

Florida Department of Environmental Protection

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

Carlos Lopez-Cantera Lt. Governor

Jonathan P. Steverson Interim Secretary

07/14/2015 Vinnie Glorioso, Regional Mgr EHS Heritage Crystal-Clean LLC 6305 E Lombard St Baltimore, MD 21224-1734

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 **Heritage Crystal-Clean LLC** located at **105 S Alexander St, Plant City , FL33563-4833**

FLD065680613

Your facility notified FDEP requesting the following hazardous waste status/activities which do not require a separate submission: Conditionally Exempt SQG; Petroleum Contact Water Management.

Your facility is **currently registered** for the following activities: **UW Lamp SQH**, **UW Device SQH** (reg exp on 03/01/2016); HW Transporter (reg exp on 06/30/2016); Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2016).

Your facility is currently permitted/active as: Used Oil Processor (exp on 08/20/2018).

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:

https://fideploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD065680613. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us.

Sincerely,

Robin K. Pandley For

Glen Perrigan Environmental Manager Hazardous Waste Regulation Section

ME ID: 28737 , Email Address: vinnie.glorioso@crystal-clean.com

FLORIDA

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707 Date Received

(for FDEP Official Use Only)
ENVIRONMENTAL PROTECTION

FEB 0 6 2015

EPA ID: F	L	D 0 6 5 6 8 0 6 1 3 Please						ease ı	use	the instru	ctions	document to	com	evii Alete	TING & COMPLIANCI ISTANCE PROGRAM	E			
1. Reason for Submittal		Mark 'X' in the correct box: To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).																	
(all submitters must complete pages 1 and 2 and sign page 5. Pages 3 and 4, - com- plete as applicable)		(must choose one To provide subsequent notification (to update status and facility identification information).																	
		if a notification)																	
		FL I	FL Registration(s)																
2. Facility or Business Nam	ne	Heritage Crystal-Clean, LLC																	
3. Facility	Name of Operator:												Date becar	_		or: 10 / 16 / 2014			
Operator (List additional Ope	ra-	Heritage Crystal-Clean, LLC											New Operator mm dd yy Phone Number:						
tors in the comments		Street or P.O. Box: 105 South Alexander Street											813-754-1504						
,		City or Town: Plant City										State: FL		Zip Code: Coun 33563 USA			ountry (if not USA): ISA		
		Ope	Operator Type: Private Pederal Municipal State County Other																
4. Facility Physical Location Information (No P.O. Boxes)			Physical Street Address: 105 South Alexander Street																
		City or Town: Plant City									-			State: Zip Code: FL 33563					
Same address as #3 above or:		County: Hillsborough									Country (if not USA): USA								
5. Facility North An Classification Sys Code(s) (at least 5							3 9 3 0 (required) B.												
		` '				<u> </u>			. <u> </u>										
6. Facility or		Same address as # above or: Street or P.O. Box:																	
Business Mailing Addr	ress	City or Town: Baltimore						I '			-	tate MD		Zip/I 212	Postal Code:		1	ountry (if not USA):	
7. Facility or	一	First Name:							Last Name:				Title:						
Business RCRA Contact Person		Vinnie						Glorioso			Le	E-Mail:		Regional Man					
	on	Phone Number: 410-284-1717											@crystal-clean.com Fax: 410-633-1639						
Same address as #4_above or:		Street or P.O. Box: 6305 E. Lombard Street																	
		City or Town:										State: MD		Zip Code: Country USA		Country (if not USA): USA			
8. Real Propert		Name of Owner: Date became Owner: 10 / 16 / 2014																	
(FL Land) Owner of the Facility's	s		Heritage Crystal-Clean, LLC New Owner mm dd yy Street or P.O. Box: Phone Number:																
Physical Locat (List additional		2175 Point Blvd #375										77-938-7948							
owners in the comments section.) Same address as		· ·											Sta IL				Country (if not USA): USA		
# 4 above o		Owner Type: Private Federal Municipal State County Other																	

RCRA Hazardou	s Waste	Status No	tification or Out of	Busi	ness Notifica	tion	EPA ID No. FL	D06568	0613				
9. RCRA Haza	rdous V	Waste Act	tivities at this Fac	cility	: (Mark 'X'	in all tha	t apply):						
(A) (1)Generator	of Hazaı	rdous Waste	2		For Items 2 through 7, mark 'X' in all that apply.								
Yes No	ot include Univ	versal Waste or Used Oil	1)	(2) Treater, Storer, or Disposer of Hazardous Waste									
_	If YES, Choose only one of the following three categories. a. Large Quantity Generator (LQG):						(at your facility) Note: A hazardous waste permit may be required for this activity.						
Genera greater hazardo	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 least once a year)					□ b. Op□ c. No	perating Commercian perating Non-Common-Operating: Posto permit or Order (HSV	al TSD nercial TSD closure or Co	·				
Genera 100kg/1 lbs.) of (2.2 lbs	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 (at least once a year)						 (3) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial. Note: A permit is required for storage prior to recycling. (4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption 						
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					b. Smelting, Melting, and Refining Furnace Exemption (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.								
d. Short-Ter e. Episodic: f. United Sta	e. Episodic: Not more than one-time per year:SQGLQ f. United States Importer of hazardous waste				(6) Receives Hazardous Waste from Off-Site								
your facility.	List them	n in the order	Regulated Hazard they are presented in list codes routinely or	the re	gulations (e.g.,	D001, D00	03, F007, K019, P01	12, U112).					
¹ D001	² D004		³ D006	⁴ D00	<u> </u>	⁵ D008	⁶ D018		⁷ D039				
8	9	10		11		12	13		14				
15	16		17	18		19	20	-	21				
11. Other Statu	s Chan	iges (If no	longer handling waste	e or cl	osed, sections 9	and 10 sh	ould be blank and s	kip Section 1	12-16):				
(1) Busin (B) Facility Close (1) Close	ness no lo	onger generat	e at This Facility (Setes, transports, treats, ction only if all busined moved or moving to as closed on	stores, ess act	, disposes of, or tivities at this fa	otherwise cility have w Form 87	handles any regular ceased.)		`you will				
(C) Property Tax Default					(D) Petition for Bankruptcy Protection								
12-14 — Registi	ration /	Activities (Contact Informa	tion	(only if this sub	mission is	a registration or reg	gistration info	ormation update):				
Same as Facility I Contact on page 1		First Name:	Vinnie		Last Name: G	lorios			ional Mgr- EHS				
Contact for:		Phone Num	410-284-17		Extension: 1230		vinnie.glorios	so@crys	tal-clean.com				
HW Transporter Used Oil Handler		Street or P.0	O. Box: 6305 E.	Lor	nbard Street								
Universal Waste		City or Tow				State:(C	Country): MD	Zip Code:	21224				

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. F	LD065680613									
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):										
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. P	Pharmaceuticals									
d. Mercury Containing Devices e. Mercu	ry 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 Universal 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 Departm	nent of Health [DOH])									
Florida Universal Pharmaceutical Waste (UPW) Transporter										
C. Florida Annual Mercury Handler Registration:										
If you <u>only</u> generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.										
(1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Hand First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time										
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices										
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration									
Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	Required									
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler										
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire har	Annual Registration + one-time \$1,000 fee+									
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire har	N D									
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) ☐ First time registering ☐ Renewal	Annual Registration Required									
Briefly Describe your Universal Waste Activities: This facility handles universal waste such as lamps, batteries and electronic scrap.										
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pu										

Handon Water and Hand O'l Toron and David to the		EDAID No.								
Hazardous Waste and Used Oil Transporter Registrati		EPA ID No.								
14. HW Transporter Activities: (Mark 'X' and complete all t	hat 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 hazard	lous waste.									
This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration										
☐ 1. For own waste only ☐ 2. For commercial purposes ☐ 3. Both commercial and own waste										
4. Transportation Mode Air Rail Water Other - specify										
B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)										
☐ This facility is a Hazardous Waste Transfer Fa	cility: (at this location	on) Storage Volume								
This form is: ☐ Initial Registration ☐ Renewal ☐ Notification of changes ☐ Cancel Registration										
Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.										
The Transfer Facility records required under the provisions of Rule 62-730.171(6), F.A.C., are kept at (check one): Our mailing (business) address The site (facility) address										
Please enter the EPA ID Number of the HW Transporter who carries the	e insurance for this Tra	unsfer Facility:								
Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste Transfer Facilities [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:										
15. Used Oil and Oil Filter Activities: : (Mark 'X' and com	plete all that apply if	f you need to register your used oil activities),								
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer faci annually register with the Department using this form. All except Fle \$100 registration fee. This form is: Initial Registration Renewal	orida used oil (UO) Pr	ocessors and collection centers must pay an annual								
If applicable, a check or money order, in the amount of \$100), payable to Florida D	Department of Environmental Protection is enclosed.								
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	er Management (must annually register)								
a. Transporter (off-site) and noncontiguous locationsb. Transfer Facility	a. Transpo									
(2) Collection Center (From businesses, <u>no more than 55 gal per shipment)</u>	d. End U									
(3) Used Oil Processor (A permit is required.)		quired under the provisions of Rule 62-710.510,								
(4) Gff-Specification Used Oil Burner	_	at (check one): ng (business) address The site (facility) address								
(5) Used Oil Fuel Marketer	U Our mann	ing (outsiness) address								
Please see the top of page 5 for additional items that must be submexempt Used Oil Transporters.	nitted in addition to t	the above registration and fees required for non-								

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No. FLD065	5680613						
(14 cont.) Hazardous Waste Transfer Facilities: following items are required to be submitted with the ini subsequent submission [Rule 62-730.171(3), Florida Advantage 1.0]	tial notification for a transfer facility as								
Certification by a responsible corporate officer Section 403.7211(2), Florida Statut	of the transporter that the proposed locales (F.S.) [Rule 62-730.171(3)(a)1., F.A		:						
Evidence of the transporter's financial responsit	· · · ·		!						
A brief general description of the transfer facili									
A copy of the facility closure plan [Rule 62-730									
A copy of the contingency and emergency plan									
A map or maps of the transfer facility [Rule 62-									
(15 cont.) Used Oil Transporters: (Exemptions in									
In addition to the requirements on Page 4 Secti									
ALL registered UO Handlers must submit	an annual report except generators tra	nsporting UO from nonconti	iguous operations within						
their own company.									
UO transporters transporting off-site over	• •								
• UO transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this									
submission as a certified used oil transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):.									
The used oil annual report is attached	Evidence of Liability Insurance pur	suant to 62-710.600(2)(e)., 1	F.A.C. is attached.						
16. Comments (attach a page if more space is need	ed):								
transported using Heritage Crystal-Cle addition all "on-spec" fuel oil will be ma	•								
17. Certification: I certify under penalty of law that accordance with a system designed to assure that quesubmitted is, to the best of my knowledge and belief false information, including the possibility of fine and the system of the system.	alified personnel properly gather and e f, true, accurate, and complete. I am aw nd imprisonment for knowing violation	valuate the information subrare that there are significant is.	mitted. The information penalties for submitting						
I certify as a Used Oil Transporter that I am a tation and have an annual and new employee trainin bility is demonstrated by the Used Oil Transporter C	g program in place covering the applic	able used oil rules. Evidence	e of financial responsi-						
Signature of owner, operator, or an authorized representative	Print Name and		Oil Date Signed (mm-dd-yyyy)						
MANN	Vinove Gloruse-EHS	Magager	02/04/2015						
			ם						
If the person that filled in this form is not the Facilit	y Contact or Operator, please compl	ete the information below:							
(Name of person completing this form)	(Phone Number)	(E-mail Address)							