

## 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

02/05/2016 Jeff Curtis, EHS Manager Safety-Kleen Systems Inc 5610 Alpha Dr Boynton Beach, FL 33426-8329

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 5610 Alpha Dr, Boynton Beach , FL 33426-8329

## FLD984167791

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 03/01/2017); 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 11/19/2017).

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=FLD984167791. For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us

Sincerely,

Glen Perrigan

Environmental Manager

Robin K. Pandley

Hazardous Waste Regulation Section

ME ID: 48680, Email Address: jeff.curtis@safety-kleen.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 Officia FUse Only)
ENVIRONMENTAL PROTECTION

JAN 22 2016

PERMITTING & COMPLIANCE Please use the instructions document to complete this form FROGRAM EPA ID: D 9 8 4 1 6 9 To provide initial notification (to obtain an EPA ID Number for hazardous 1. Reason for Mark 'X' in waste, universal waste, used oil activities, or PCW activities). the correct box: Submittal (all submitters must To provide subsequent notification (to update status and facility identification information). (must choose one complete pages 1 and 2 if a notification) and sign page 5. To provide the final notification (closing) for the facility. (see instructions—must complete pages 1,2,5) Pages 3 and 4, - com-FL Registration(s) plete as applicable) ☐ HW Transporter (see page 4) Used Oil (see page 4) ■ UW Mercury (see page 3) 2. Facility or SAFETY-KLEEN SYSTEMS, INC. **Business Name** Name of Operator: Date became Operator: 10 / 10 89 3. Facility SAFETY-KLEEN SYSTEMS, INC. Operator New Operator mm dd уу (List additional Opera-Street or P.O. Box: Phone Number: tors in the comments 5610 ALPHA DRIVE 561-736-1339 section) City or Town: Zip Code: Country (if not USA): State: **BOYNTON BEACH** FL 33426 Private Federal Municipal State County Other Operator Type: Physical Street Address: Vessel 4. Facility Physical Location City or Town: State: Zip Code: Information (No PO Boxes) County: Country (if not USA): Same address as #3 above or: PALM BEACH 5. Facility North American Industry 1 | 2 | (required) Classification System (NAICS) Code(s) (at least 5 digits) D. Same address as #3 above or: Street or P.O. Box: 6. Facility or **Business** Country (if not USA): Zip/Postal Code: City or Town: State: **Mailing Address** Last Name: First Name: 7. Facility or JEFF **CURTIS EH&S MANAGER Business** Phone Number: 561-523-4719 **RCRA** Extension: E-Mail: Fax: JEFF.CURTIS@SAFETY-KLEEN.COM 561-731-1696 **Contact Person** Street or P.O. Box: Same address as Zip Code: Country (if not USA). City or Town: State: #3\_above or: <del>-RICHARDSON-</del> Name of Owner: Date became Owner: 10 / 10 8. Real Property / 89 SAFETY-KLEEN SYSTEMS, INC. (FL Land) Owner New Owner mm dd VV of the Facility's Phone Number: Street or P.O. Box: **Physical Location** 2600 NORTH CENTRAL EXPRESSWAY, SUITE 200 800-323-5040 (List additional Zip Code: Country (if not USA): City or Town: State: owners in the comments section ) RICHARDSON TΧ 75080 ☐ Same address as Municipal State County Other Private Federal Owner Type: #\_\_\_ above or:

RCRA Hazardous Waste Status Notification or Out of Business Notification						<sup>EPA ID No.</sup> FLD984167791					
9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):											
(A) (1)Generator of Hazardous Waste				For It	For Items 2 through 7, mark 'X' in all that apply.						
■Yes □	Yes No (Do not include Universal Waste or Used Oil)				(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						
	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)					<ul><li>□ b. Op</li><li>□ c. No</li></ul>	Operating Commercial TSD Operating Non-Commercial TSD Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)				
	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)	(3) Recycler of Hazardous Waste (at your facility)  Specify: Commercial Non-Commercial.  Note: A permit is required for storage prior to recycling.						
1				(4)	(4) Exempt Boiler and/or Industrial Furnace  a. Small Quantity On-site Burner Exemption					ce emption	
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				(5)	(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						
d. Sh	ort-Term Gener	rator (one-tin	eactivities that apply ne, not on-going)		(6)	OR the authorization you received from FDEP.  (6) Receives Hazardous Waste from Off-Site					
🔲 f. Un	f. United States Importer of hazardous waste			(7) Underground Injection Control							
your fac	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.										
<sup>1</sup> D001					<sup>5</sup> D007	<sup>6</sup> D008			<sup>7</sup> D009		
<sup>8</sup> D010	9 <sub>D011</sub>		<sup>10</sup> D018	<sup>11</sup> D019			<sup>12</sup> D021		<sup>13</sup> D022		<sup>14</sup> D023
<sup>15</sup> D024	<sup>16</sup> D02			<sup>18</sup> D027		1	<sup>19</sup> D028		<sup>20</sup> D029		<sup>21</sup> D030
			<u></u>							· · · · · · · · · · · · · · · · · · ·	
<ul> <li>11. Other Status Changes (If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16):</li> <li>(A) Non-Handler of Regulated Waste at This Facility (Sections 9, 10 and 12-16 should be blank.)</li> <li>(I) Business no longer generates, transports, treats, stores, disposes of, or otherwise handles any regulated waste.</li> <li>(B) Facility Closed (Complete this section only if all business activities at this facility have ceased.)</li> <li>(I) Closed at this location and moved or moving to another - Submit a new Form 8700-12FL for the new location if you will</li> <li>(2) Out of Business - Business closed on</li></ul>											
☐ (C) Property Tax Default ☐				(D)	(D) Petition for Bankruptcy Protection						
12-14 — R	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:			Last Name: Extension:	<u> </u>	E-Mail:			Title:			
Contact for:	_	Thone runn					2 1 1 1 1 1 1				
HW Trans		Street or P.0	O. Box:								
Used Oil Handler Universal Waste  City or Town:					State:(Country):		Zip Code:				

Universal Wa	ste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD984	1167791						
12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply):								
A. Federal Notification	Pederally Benned Barge Quantity Handler (EQ11) Generates Accumulate. 5,000 kg (11,000 lb) or more							
[	Accumulates: 🗖 a. UW Batteries 🗖 b. Pesticides 🗖 c. Pharmaccu	ıticals						
	d. Mercury Containing Devices 🔲 e. Mercury Contai	ning 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 U	Iniversal Pharmaceutical Waste (UPW): one-time registration							
☐ Pharma	accuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)							
D Pharma	accuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW	) accumulated						
Revers	e 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 Aı	nual 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/Handler <u>for-hire</u> Activities								
First	time registering Renewal One-time \$1,000 fee for Mercury for-hire first time LQH reg	istration is attached						
For-hi	re Transporter of Universal Waste Mercury-Containing Lamps or Devices	Annual						
For-hi	For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices							
Mercu	ry-Containing Devices (thermostats, etc) SQH = less than 100 kg accumulated by for-hire handler	Registration Required						
Mercu	ry-Containing Lamps <b>SQH</b> = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler							
☐ Mercu	ry-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration +						
	ry-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	one– time \$1,000 fee+ 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:								
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)  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 Registrati	EPA ID No. FLD984167791					
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.						
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						
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 insurance for this Transfer 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 complete all that apply if you need to register your used oil activities),						
Transporters (exemptions in 40 CFR 279.40(a)(1-4), transfer facilities, processors, off-specification burners, and/or marketers must annually register with the Department using this form. All except Florida used oil (UO) Processors and collection centers must pay an annual \$100 registration fee.  This form is:  Initial Registration Renewal Notification of changes Cancel Registration						
If applicable, a check or money order, in the amount of \$100	), payable to Florida D	epartment of Environmental Protection is enclosed.				
(1) Used Oil Transporter - mark activities: (occurring in Florida)	(6) Used Oil Filte	r Management (must annually register)				
☐ a. Transporter (off-site) and noncontiguous locations	a. Transpo					
☐ b. Transfer Facility	b. Transfe	•				
(2) Collection Center (From businesses, no more than 55 gal per shipment)	d. End Us	sor (Annual Report Required ) ser				
(3) Used Oil Processor (A permit is required.)	1 1	quired 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	Gui maini	ng (business) address				
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.						

Transfer Facility and Used Oil Transporter requirem	ents and required signature page	EPA ID No. FLD98	3416	37791				
(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 responsil								
A brief general description of the transfer facili	· -							
<del>_</del>	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	1 40 CFR 279.40(a)(1-4))							
In addition to the requirements on Page 4 Secti								
<ul> <li>ALL registered UO Handlers must submit their own company.</li> </ul>	an annual report except generators tran	nsporting UO from noncor	ntiguot	us operations within				
UO transporters transporting off-site over	public highways only within their own	company must submit pro	ofof	insurance.				
The used oil annual report is attached	Evidence of Liability Insurance pure			C. is attached.				
16. Comments (attach a page if more space is need	lad).	_						
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, DEP 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	<u> </u>			(mm-dd-yyyy)				
Karenshury	Karen Turner, Manager Regulatory	Compliance Programs		1/20/14				
If the person that filled in this form is not the Facility	y Contact or Operator, please comple	ete the information below	—— <u>+</u> v:					
Michelle Chillson 84	47-468-6713 Chills	son.Michelle@clear	nhart	oors.com				
(Name of person completing this form)	(Phone Number)	(E-mail Address)		<del></del>				