

FLORIDA DEPARTMENT OF

RICK SCOTT GOVERNOR

ENVIRONMENTAL PROTECTION BOB MARTINEZ CENTER 2600 BLAIRSTONE ROAD

TALLAHASSEE, FLORIDA 32399-2400

CARLOS LOPEZ-CANTERA LT. GOVERNOR

HERSCHEL T. VINYARD JR. SECRETARY

06/10/2014 Jeff Curtis, EHS Manager Safety - Kleen Systems Inc 4426 Entrepot Blvd Tallahassee, FL 32310-8740

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 **4426 Entrepot Blvd, Tallahassee , FL32310-8740**

FLD982133159

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not** require a separate submission: Large Quantity Generator.

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 03/01/2015)**; **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 03/14/2015).**

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: <u>http://appprod.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD982133159</u>. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us .

Sincerely,

Robin K. Pandley

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 20821 , Email Address: jeff.curtis@safety-kleen.com

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FLORIDA		REGULATED W DEP Waste Management 2600 Blair Stone Rd. T	DA NOTIFICATION OF VASTE ACTIVITY t Division–HWRS, MS4560 Fallahassee, FL 32399-2400 245-8760				Date Received (for FDRE Cafficial Use Only) ENVIRONMENTAL PROTECTION MAR 102014				
EPA ID-FLD982	2133159							MITTING & O	COMPLIANCE PROGRAM		
1. Reason for Submittal	 To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). To provide subsequent notification As a component of the Hazardous Waste Report. Is this the final notification (see instructions) for the facility? 										
	FL Registration(s) UW Mercury (page 3) HW Transporter (page 4) Used Oil (page 4)										
2. Facility or Business Name		EN SYSTEMS, INC									
3. Facility Operator (List additional Operators in the comments section).	A. Name of Operator: SAFETY-KLEEN SYSTEMS, INC Street or P.O. Box: 4426 ENTREPOT BLVD							te Became Operator : 07/12/1989 New Operator mm dd yy one Number: (850) 576-9764			
	City or Town: TA	LLAHASSEE		State:	FL	Zip Code: 32310-		Country (i US	f not USA):		
	Operator Type:	Private Federal	Municipal	State	C	County	Other				
4. Facility Physical Location	Physical Street Address: 4426 ENTREPOT BLVD										
Information (No P.O. Boxes)	City or Town: TALLAHASSEE				State: FL Zip Code: 32310-						
、 	County: LEON Country (if not USA):										
5. Facility North Ame Classification Syste Code(s) (at least	•	A. 562112	(required)		В.					
	J uigits)	С.				D.			·····		
6. Facility or Business Mailing	Street or P.O. Box: 4426 ENTREPOT BLVD										
Address	City or Town: TALLAHASSEE State: FL Zip Code: 32310-										
7.Facility or Business RCRA	First Name: JEF	F	Last Name	CURT	IS	Т	itle: ^{EH}	IS MANAGI	ER		
Contact Person	Phone Number: (561) - 73 Extension: Email: jeff.curti					;jeff.curtis@	s@safety-kleen.com				
	Street or P.O. Box: 4426 ENTREPOT BLVD City or Town: State: Zip Code: Country (if not LISA):										
	City or Town: TALLAHA	Zip Code: 32310- Country (if not USA):									
8. Real Property (Land) Owner of the Facility's Physical Location	Name of Owner: SAFETY-KLEEN SYSTEMS, INC				Date Became Owner : 07/12/198 New Owner mm dd						
	Street or P.O. Bo 2600 NC	X: DRTH CENTRAL EXPR	ESSWAY				Pho	one Numbe (r: 972)265-20	000	
(List additional real property owners	City or Town:State:Zip Code:Country (if not USA):sRICHARDSONTX75080-US					JSA):					
in the comments section).	Owner Type: Private Federal Municipal State County Other										

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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 04-23-2013 Page 1 of 5

								EPA ID	No. 1	FLD9821	133159)
9. RCRA Haza	irdous We	iste Activ	ities at this Facil	ity (Mark	'X' in	all that	apply):		<u> </u>			
 9. RCRA Hazardous Waste Activities at this Facility€Mark 'X' in A. (1) Generator of Hazardous Waste (Do not include Universal Waste or Used Oil) If YES, Choose only one of the following three categories. X a. Large Quantity Generator (LQG): Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of nonacute 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/or 1 kg (2.2 lbs) or less of acute hazardous waste In addition, indicate other generator activities that apply d. Short-Term Generator (one-time, not on-going) e. Episodic: Not more than one-time per year:SQG_LQG f. United States Importer of Hazardous Waste g. Mixed Waste (hazardous and radioactive) Generator 						 n all that apply): 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 - Check this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP. (6) Receives Hazardous Waste from Off-Site (7) □ Underground Injection Control 						
D001	D004	porters ns	t codes routinely	D00			D se an au D007		D008	spaces are	D009	<u> </u>
D010	D011		D018	D01	.9		D021		D022		D023	
D024	D025		D026	D02	:7		D028		D029		D030	
11. Other St	tatus Chan;	ges (Mark	'X' in the appropr	iate boxes):	D032	D033	3 D034	D03	5 D036	D037	D038
A. Non-Handler of Regulated Waste at this facility I. Business no longer generates, transports, treats, stores, or disposes of hazardous waste. B. Facility Closed Image: I. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there. Image: I. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there. Image: I. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there. Image: I. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there. Image: I. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there. Image: I. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location if you will be handling regulated waste there. Image: I. Closed at this location and moved or moving to another - submit a new 8700-12FL for the new location and moved or moving to another - submit a new 8700-12FL for the new location and moved or moving to another - submit a new 8700-12FL for the new location and moved or moving to another - submit a new 8700-12FL for the new location and moved or moving to another - submit a new 8700-12FL for the new location and moved or moving to another - submit a new 8700-12FL for the new location and moved or moving to another - submit a new 87												
Same as Facility RCRA First Name:			Last Na	st Name: Title:								
Contact on page 1		Phone Number:			Extens	sion:	E-Mail:					<u>-</u>
		Street or P.O. Box:										
City or Town:					State:(C	State:(Country): Zip Code:						

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	EPA ID No. FLI	982133159					
12 Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):							
A. Federal Notification	Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)						
	Accumulates: a. UW Batteries b. Pesticides c. Pharmaceuticals						
	d. Mercury Containing Devices e. Mercury Containing Lamps						
	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.						
B. Florida Un	iversal Pharmaceutical Waste (UPW): one-time registration						
 Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH]) Florida Universal Pharmaceutical Waste (UPW) Transporter 							
	Inual Mercury Handler Registration:						
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.							
· · · _	being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hir ne registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH regi						
For-hire Tr	ansporter of Universal Waste Mercury-Containing Lamps or Devices ansfer Facility of Universal Waste Mercury-Containing Lamps or Devices Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required					
_	y-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler ry-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + one- time \$1,000 fee+ More Requirements (contact FDEP)					
	overy and/or Reclamation Facility (A hazardous waste permit is required for this activity) time registering Renewal	Annual Registration Required					
Briefly Describe your Universal Waste Activities: We use Drum Top Bulb Crusher(s).							
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport[62-740 F.A.C.]							
Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)]							

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	EPA ID No. FLD982133159							
14. HW Transporter Activities: (Mark 'X' and complete all	14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)							
Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered transporters and transfer facilities may only begin operations after receiving approval from the Department. Generators of hazardous waste who transport waste only within the boundaries of their facility should not register.								
A. HW Transporter Registration Information (must be completed annually and when this information changes) This facility is a registered transporter of hazardous waste.								
🗌 Initial Registration 🛛 🗌 Renewal	Notification of changes 🗌 Cancel Registration							
\Box 1. For own waste only \Box 2. For Commerce	cial Purposes 3. Both Commercial and Own Waste							
4. Transportation Mode: 🗌 Air; 🗋 Rail; 🛛 Highway; 🗋 Water; 🗋 Other - specify								
	must be completed annually and when this information changes)							
This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume <u>0.00</u>								
This form is: Initial Registration Renewal Notification of changes Cancel Registration								
Note: Hazardous Waste transfer facilities must comply with the re	equirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.							
The Transfer Facility records required under the provision	ns of Rule 62-730.171(6), F.A.C., are kept at (check one): The site (facility) address							
Please enter the EPA ID Number of the HW Transporter who car	ries the insurance for this Transfer Facility:							
Please see the top of page 5 for additional items that must bTransfer Facilities[Rule 62-730.171(3), Florida Adm	e submitted in addition to the above registration for Hazardous Wast ninistrative Code (F.A.C.)]:							
15. Used Oil and Oil Filter Activities: (Mark 'X' and o	complete all that apply if you need to register your used oil activities)							
Transporters (exemptions in 40 CFR 279.40(a)(1-4) , transfer facilit annually register with the Department using this form. All except Flor \$100 registration fee.	ties, processors, off-specification burners, and/or marketers must rida used oil (UO) Processors and collection centers must pay an annual							
This form is:								
If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.								
 (1) Used Oil Transporter - Mark activities (occurring in Florida) X a. Transporter X b. Transfer Facility 	 (6) Used Oil Filter Management (must annually register) a. Transporter b. Transfer Facility 							
(2) Collection Center (From businesses, no more than 55 gal per shipment)	C. Processor							
(3) Used Oil Processor (A permit is required)	(7) The Transfer Feelility records required up don the provision of							
(4) Off-Specification Used Oil Burner	(7) The Transfer Facility records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):							
(5) Used Oil Fuel Marketer	Our mailing (business) address The site (facility) address							
Please see the top of page 5 for additional items that must be exempt Used Oil Transporters.	e submitted in addition to the above registration and fees required for							

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		EPA ID No.	FLD98	32133159				
(14 cont.) Hazardous Waste Transfer Facilities: In addition to the registration required for Transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:								
	ate officer of the transporter that the proposed		s the crite	ria of				
	ida Statutes (F.S.) [Rule 62-730.171(3)(a)1., 1 responsibility [Rule 62-730.171(3)(a)3., F.	-						
	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.]								
(15 cont.) Used Oil Transporters: (Exemp	tions in 40 CFR 279.40(a)(1-4))							
In addition to the requirements on I	Page 4 Section 15:							
ALL registered UO Handlers m within their own company.	ust submit an annual report except generators	transporting UO	from non	contiguous operations				
	site over public highways only within their o	wn company must	submit p	proof of insurance.				
	re than 500 gallons/year must submit proof of		-					
	transporter in section 17 (except those exem							
The used oil annual report is attached Evidence of Liability Insurance pursuant to 62-710.600(2)(e)., F.A.C. is attached.								
16. Comments (attach a page if more space is needed): Land Type: Private Federal Municipa State								
D039 D040 D041 D042	D043 F002 F003 F005							
	of law that this document and all attachment		-	- 1				
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 signifigant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
I certify as a Used Oil Transportethat I am familiar with the applicable Florida and Federal laws and rules governing used oil transpor								
tation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsi- bility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C								
Signature of owner, operator, or an	Print Name and Title		Used	Date Signed				
authorized representative		. <u></u>	Oil	(mm-dd-yyyy)				
Karensun	KAREN TURNER MGR REGULATORY COMPLIANCE PROGF	AMS		03/05/2014				
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If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:								
<u>L'MA wier Zhicki (Phone Number)</u> <u>KYT 468-6727</u> <u>L'MAA. Wierzhicki (E. SAFE 74-K/een. Com</u> (Phone Number) (E-mail Address)								
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