

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

08/12/2015 Jeff Curtis, EHS Manager Safety-Kleen Systems Inc 5309 24th Ave S Tampa, FL 33619-5368

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 **5309 24th Ave S, Tampa , FL 33619-5368**

FLD980847271

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 03/01/2016); **HW Transporter**, **HW Transfer Facility** (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: **Operating Commercial TSD (exp on 11/23/2016).**

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://fildeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD980847271. 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: 1792, Email Address: jeff.curtis@safety-kleen.com

FLORIDA

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DBP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400

(850) 245-8707

Rate Received
Extagr DER Official Use Only)

FEB 272015

PERMITTING & COMPLIANCE

											
EPA ID: F L	D 9 8 0 8	8 4 7 2 7	7 1 Pleas	se use th	he instru	ctions	s document to co	mplete	e this form		
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	(must choose one										
and sign page 5. Pages 3 and 4, - com-	if a notification)	To provide the	he final notifica	ation (cl	closing) for	r the far	cility. (see instruc	:tions-	-must complete pages 1,2,5)		
plete as applicable)	FL Registration(s)	FL Registration(s) UW Mercury (see page 3) HW Transporter (see page 4) Used Oil (see page 4)									
2. Facility or Business Name		Safety-Kleen Systems, Inc.									
3. Facility	Name of Operator:	Trace obstation.									
Operator (List additional Opera-	Safety-Klee		ns, Inc.				□New Ope		mm dd yy		
(List additiona, Operators in the comments section).	Street or P.O. Box: 2600 N. Centi		way, Suite				Phone Numbe 972-265-2	2000			
	City or Town: Richardson				State: TX		Zip Code: 75080	C	Country (if not USA) [.]		
		Operator Type: Private Federal Municipal State County Other									
4. Facility Physical		Physical Street Address: 5309 24th Avenue South									
Location	City or Town:						State:	Zip C			
Information (No P.O. Boxes)	Tampa	·					FL	336	619		
Same address as #3 above or:	County: Hillsborough	1		Co	ountry (if n	iot USA	A):				
5. Facility North An Classification Syst	7 1	a. 56	<u> 1 1 2 </u>	121 ((required)) B.					
Code(s) (at least 5		c				D.	<u></u>				
6. Facility or	Same address as	Same address as #4_ above or: Street or P.O. Box:									
Business Mailing Address	City or Town:	City or Town:			; 	Zip/Po	Postal Code:	Cc	Country (1f not USA):		
7. Facinty of	First Name: Jeff		Last Name: Curtis	<u></u>			Title: EHS Man	ممد			
Business RCRA	Phone Number:		Extension:	E-1	Mail:		EFIO IVIGIT	aye.	Fax:		
Contact Person	561-523-471			1		@safe	ety-kleen.con	n	561-731-1696		
Same address as	Street or P.O. Box: 5610 Alpha Drive										
#above or:	City or Town: Richardson	City or Town: Richardson Bounda Beach						Zip Code: Country (if not 33426			
o. Real rioperty	Name of Owner:	0	- 1				Date became O				
of the Facility's	Safety-Kle	en Syste	ems, inc	<i>;</i>			New O	wner	mm dd yy		
Physical Location	Street or P.O. Box: 2600 N, Central Expr	ressway, Suite 20	J0			97	hone Number: 72-265-2000	-			
owners in the comments section)	City or Town: Richardson			State TX			Zip Code: 75080		Country (if not USA):		
Same address as # above or:	Owner Type: Private Federal Municipal State County Other										

RCRA Hazardous Waste Status Notification or Out of Business Notification						EPA ID No. FLD980847271						
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):												
(A) (1)Generator of Hazardous Waste						For Items 2 through 7, mark 'X' in all that apply.						
Yes No (Do not include Universal Waste or Used Oil)					(2) T	(2) Treater, Storer, or Disposer of Hazardous Waste						
If YES, Choose only one of the following three categories.					(at your facility) Note: A hazardous waste permit may be required for this activity.							
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. Small Quantity Generator (SQG): Generates in any calendar month greater than					(3) [a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postelosure or Corrective Action Permit or Order (HSWA, etc.) Recycler of Hazardous Waste (at your facility) Specify: Commercial Non-Commercial.						
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) c. Conditionally Exempt SQG (CESQG):						Exempt I a. Sn b. Sn	5. 5. 5. 5. Fr. 5.					
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 In addition, indicate other generator activities that apply.					(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-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												
your facility. I	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, K019, P012, U112). Hazardous waste transporters list codes routinely or usually transported. Use comments or an additional page if more spaces are needed.											
	² D004		³ D005	⁴ D0		⁵ D007	⁶ D008		⁷ D009			
	⁹ D011		^{/0} D018	// D		^{/2} D021	¹³ D02	.,,,,	¹⁴ D023			
······································	¹⁶ D02		¹⁷ D026	18 D	027	¹⁹ D028	20 DO	29	²¹ D030			
	11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):											
 (A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.) (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. (B) Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.) (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will (2) Out of Business - Business closed on												
(C) Property Tax Default			☐ (D) Petition for Bankruptcy Protection									
12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):												
Same as Facility RCRA Contact on page 1 or enter:		First Name:			Last Name:		Title:					
		Phone Num	per:		Extension:	E-Mail:						
Contact for: HW Transporter Unad Oil Handler		Street or P.C	D. Box:									
Used Oil Handler Universal Waste City or Town:				State:(C	ountry): Zip Code:							

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD980847271									
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. Pharmaccu	ıticals								
d. Mercury Containing Devices C. 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 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 Department of Heal	th [DOH])								
Florida Universal Pharmaceutical Waste (UPW) Transporter									
C. Florida Annual Mercury Handler Registration:									
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. (1) This form is being submitted as a Florida Registration of Universal Waste Transporter/Handler for-hire Activities First time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached									
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices									
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Amuat								
Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Registration 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 handler	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 handler	More Requirements (contact FDEP)								
(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: Describe your Universal Waste Activities: Describe your Universal Waste Activities:									
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)]									

Hazardous Waste and Used Oil Transporter Registration	ns EPA ID No. FLD980847271								
14. HW Transporter Activities: (Mark 'X' and complete all tha	at apply if you need to register your HW Transporter activities)								
Transporters of and Transfer Facilities for Hazardous Waste renew their registration. Evidence of casualty/liability insurance p Transfer facilities must submit several additional documents as detailed changes. Registered transporters and transfer facilities may only begin to Generators of hazardous waste who transport waste only within the	on page 5 the first time they register and when the information operations after receiving approval from the Department.								
A. HW Transporter Registration Information (must be completed annually and when this information changes)									
This facility is a registered transporter of hazardo	us 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 Highway 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 Facility: (at this location) Storage Volume 18,880									
	Notification of changes Cancel Registration								
_	equirements 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):									
	The site (facility) address								
Please enter the EPA ID Number of the HW Transporter who carries the in	surance for this Transfer Facility:								
Please see the top of page 5 for additional items that must be subn	witted in addition to the above registration for Hagardous Wests								
Transfer Facilities [Rule 62-730.171(3), Florida Administrative Cod									
15. Used Oil and Oil Filter Activities: : (Mark 'X' and compl	ete 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 Flori \$100 registration fee.	da used oil (UO) Processors and collection centers must pay an annual								
This form is: 🔲 Initial Registration 🛢 Renewal 🚨	Notification of changes Cancel Registration								
If applicable, a check or money order, in the amount of \$100, p	payable to Florida Department of Environmental Protection is enclosed.								
(1) 11 1017	(6) 11 101159 1								
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filter Management (must annually register)								
a. Transporter (off-site) and noncontiguous locations	a. Transporterb. Transfer Facility								
b. Transfer Facility	c. Processor (Annual Report Required)								
(2) Collection Center (From businesses, no more than 55 gal: per shipment)	d. End User								
	7) The records required under the provisions of Rule 62-710.510,								
(4) Off-Specification Used Oil Burner	FAC, are kept at (check one):								
(5) Used Oil Fuel Marketer On-Spec Off-Spec	Our mailing (business) address The site (facility) address								
Please see the top of page 5 for additional items that must be submit	ted in addition to the above registration and fees required for non-								

Transfer Facility and Used Oil Transporter requiren	nents and required signature page	EPA ID No. FLD98	3084	17271					
(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.)]:									
Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]									
Evidence of the transporter's financial responsi									
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: (Exemptions in 40 CFR 279.40(a)(1-4)) In addition to the requirements on Page 4 Section 15: ALL registered UO Handlers must submit an annual report except generators transporting UO from noncontiguous operations within their own company. UO transporters transporting off-site over public highways only within their own company must submit proof of insurance. 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			C. is attached.					
	•								
700000 10000000 100000 1000 1000 1000 1			med und had	OAR LEV					
17. 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.									
I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DFP form 62-730.900(5)(a), F.A.C									
Signature of owner, operator, or an	Print Name and	Title	Used Oil	Date Signed					
authorized representative				(mm-dd-yyyy)					
Karen Ju	Karen Turner, Reg. Com	upliance Prog.	⊠	2/26/15					
	Karen Turner, Reg. Com	mgr.							
Parise annual Primer Madain As William Primer Age Calmin (Marilla Magailla Charles Charles Calmin and Calmin Age Calmin Charles Charle									
If the person that filled in this form is not the Facilit	y Contact or Operator, please compl	ete the information below	v:						
Name of person completing this form)	(Phone Number)	(F-mail Address)							