



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
Secretary

01/28/2016

Jeff Curtis
Safety-Kleen Systems Inc
8755 NW 95th St
Medley, FL 33178-1462

The Florida Department of Environmental Protection has reviewed your application for registration as a transporter or handler for universal waste lamps and devices destined for recycling. Based on the information received, the facility located at **8755 NW 95th St, Medley, FL 33178-1462** has been registered through **March 1, 2017** with the following status:

Facility ID # **FLD984171694**

Transporter of Universal Waste Lamps and Devices

Transfer Facility for Universal Waste Lamps

Transfer Facility for Universal Waste Devices

Small Quantity Handler Facility for Universal Waste Lamps and Devices

(Less than 2,000kg of Lamps (8,000) and/or 100kg of Devices at any one time)

The registration form for the year **2017** will be sent to the contact person on your application.

Chapter 62-737, Florida Administrative Code (F.A.C.), (copy enclosed) specifies several other requirements including packaging, training and record keeping for transporters and handlers of universal waste lamps or devices destined for recycling. These requirements are simple, flexible and make good business and environmental sense (summarized on enclosed fact sheets).

This registration does not allow you to transport or handle universal waste lamps or devices which are destined for landfill or other disposal. The transportation or handling of universal waste lamps or devices destined for disposal is subject to our hazardous waste management regulations under Chapter 62-730, F.A.C.

If any of your facility's information on the Florida Notification of Regulated Waste Activity [form 62-730.900(1)(b)] changes, please notify the Department using that form. I can also be contacted at (850) 245-8759 or at Laurie.Tenace@dep.state.fl.us.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laurie Tenace".

Laurie Tenace
Environmental Specialist
Waste Reduction Section

Enclosures



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
RECEIVED
(for FDEP Official Use Only)
ENVIRONMENTAL PROTECTION

JAN 22 2016

PERMITTING & COMPLIANCE

EPA ID: **F L D 9 8 4 1 7 1 6 9 4**

Please use the instructions document to complete this form.

1. Reason for Submittal

(all submitters must complete pages 1 and 2 and sign page 5.)

Pages 3 and 4, - complete as applicable)

Mark 'X' in the correct box:
(must choose one if a notification)

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, used oil activities, or PCW activities).
☐ To provide subsequent notification (to update status and facility identification information).
☐ To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5)

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 Operator

(List additional Operators in the comments section).

Name of Operator:

SAFETY-KLEEN SYSTEMS, INC.

Date became Operator: **7** / **30** / **91**

☐ New Operator mm dd yy

Street or P.O. Box:

8755 NORTHWEST 95TH STREET

Phone Number:

305-884-0123

City or Town:

MEDLEY

State:

FL

Zip Code:

33178

Country (if not USA):

Operator Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ County

☐ Other

4. Facility Physical Location Information

☒ Same address as #3 above or:

Physical Street Address:

☐ Vessel

City or Town:

State:

Zip Code:

County:

MIAMI-DADE

Country (if not USA):

5. Facility North American Industry Classification System (NAICS) Code(s) (at least 5 digits)

A. **5 6 2 1 1 2** (required)

B.

C.

D.

6. Facility or Business Mailing Address

☒ Same address as #3 above or: Street or P.O. Box:

City or Town:

State:

Zip/Postal Code:

Country (if not USA):

7. Facility or Business RCRA Contact Person

First Name:

JEFF

Last Name:

CURTIS

Title:

EH&S MANAGER

Phone Number:

561-523-4719

Extension:

E-Mail:

JEFF.CURTIS@SAFETY-KLEEN.COM

Fax:

561-731-1696

Street or P.O. Box:

☒ Same address as #3 above or:

City or Town:

RICHARDSON

State:

Zip Code:

Country (if not USA):

8. Real Property (FL Land) Owner of the Facility's Physical Location

(List additional owners in the comments section)
☐ Same address as # above or:

Name of Owner:

SAFETY-KLEEN SYSTEMS, INC.

Date became Owner: **7** / **30** / **91**

☐ New Owner mm dd yy

Street or P.O. Box:

2600 NORTH CENTRAL EXPRESSWAY, SUITE 200

Phone Number:

800-323-5040

City or Town:

RICHARDSON

State:

TX

Zip Code:

75080

Country (if not USA):

Owner Type:

☒ Private

☐ Federal

☐ Municipal

☐ State

☐ County

☐ Other

RCRA Hazardous Waste Status Notification or Out of Business Notification	EPA ID No. FLD984171694
---	--------------------------------

9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

<div style="border: 1px solid black; padding: 5px;"> (A) (1)Generator of Hazardous Waste <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Do not include Universal Waste or Used Oil) If YES, Choose only one of the following three categories. <input checked="" type="checkbox"/> a. Large Quantity Generator (LQG): 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) <input type="checkbox"/> 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) <input type="checkbox"/> 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 In addition, indicate other generator activities that apply. <input type="checkbox"/> d. Short-Term Generator (one-time, not on-going) <input type="checkbox"/> e. Episodic: Not more than one-time per year: __ SQG __ LQG <input type="checkbox"/> f. United States Importer of hazardous waste <input type="checkbox"/> g. Mixed Waste (hazardous and radioactive) Generator </div>	<div style="border: 1px solid black; padding: 5px;"> 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. <input checked="" type="checkbox"/> a. Operating Commercial TSD <input type="checkbox"/> b. Operating Non-Commercial TSD <input type="checkbox"/> c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.) (3) <input type="checkbox"/> Recycler of Hazardous Waste (at your facility) Specify: <input type="checkbox"/> Commercial <input type="checkbox"/> Non-Commercial. Note: A permit is required for storage prior to recycling (4) <input type="checkbox"/> Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption (5) <input type="checkbox"/> 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. (6) <input checked="" type="checkbox"/> Receives Hazardous Waste from Off-Site (7) <input type="checkbox"/> Underground Injection Control </div>
---	---

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.

¹ D001	² D004	³ D005	⁴ D006	⁵ D007	⁶ D008	⁷ D009
⁸ D010	⁹ D011	¹⁰ D018	¹¹ D019	¹² D021	¹³ D022	¹⁴ D023
¹⁵ D024	¹⁶ D025	¹⁷ D026	¹⁸ D027	¹⁹ D028	²⁰ D029	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):

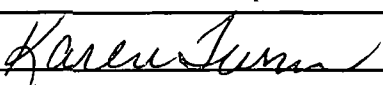
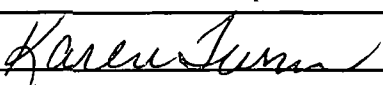
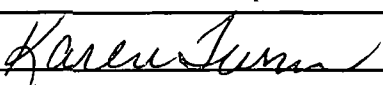
<div style="border: 1px solid black; padding: 5px;"> (A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.) <input type="checkbox"/> (1) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste. (B) Facility Closed (Complete this section only if <u>all</u> business activities at this facility have ceased.) <input type="checkbox"/> (1) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will <input type="checkbox"/> (2) Out of Business - Business closed on _____ (date) </div>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> (C) Property Tax Default </div>
<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> (D) Petition for Bankruptcy Protection </div>	

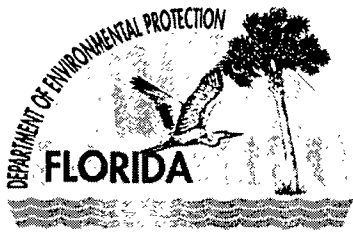
12-14 — Registration Activities Contact Information (only if this submission is a registration or registration information update):

<input checked="" type="checkbox"/> Same as Facility RCRA Contact on page 1 or enter Contact for: <input type="checkbox"/> HW Transporter <input type="checkbox"/> Used Oil Handler <input checked="" type="checkbox"/> Universal Waste	First Name:	Last Name:	Title:
	Phone Number:	Extension:	E-Mail:
	Street or P.O. Box:		
	City or Town:	State:(Country):	Zip Code:

Universal Waste Notification and Mercury Transporter/Handler Registration		EPA ID No. FLD984171694
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :		
A. Federal Notification	<input type="checkbox"/> Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: <u>5,000 kg (11,000 lb) or more</u> of any combination of UW accumulated (at any one time) <div style="display: flex; justify-content: space-between;"> Accumulates: <input type="checkbox"/> a. UW Batteries <input type="checkbox"/> b. Pesticides <input type="checkbox"/> c. Pharmaceuticals </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> d. Mercury Containing Devices <input type="checkbox"/> e. Mercury Containing Lamps </div> <input type="checkbox"/> 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		
<input type="checkbox"/> Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time) <input type="checkbox"/> Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated <input type="checkbox"/> Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be registered with the Florida Department of Health [DOH]) <input type="checkbox"/> Florida Universal Pharmaceutical Waste (UPW) Transporter		
C. Florida Annual 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 <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/Handler <u>for-hire</u> Activities <input type="checkbox"/> First time registering <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> One-time \$1,000 fee for Mercury for-hire first time LQH registration is attached		
<input checked="" type="checkbox"/> For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices <input checked="" type="checkbox"/> Mercury-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler <input checked="" type="checkbox"/> Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Annual Registration Required	
<input type="checkbox"/> Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler <input type="checkbox"/> Mercury-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)	
(2) Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) <input type="checkbox"/> First time registering <input type="checkbox"/> Renewal		Annual Registration Required
Briefly Describe your Universal Waste Activities: <input type="checkbox"/> We use Drum Top Bulb Crusher(s). Collection and transportation of universal waste from a customer to a commercial facility for accumulation and transfer to a reclamation facility.		
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) <input type="checkbox"/> Recovery <input type="checkbox"/> 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 Registrations	EPA ID No. FLD984171694
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need to register your HW Transporter activities)	
<p>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.</p>	
<p>A. HW Transporter Registration Information (must be completed annually and when this information changes)</p> <p>This facility is a registered transporter of hazardous waste.</p> <p>This form is: <input type="checkbox"/> Initial Registration <input type="checkbox"/> Renewal <input type="checkbox"/> Notification of changes <input type="checkbox"/> Cancel Registration</p> <p style="margin-left: 40px;"><input type="checkbox"/> 1. For own waste only <input type="checkbox"/> 2. For commercial purposes <input type="checkbox"/> 3. Both commercial and own waste</p> <p style="margin-left: 40px;">4. Transportation Mode <input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Highway <input type="checkbox"/> Water <input type="checkbox"/> Other - specify _____</p>	
<p>B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)</p> <p><input type="checkbox"/> This facility is a Hazardous Waste Transfer Facility: (at this location) Storage Volume _____</p> <p>This form is: <input type="checkbox"/> Initial Registration <input type="checkbox"/> Renewal <input type="checkbox"/> Notification of changes <input type="checkbox"/> Cancel Registration</p> <p>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.</p> <p>The Transfer Facility records required under the provisions of Rule 62-730.171(6) , F.A.C., are kept at (check one):</p> <p style="margin-left: 40px;"><input type="checkbox"/> Our mailing (business) address <input type="checkbox"/> The site (facility) address</p> <p>Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility: </p> <p>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.)]:</p>	
15. Used Oil and Oil Filter Activities: : (Mark 'X' and complete all that apply if you need to register your used oil activities),	
<p>Transporters (exemptions in 40 CFR 279.40(a)(1-4) , transfer facilities, processors, off-specification burners, and/or marketers <u>must annually register</u> with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.</p> <p>This form is: <input type="checkbox"/> Initial Registration <input type="checkbox"/> Renewal <input type="checkbox"/> Notification of changes <input type="checkbox"/> Cancel Registration</p> <p><input type="checkbox"/> If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed.</p>	
<p>(1) Used Oil Transporter - mark activities: (occurring in Florida)</p> <p style="margin-left: 40px;"><input type="checkbox"/> a. Transporter (off-site) and noncontiguous locations</p> <p style="margin-left: 40px;"><input type="checkbox"/> b. Transfer Facility</p> <p>(2) <input type="checkbox"/> Collection Center (From businesses, <u>no more than</u> 55 gal per shipment)</p> <p>(3) <input type="checkbox"/> Used Oil Processor (A permit is required.)</p> <p>(4) <input type="checkbox"/> Off-Specification Used Oil Burner</p> <p>(5) Used Oil Fuel Marketer <input type="checkbox"/> On-Spec <input type="checkbox"/> Off-Spec</p>	<p>(6) Used Oil Filter Management (must annually register)</p> <p style="margin-left: 40px;"><input type="checkbox"/> a. Transporter</p> <p style="margin-left: 40px;"><input type="checkbox"/> b. Transfer Facility</p> <p style="margin-left: 40px;"><input type="checkbox"/> c. Processor (Annual Report Required)</p> <p style="margin-left: 40px;"><input type="checkbox"/> d. End User</p> <p>(7) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check one):</p> <p style="margin-left: 40px;"><input type="checkbox"/> Our mailing (business) address <input type="checkbox"/> The site (facility) address</p>
<p>Please see the top of page 5 for additional items that must be submitted in addition to the above registration and fees required for non-exempt Used Oil Transporters.</p>	

Transfer Facility and Used Oil Transporter requirements and required signature page	EPA ID No. FLD984171694																
<p>(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.)] :</p> <p> <input type="checkbox"/> 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.] </p> <p> <input type="checkbox"/> Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.] </p> <p> <input type="checkbox"/> A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.] </p> <p> <input type="checkbox"/> A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.] </p> <p> <input type="checkbox"/> A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.] </p> <p> <input type="checkbox"/> A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.] </p>																	
<p>(15 cont.) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))</p> <p>In addition to the requirements on Page 4 Section 15:</p> <ul style="list-style-type: none"> 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.). <p> <input type="checkbox"/> The used oil annual report is attached <input type="checkbox"/> Evidence of Liability Insurance pursuant to 62-710.600(2)(e), F.A.C. is attached. </p>																	
<p>16. Comments (attach a page if more space is needed):</p> <p>#10: Waste Code List Continued: D032, D033, D034, D035, D036, D037, D038, D039, D040, D041, D042, D043, F001, F002, F003, F004, F005</p>																	
<p>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.</p>																	
<p><input type="checkbox"/> 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, DEP form 62-730.900(5)(a), F.A.C..</p>																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 5px;">Signature of owner, operator, or an authorized representative</th> <th style="padding: 5px;">Print Name and Title</th> <th style="padding: 5px;">Used Oil</th> <th style="padding: 5px;">Date Signed (mm-dd-yyyy)</th> </tr> <tr> <td style="padding: 5px; height: 40px; vertical-align: bottom;"></td> <td style="padding: 5px;">Karen Turner, Manager Regulatory Compliance Programs</td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">1/20/16</td> </tr> <tr> <td style="padding: 5px; height: 30px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px; height: 30px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;"></td> </tr> </table>	Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)		Karen Turner, Manager Regulatory Compliance Programs	<input type="checkbox"/>	1/20/16			<input type="checkbox"/>				<input type="checkbox"/>		
Signature of owner, operator, or an authorized representative	Print Name and Title	Used Oil	Date Signed (mm-dd-yyyy)														
	Karen Turner, Manager Regulatory Compliance Programs	<input type="checkbox"/>	1/20/16														
		<input type="checkbox"/>															
		<input type="checkbox"/>															
<p>If the person that filled in this form is not the Facility Contact or Operator, please complete the information below:</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Michelle Chillson</td> <td style="width: 33%; text-align: center;">847-468-6713</td> <td style="width: 33%; text-align: center;">chillson.michelle@cleanharbors.com</td> </tr> <tr> <td style="text-align: center;">(Name of person completing this form)</td> <td style="text-align: center;">(Phone Number)</td> <td style="text-align: center;">(E-mail Address)</td> </tr> </table>				Michelle Chillson	847-468-6713	chillson.michelle@cleanharbors.com	(Name of person completing this form)	(Phone Number)	(E-mail Address)								
Michelle Chillson	847-468-6713	chillson.michelle@cleanharbors.com															
(Name of person completing this form)	(Phone Number)	(E-mail Address)															



Florida Department of Environmental Protection

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

Rick Scott
Governor

Jeffrey Carroll
Deputy Governor

Eric L. Vazirani
Secretary

UNIVERSAL WASTE LAMP AND DEVICE TRANSPORTER AND TRANSFER FACILITY INFORMATION CHECKLIST


The Department requires that all universal waste lamp and device transporters and transfer facilities registered under Rule 62-737.400, F.A.C., complete and sign this Information Checklist. This information will be used to evaluate compliance with subparagraph 62-737.400(1)(b), F.A.C. **Your transporter registration will not be issued until you complete and return the checklist.** Handlers that are not engaging in transport activities need not complete this form.

SAFETY-KLEEN SYSTEMS, INC.	8755 NW 95TH ST	MEDLEY, FL
Facility Name	Street Address	City and State
305-884-0123	305-884-6131	JEFF.CURTIS@SAFETY-KLEEN.COM
Phone	Fax	E-mail

Section 1: For all transporters and transfer facilities (in-state and out-of-state).

Complete all sections and check all boxes that apply.

- Estimated number of LAMPS handled during the last calendar year. 16302
Types: Fluorescent ☒ HID ☒
- Estimated number of DEVICES handled during the last calendar year. 5
Types: Thermostats ☒ Electric Switches/Relays ☒
Thermometers ☒ Manometers ☐ Other ☐
- Estimated weight of DEVICES handled during the last calendar year. 5 lb.
- Estimated number of lamps or devices you shipped to a mercury recycling facility.
Check the boxes for lamps (L) or devices (D). Give the receiving facility name, location, and contact information.

86	SAFETY-KLEEN SYSTEMS, INC	LEXINGTON, SC (803) 356-4061
Number L <input checked="" type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State Phone
16216	CLEAN HARBORS FLORIDA, LLC	BARTOW, FL (863) 533-6111
Number L <input checked="" type="checkbox"/> D <input type="checkbox"/>	Facility Name	City/State Phone
5	CLEAN HARBORS FLORIDA, LLC	BARTOW, FL (863) 533-6111
Number L <input type="checkbox"/> D <input checked="" type="checkbox"/>	Facility Name	City/State Phone
Karen Turner		4/20/16
Print Name of Authorized Agent	Signature of Authorized Agent	Date

"More Protection, Less Process"

www.dep.state.fl.us

Section 2: For out-of-state transporters and transfer facilities only

1. Is any environmental agency in your state aware of your activities as a transporter or transfer facility for universal waste lamps and devices in Florida?

Yes _____

No _____

Not Applicable

2. If you have not already done the following in previous years, please enclose some written verification from that environmental agency that they are aware of your activities as a transporter for universal waste lamps and devices in Florida and in your state. This verification can be in the form of a letter to you or to the Department, a registration, a permit, etc.

Submitted Previously _____

Submitted in What Year? _____

Karen Turner

Print Name of Authorized Agent


Signature of Authorized Agent

1/20/16
Date

Complete, sign and return this checklist along with your registration form 8700-12FL to:

HWRS, MS 4560
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Your transporter registration will not be issued until you complete and return this checklist.

QUESTIONS OR COMMENTS?

If you have any questions or comments, please contact Laurie Tenace at (850) 245-8759 or via e-mail at laurie.tenace@dep.state.fl.us.

Thank you for your cooperation in providing this information.