		
V	E	A	V	E	A	V	E	A
DCH	☐	☐	DLB	☐	☐	DPB	☐	☐
DCL	☐	☐	DLF	☐	☐	DPP	☐	☐
DCP	☐	☐	DLT	☐	☐	DSI	☐	☐
DFR	☐	☐	DMC	☐	☐	DTR	☐	☐
DGS	☐	☐	DMR	☐	☐	DTT	☐	☐
DGW	☐	☐	DOR	☐	☐	DWP	☐	☐
DIN	☐	☐	DOT	☐	☐			

Compliance Schedule (TSD, GEN, TRA)

FEA

CAS

Evaluation
Comments:
(72) 1: _____

EVALUATION DATA (FOLLOW UPS) Add: _____ Update: _____ Delete: _____ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
/ /					

EVALUATION DATA (FOLLOW UPS) Add: _____ Update: _____ Delete: _____ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
/ /					

EVALUATION DATA (FOLLOW UPS) Add: _____ Update: _____ Delete: _____ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
/ /					

EVALUATION DATA (FOLLOW UPS) Add: _____ Update: _____ Delete: _____ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
/ /					

EVALUATION DATA (FOLLOW UPS) Add: _____ Update: _____ Delete: _____ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
/ /					

Comments: _____

Entered by: _____ Date: ____/____/____
Submitted by: _____ Date: ____/____/____

VIOLATION DATA	Add: ☐	Up: ☐	Del: ☐	Dist.			Inspector				XXXXXXXXXX
----------------	-------------------------------	------------------------------	-------------------------------	-------	--	--	-----------	--	--	--	------------

ENFORCEMENT DATA Add: ☒ Update: ☐ Delete: ☐ (= Required Field)

Violations Addressed:			
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____

		/			/		
--	--	---	--	--	---	--	--

Violations Addressed:

# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____

		/		/		
--	--	---	--	---	--	--

FDER - RCRA PROGRAM
EVALUATION - VIOLATION - ENFORCEMENT FORM
VIOLATION DATA SUPPLEMENTAL SHEET

PAGE _____ OF _____
DATA ENTERED

Date Submitted: ____/____/____ By: _____ Date Entered: ____/____/____ By: _____

EPA ID # FILDI91810814172114

County: OCT 14 1992

Facility Name: Safety Klean

Street: _____

City: _____

BY _____

VIOLATION DATA Add: ☒ Up: ☒ Del: ☐ Dist. NE Inspector ABP

1 Agency: S Violation Type: DIPB Date (mdy) Determined: 06/17/92 Seq. # 20
Class Priority Return to Compliance: 07/22/92 --- Scheduled --- Actual: 09/30/92

Reg. Type: Reg. Description (30): First NOD

Comment (72): _____

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

_____ Agency: Violation Type: Date (mdy) Determined: /____/____ Seq. #
Class Priority Return to Compliance: --- Scheduled --- Actual:

Reg. Type: Reg. Description (30): _____

Comment (72): _____

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

_____ Agency: Violation Type: Date (mdy) Determined: /____/____ Seq. #
Class Priority Return to Compliance: --- Scheduled --- Actual:

Reg. Type: Reg. Description (30): _____

Comment (72): _____

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

_____ Agency: Violation Type: Date (mdy) Determined: /____/____ Seq. #
Class Priority Return to Compliance: --- Scheduled --- Actual:

Reg. Type: Reg. Description (30): _____

Comment (72): _____

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

_____ Agency: Violation Type: Date (mdy) Determined: /____/____ Seq. #
Class Priority Return to Compliance: --- Scheduled --- Actual:

Reg. Type: Reg. Description (30): _____

Comment (72): _____

**FDER - RCRA PROGRAM
EVALUATION - VIOLATION - ENFORCEMENT FORM 3**

PAGE ____ OF ____

Date Submitted: ____/____/____ By: _____ Date Entered: ____/____/____ By: _____

District NE Inspector ABP

EPA ID # FLD980847214 County: _____

Facility Name: Safety Kleen

Street: _____ City: _____

ENFORCEMENT DATA Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Respon Agency: <u>S</u>	Enforcement Type: <u>129</u>	Date Action Taken Month Day Year <u>06</u> / <u>17</u> / <u>92</u>	Enforcement Sequence Number (Data Entry Only)
Inspector: <u> </u>	District: <u> </u>	Comment (72): _____	

Violations Addressed:

# <u>1</u> Area <u>DPB</u>	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____

Penalty Data

Assessed Amount: \$

Settled Amount: \$

Payment:

\$									
\$									
\$									
\$									

Date Paid:

		/			/		
		/			/		
		/			/		
		/			/		

ENFORCEMENT DATA Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Respon Agency: <u> </u>	Enforcement Type: <u> </u>	Date Action Taken Month Day Year <u> </u> / <u> </u> / <u> </u>	Enforcement Sequence Number (Data Entry Only)
Inspector: <u> </u>	District: <u> </u>	Comment (72): _____	

Violations Addressed:

# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____

Penalty Data

Assessed Amount: \$

Settled Amount: \$

Payment:

\$									
\$									
\$									
\$									

Date Paid:

		/			/		
		/			/		
		/			/		
		/			/		

Enforcement
Comments (74): _____

FDER - RCRA PROGRAM
EVALUATION - VIOLATION - ENFORCEMENT FORM 1

LDF ☐ TSF ☒ INC ☐ LQG ☐ SQG ☐ TRA ☐ CES ☐ NHR ☐

Date Submitted: ___/___/___ By: _____ Date Entered : ___/___/___ By: _____

EPA ID # FLD198108472114

County: Clay

Facility Name: Safely Kleen

Street: _____

City: _____

EVALUATION DATA Add: ☒ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
<u>06</u> / <u>11</u> / <u>92</u>	<u> </u>	<u>5</u>	<u>NR</u>	<u> </u>	<u>NE</u> <u>ABP</u>

Coverage Areas (EV = Evaluated, NE = Not Evaluated, NA = Not Applicable)

Generators

	EV	NE	NA
GER	☐	☐	☐
GGR	☐	☐	☐
GLB	☐	☐	☐
GMR	☐	☐	☐
GOR	☐	☐	☐
GPT	☐	☐	☐
GRR	☐	☐	☐
GSC	☐	☐	☐
GSO	☐	☐	☐
NHD	☐	☐	☐

Transporters

	EV	NE	NA
TGR	☐	☐	☐
TMR	☐	☐	☐
TOR	☐	☐	☐
TRR	☐	☐	☐
TWD	☐	☐	☐

TSDF's

	E	N	N		E	N	N		E	N	N
	V	E	A		V	E	A		V	E	A
DCH	☐	☐	☐		DLB	☐	☐		DPB	☒	☐
DCL	☐	☐	☐		DLF	☐	☐		DPP	☐	☐
DCP	☐	☐	☐		DLT	☐	☐		DSI	☐	☐
DFR	☐	☐	☐		DMC	☐	☐		DTR	☐	☐
DGS	☐	☐	☐		DMR	☐	☐		DTT	☐	☐
DGW	☐	☐	☐		DOR	☐	☐		DWP	☐	☐
DIN	☐	☐	☐		DOT	☐	☐			☐	☐

Compliance Schedule (TSD, GEN, TRA)

	EV	NE	NA		EV	NE	NA
FEA	☐	☐	☐	CAS	☐	☐	☐

Evaluation
Comments:
(72) 1: First NOD

EVALUATION DATA (FOLLOW UPS) Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
<u> </u> / <u> </u> / <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u>

EVALUATION DATA (FOLLOW UPS) Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
<u> </u> / <u> </u> / <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u>

EVALUATION DATA (FOLLOW UPS) Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
<u> </u> / <u> </u> / <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u>

EVALUATION DATA (FOLLOW UPS) Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
<u> </u> / <u> </u> / <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u>

EVALUATION DATA (FOLLOW UPS) Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
<u> </u> / <u> </u> / <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u> <u> </u>

Comments: _____

FDER - RCRA PROGRAM
EVALUATION - VIOLATION - ENFORCEMENT FORM
VIOLATION DATA SUPPLEMENTAL SHEET

PAGE ____ OF ____

Date Submitted: ____/____/____ By: ____ Date Entered: ____ DATA ENTERED

EPA ID # FLD980847214

County: _____

JUL 9 1992

Facility Name: Safety Klean

Street: _____

City: _____

VIOLATION DATA Add: ☒ Up: ☐ Del: ☐ Dist. NE Inspector ABP

1 Agency: S Violation Type: DIPB Date (mdy) Determined 06/17/92 Seq. # 20

Class Priority Return to Compliance: -- Scheduled -- --- Actual ---
U U 07/22/92 U/U/U

Reg. Type: U Reg. Description (30): First NOD

Comment (72): _____

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

____ Agency: U Violation Type: U Date (mdy) Determined U/U/U Seq. # U

Class Priority Return to Compliance: -- Scheduled -- --- Actual ---
U U U/U/U U/U/U

Reg. Type: U Reg. Description (30): _____

Comment (72): _____

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

____ Agency: U Violation Type: U Date (mdy) Determined U/U/U Seq. # U

Class Priority Return to Compliance: -- Scheduled -- --- Actual ---
U U U/U/U U/U/U

Reg. Type: U Reg. Description (30): _____

Comment (72): _____

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

____ Agency: U Violation Type: U Date (mdy) Determined U/U/U Seq. # U

Class Priority Return to Compliance: -- Scheduled -- --- Actual ---
U U U/U/U U/U/U

Reg. Type: U Reg. Description (30): _____

Comment (72): _____

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

____ Agency: U Violation Type: U Date (mdy) Determined U/U/U Seq. # U

Class Priority Return to Compliance: -- Scheduled -- --- Actual ---
U U U/U/U U/U/U

Reg. Type: U Reg. Description (30): _____

Comment (72): _____

RECEIVED
JUL 9 1992

**FDER - RCRA PROGRAM
EVALUATION - VIOLATION - ENFORCEMENT FORM 3**

PAGE ____ OF ____

Date Submitted: ____/____/____ By: _____ Date Entered: ____/____/____ By: _____

District NE Inspector ABP

EPA ID # FLD980847214 County: _____

Facility Name: Safety Klean

Street: _____ City: _____

ENFORCEMENT DATA Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Respon Agency: <u>S</u>	Enforcement Type: <u>1120</u>	Date Action Taken Month Day Year <u>10</u> <u>6</u> / <u>11</u> <u>7</u> / <u>91</u> <u>2</u>	Enforcement Sequence Number (Data Entry Only)
Inspector: _____	District: _____	Comment (72): _____	_____

Violations Addressed:

# <u>1</u> Area <u>DPB</u>	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____

Penalty Data

Assessed Amount: \$ _____

Settled Amount: \$ _____

Payment:

\$									
\$									
\$									
\$									

Date Paid:

ENFORCEMENT DATA Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Respon Agency: <u>U</u>	Enforcement Type: <u>U</u>	Date Action Taken Month Day Year <u>U</u> <u>U</u> / <u>U</u> <u>U</u> / <u>U</u> <u>U</u>	Enforcement Sequence Number (Data Entry Only)
Inspector: _____	District: _____	Comment (72): _____	_____

Violations Addressed:

# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____
# _____ Area _____	# _____ Area _____	# _____ Area _____	# _____ Area _____

Penalty Data

Assessed Amount: \$ _____

Settled Amount: \$ _____

Payment:

\$									
\$									
\$									
\$									

Date Paid:

Enforcement Comments (74): _____

FDER - RCRA PROGRAM

DATA ENTERED

EVALUATION - VIOLATION - ENFORCEMENT FORM 1

LDF ☐ TSF ☒ INC ☐ LQG ☐ SQG ☐ TRA ☐ CES ☐ NHR ☒ JAN 23 1992

Date Submitted: ___/___/___ By: ___ Date Entered: ___/___/___ By: ___

EPA ID #: FL D98 08472114

County: Clay

BY

Facility Name:

Safety Kleen

Street:

City: Orange Park

EVALUATION DATA

Add: ☒ Update: ☒Delete: ☐ (☐ = Required Field)Evaluation Date
Mo. Day YearData
Seq #Resp.
AgencyEvaluation Reason
Type (Option)District
Office Inspector

110 / 22 / 91

111

5

CEI

111

ME

PJF

Coverage Areas (EV = Evaluated, NE = Not Evaluated, NA = Not Applicable)

Generators

	EV	NE	NA
GER	☒	☐	☐
GGR	☒	☐	☐
GLB	☒	☐	☐
GMR	☒	☐	☐
GOR	☒	☐	☐
GPT	☒	☐	☐
GRR	☒	☐	☐
GSC	☐	☐	☐
GSQ	☐	☐	☐
NHD	☐	☐	☐

Transporters

	EV	NE	NA
TGR	☐	☐	☐
TMR	☐	☐	☐
TOR	☒	☐	☐
TRR	☒	☐	☐
TWD	☐	☐	☐

TSD's

	E	N	N
	V	E	A
DCH	☐	☐	☐
DCL	☐	☐	☐
DCP	☒	☐	☐
DFR	☒	☐	☐
DGS	☒	☐	☐
DGW	☐	☐	☐
DIN	☐	☐	☐

	E	N	N
	V	E	A
DLB	☒	☐	☐
DLF	☐	☐	☐
DLT	☐	☐	☐
DMC	☒	☐	☐
DMR	☐	☐	☐
DOR	☐	☐	☐
DOT	☒	☐	☐

	E	N	N
	V	E	A
DPB	☐	☐	☐
DPP	☒	☐	☐
DSI	☐	☐	☐
DTR	☐	☐	☐
DTT	☐	☐	☐
DWP	☐	☐	☐

Compliance Schedule (TSD, GEN, TRA)

EV NE NA
FEA ☐ ☐ ☐EV NE NA
CAS ☐ ☐ ☐Evaluation
Comments:
(72) 1:

2 Class II violations NRR 12-19-91 NRR 12-30-91

VIOLATION DATA

Add: ☒Upd: ☐Del: ☐Dist. ☐Inspector ☐

1 Agency: S Violation Type: GPT Date (mdy) Determined: 12/05/91 Seq. # 117

Class Priority Return to Compliance: -- Scheduled -- 12/05/91 --- Actual --- 12/19/91

Reg. Type: Reg. Description (30): 262.34(a)(3)

Comment (72): HW label

VIOLATION DATA

Add: ☒Update: ☐Delete: ☐

2 Agency: S Violation Type: DOT Date (mdy) Determined: 12/05/91 Seq. # 118

Class Priority Return to Compliance: -- Scheduled -- 12/05/91 --- Actual --- 12/19/91

Reg. Type: Reg. Description (30): 264.73(b)(9)

Comment (72): operating record

VIOLATION DATA

Add: ☒Update: ☐Delete: ☐

3 Agency: S Violation Type: TOR Date (mdy) Determined: 12/05/91 Seq. # 119

Class Priority Return to Compliance: -- Scheduled -- 12/05/91 --- Actual --- 12/19/91

Reg. Type: Reg. Description (30): 265.35

Comment (72):

FDER - RCRA PROGRAM FORM 1B

EVALUATION - VIOLATION - ENFORCEMENT

Entered by: _____

Date: ____/____/____

Submitted by: _____

Date: ____/____/____

FDER/EPA ID NUMBER:

FLD980847214

Facility Name: Safety Kleen

VIOLATION DATA

Add: ☐Up: ☐Del: ☐Dist. ☐Inspector ☐# Agency: ☐ Violation Type: ☐ Date (mdy) Determined ☐Seq. # ☐ DATA ENTRY

Class Priority

Return to Compliance: ☐-- Scheduled -- ☐--- Actual --- ☐

Reg.

Type: ☐

Reg. Description (30): _____

Comment (72): _____

BY _____

ENFORCEMENT DATA

Add: ☒Update: ☐Delete: ☐(☐ = Required Field)Respon
Agency: ☐Enforcement
Type: ☐Date Action Taken
Month Day Year ☐Enforcement
Sequence Number

(Data Entry Only)

Inspector: ☐District: ☐

Comment (72): _____

Violations Addressed:

Area GPT # Area _____ # Area _____ # Area _____# Area DOT # Area _____ # Area _____ # Area _____# Area TOR # Area _____ # Area _____ # Area _____

Area _____ # Area _____ # Area _____ # Area _____

Penalty Data

Assessed Amount:

\$ ☐

Settled Amount:

\$ ☐

Payment:

\$ ☐\$ ☐\$ ☐\$ ☐

Date Paid:

☐☐☐☐

ENFORCEMENT DATA

Add: ☐Update: ☐Delete: ☐(☐ = Required Field)Respon
Agency: ☐Enforcement
Type: ☐Date Action Taken
Month Day Year ☐Enforcement
Sequence Number

(Data Entry Only)

Inspector: ☐District: ☐

Comment (72): _____

Violations Addressed:

Area _____ # Area _____ # Area _____ # Area _____

Area _____ # Area _____ # Area _____ # Area _____

Area _____ # Area _____ # Area _____ # Area _____

Area _____ # Area _____ # Area _____ # Area _____

Penalty Data

Assessed Amount:

\$ ☐

Settled Amount:

\$ ☐

Payment:

\$ ☐\$ ☐\$ ☐\$ ☐\$ ☐\$ ☐

Date Paid:

☐☐☐☐☐☐Enforcement
Comments (74): _____

1: _____

2: _____

Rev (6/27/91)

FDER - RCRA PROGRAM

DATA ENTERED

EVALUATION - VIOLATION - ENFORCEMENT FORM 1

LDF ☐ TSF ☒ INC ☐ LQG ☐ SQG ☐ TRA ☐ CES ☐ NMR ☐ NOV 15 1991

Date Submitted: ___/___/___ By: ___ Date Entered: ___/___/___ By: ___

EPA ID # FLD9808472114 County: Clay BY: ___Facility Name: Safety KleenStreet: ___ City: Orange ParkEVALUATION DATA Add: ☒ Update: ☐ Delete: ☐ (☐ = Required Field)Evaluation Date Mo. 10 Day 22 Year 91 Data Seq # 5 Resp. Agency CEI Evaluation Type CEI Reason (Option) ME District Office ME Inspector PJF

Coverage Areas (EV = Evaluated, NE = Not Evaluated, NA = Not Applicable)

Generators

	EV	NE	NA
GER	☒	☐	☐
GGR	☒	☐	☐
GLB	☒	☐	☐
GMR	☐	☐	☐
GOR	☐	☐	☐
GPT	☐	☐	☐
GRR	☐	☐	☐
GSC	☐	☐	☐
GSQ	☐	☐	☐
NHD	☐	☐	☐

Transporters

	EV	NE	NA
TGR	☐	☐	☐
TMR	☐	☐	☐
TOR	☐	☐	☐
TRR	☒	☐	☐
TWD	☐	☐	☐

TSDF's

	E	N	N		E	N	N		E	N	N
	V	E	A		V	E	A		V	E	A
DCH	☐	☐	☐	DLB	☒	☐	☐	DPB	☐	☐	☐
DCL	☐	☐	☐	DLF	☐	☐	☐	DPP	☒	☐	☐
DCP	☒	☐	☐	DLT	☐	☐	☐	DSI	☐	☐	☐
DFR	☐	☐	☐	DMC	☒	☐	☐	DTR	☐	☐	☐
DGS	☒	☐	☐	DMR	☐	☐	☐	DTT	☐	☐	☐
DGW	☐	☐	☐	DOR	☐	☐	☐	DWP	☐	☐	☐
DIN	☐	☐	☐	DOT	☐	☐	☐				

Compliance Schedule (TSD, GEN, TRA)

EV NE NA
FEA ☐ ☐ ☐EV NE NA
CAS ☐ ☐ ☐Evaluation
Comments:
(72) 1: 2VIOLATION DATA Add: ☐ Upd: ☐ Del: ☐ Dist: ☐ Inspector ☐

___ Agency: ___ Violation Type: ___ Date (mdy) Determined ___/___/___ Seq. # (Data Entry) ___

Class Priority Return to Compliance: -- Scheduled -- --- Actual ---
☐ ☐ ___/___/___ ___/___/___

Reg. Type: ___ Reg. Description (30): _____

Comment (72): _____

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

___ Agency: ___ Violation Type: ___ Date (mdy) Determined ___/___/___ Seq. # (Data Entry) ___

Class Priority Return to Compliance: -- Scheduled -- --- Actual ---
☐ ☐ ___/___/___ ___/___/___

Reg. Type: ___ Reg. Description (30): _____

Comment (72): _____

VIOLATION DATA Add: ☐ Update: ☐ Delete: ☐

___ Agency: ___ Violation Type: ___ Date (mdy) Determined ___/___/___ Seq. # (Data Entry) ___

Class Priority Return to Compliance: -- Scheduled -- --- Actual ---
☐ ☐ ___/___/___ ___/___/___

Reg. Type: ___ Reg. Description (30): _____

Comment (72): _____

RECEIVED

FDER - RCRA PROGRAM

EVALUATION - VIOLATION - ENFORCEMENT FORM 1

SEP 13 1991

LDF ☐ TSF ☐ INC ☐ LQG ☐ SQG ☐ TRA ☐ CES ☐ NHR ☐

Date Submitted: ___/___/___ By: _____

Date Entered : ___/___/___

DATA ENTERED
PERMITTING

EPA ID # FLD980847214

County: Clay

SEP 24 1991

Facility Name: Safety Keen

Street: 161 Industrial Loop, S

City: Orange Park

EVALUATION DATA

Add: ☒

Update: ☐

Delete: ☐

(☐ = Required field)

Evaluation Date
Mo. Day Year

Data
Seq #

Resp.
Agency

Evaluation
Type

Reason
(Option)

District
Office

Inspector

10/8/91

5

S

OTH

NE

NE

NGV

Coverage Areas (EV = Evaluated, NE = Not Evaluated, NA = Not Applicable)

Generators

Transporters

TSD's

	EV	NE	NA
GER	☐	☐	☐
GGR	☐	☐	☐
GLB	☐	☐	☐
GMR	☐	☐	☐
GOR	☐	☐	☐
GPT	☐	☐	☐
GRR	☐	☐	☐
GSC	☐	☐	☐
GSQ	☐	☐	☐
NHD	☐	☐	☐

	EV	NE	NA
TGR	☐	☐	☐
TMR	☐	☐	☐
TOR	☐	☐	☐
TRR	☐	☐	☐
TWD	☐	☐	☐

	E	N	N
	V	E	A
DCH	☐	☐	☐
DCL	☐	☐	☐
DCP	☐	☐	☐
DFR	☐	☐	☐
DGS	☐	☐	☐
DGW	☐	☐	☐
DIN	☐	☐	☐

	E	N	N
	V	E	A
DLB	☐	☐	☐
DLF	☐	☐	☐
DLT	☐	☐	☐
DMC	☐	☐	☐
DMR	☐	☐	☐
DOR	☐	☐	☐
DOT	☐	☐	☐

	E	N	N
	V	E	A
DPB	☒	☐	☐
DPP	☐	☐	☐
DSI	☐	☐	☐
DTR	☐	☐	☐
DTT	☐	☐	☐
DWP	☐	☐	☐

Compliance Schedule (TSD, GEN, TRA)

EV NE NA

EV NE NA

FEA ☐ ☐ ☐

CAS ☐ ☐ ☐

Evaluation
Comments:

(72) 1: Meeting

VIOLATION DATA

Add: ☐

Upd: ☐

Del: ☐

Dist. ☐

Inspector ☐

Agency: ☐

Violation
Type: ☐

Date (mdy) Determined
☐/ ☐/ ☐

Seq. # (Data Entry)
☐ ☐ ☐

Class Priority
☐ ☐

Return to
Compliance: ☐

-- Scheduled --
☐/ ☐/ ☐

--- Actual ---
☐/ ☐/ ☐

Reg.
Type: ☐

Reg. Description (30): _____

Comment (72): _____

VIOLATION DATA

Add: ☐

Update: ☐

Delete: ☐

Agency: ☐

Violation
Type: ☐

Date (mdy) Determined
☐/ ☐/ ☐

Seq. # (Data Entry)
☐ ☐ ☐

Class Priority
☐ ☐

Return to
Compliance: ☐

-- Scheduled --
☐/ ☐/ ☐

--- Actual ---
☐/ ☐/ ☐

Reg.
Type: ☐

Reg. Description (30): _____

Comment (72): _____

VIOLATION DATA

Add: ☐

Update: ☐

Delete: ☐

Agency: ☐

Violation
Type: ☐

Date (mdy) Determined
☐/ ☐/ ☐

Seq. # (Data Entry)
☐ ☐ ☐

Class Priority
☐ ☐

Return to
Compliance: ☐

-- Scheduled --
☐/ ☐/ ☐

--- Actual ---
☐/ ☐/ ☐

Reg.
Type: ☐

Reg. Description (30): _____

Comment (72): _____

1. EPA I.D. # FLD980847214

2. HANDLER NAME: Safety Kleen Corporation

3. ADDRESS: 161 Industrial Loop South
Orange Park FL 32073

3a. COUNTY: Clay

4. DATA ENTRY: (Circle One) NEW UPDATE

5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS OF THIS REPORT 10/17/90

5a. AGENCY RESPONSIBLE FOR EVALUATION: (Circle One) EPA Other
State Contractor/State
Contractor/EPA Oversight

2a. Type Facility: (Circle One)
Treat/Store/Dispose
Non-Handler
Transporter
Generator
Small Quan. Generator
Cond. Exempt S.Q.G.
Exempt

2b. Type Ownership: (Circle One)
Federal State
County Municipal
Private

6. TYPE OF EVALUATION COVERED BY THIS REPORT: *

- 1 = Compliance Eval. Inspection (CEI) 8 = Other - Withdrawal Candidate (Put Code in Box)
- 2 = Sampling Inspection 9 = Other - Closed Facility
- 3 = Record Review 10 = Other - General
- 4 = Comprehensive GWM Evaluation (CME) 11 = Case Development Inspection
- 5 = Compliance Schedule Evaluation 12 = O & M Inspection
- 6 = Other (Citizen Complaint) 13 = CA Oversight Inspection
- 7 = Other - Part B Call-in 80 = Informal Meeting

1

7. DATE OF EVALUATION COVERED BY THIS REPORT (Enter Only if Different from 5): ___/___/___

7a. EVALUATION COMMENTS: 901017009

8. CLASS AND VIOLATIONS:

Key

X = Violation; O = No Violation; Z = Pending
B = Viol. & Specialty; S = Same Viol./Spec.

Specialties

I = No Insurance only; C = CA Sched. Viol.
H = HPV Violations Present * Class I only

Class of Violation	Violation/Releases							
	GWM/RLSE	C/PC	Fin. Res	Pt. B	Cmpl. Sch	Manifest	Other	Land-Ban
I		Ø		Ø		O	O	Z
II		Ø		Ø		O	O	Z
Acceptable codes	X S Z O H	X S Z Z O H	X S Z O I* B* H	X S Z O H	X S Z O C B H	X S Z O H	X S Z O H	X S Z O H

8a. Violation Comment: _____

9. ENFORCEMENT ACTIONS: (Area of Viol./Rlse. = GW, CP, FR, PB, CS, MA, OT, LB, or AA)

Class	Area of Viol./Rlse	Rule	Type (code)	Date Action Taken	Compliance Dates Scheduled	Actual	Penalty Assessed	Collected	Resp. Ag. (use code)

DATA ENTERED

DEC 4 1990

BY

Codes for 03 = Warning Letter
Types of EPA Warn. NOV Ltr.
Enforcement NOV
Actions EPA Admin. Compl.

05 = CO
EPA Final Admin. Order
10 = Informal
11 = Filed Civil Action

12 = Filed Criminal Action
14 = NOV to EPA
18 = Civil Referral to AG/DOJ
19 = Final Judicial Order

Codes for Resp. Agency:
E = EPA
S = State
X = EPA - Oversight

* See Instructions for Additional Codes

10. Enforcement Comment: NOV 7 1990

HAZARDOUS WASTE
PERMITTING