

## APPLICATION TRACKING SYSTEM

08/11/93

APPL NO:235966

APPL RECVD:08/10/93 TYPE CODE:HC SUBCODE:TX LAST UPDATE:08/11/93  
DER OFFICE RECVD:TPA DER OFFICE TRANSFER TO:\_\_\_ APPLICATION COMPLETE:\_\_\_/\_\_\_/\_\_\_  
DER PROCESSOR:HWP

APPL STATUS:AC DATE:08/10/93 (ACTIVE/DENIED/WITHDRAWN/EXEMPT/ISSUED/GENERAL)  
RELIEF:\_\_\_ (SSAC/EXEMPTIONS/VARIANCE)

(Y/N) N MANUAL TRACKING DISTRICT:40 COUNTY:29  
(Y/N) N OGC HEARING REQUESTED LAT/LONG:27.55.21/82.23.04  
(Y/N) N PUBLIC NOTICE REQD? BASIN-SEGMENT:\_\_\_  
(Y/N) N GOV BODY LOCAL APPROVAL REQD? CDE #:\_\_\_\_\_  
(Y/N) Y LETTER OF INTENT REQD? \_ (I/ISSUE D/DENY) ALT#:\_\_\_\_\_-\_\_\_\_\_

PROJECT SOURCE NAME:CONSTRUCTION ETHYLENE GLYCOL TANK

STREET:5309 24TH AVE. S. CITY:TAMPA

STATE:FL ZIP:33619 PHONE:\_\_\_\_\_-\_\_\_\_\_

APPLICATION NAME:SAFETY-KLEEN CORPORATION

STREET:777 BIG TIMBER RD. CITY:ELGIN

STATE:IL ZIP:60123 PHONE:708-697-8460

AGENT NAME:\_\_\_\_\_

STREET:\_\_\_\_\_ CITY:\_\_\_\_\_

STATE:\_\_\_\_\_ ZIP:\_\_\_\_\_ PHONE:\_\_\_\_\_

FEE #1 DATE PAID:08/10/93 AMOUNT PAID:00050 RECEIPT NUMBER:00216013

B DATE APPLICANT INFORMED OF NEED FOR PUBLIC NOTICE - - - - - / /  
C DATE DER SENT DNR APPLICATION/SENT DNR INTENT - - - - - / /  
D DATE DER REQ. COMMENTS FROM GOV. BODY FOR LOCAL APP. - - - - - / /  
E DATE #1 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - 05/27/92--06/02/92  
E DATE #2 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - 06/04/92--07/12/92  
E DATE #3 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - / /  
E DATE #4 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - / /  
E DATE #5 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - / /  
E DATE #6 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - - - / /  
F DATE LAST 45 DAY LETTER WAS SENT - - - - - / /  
G DATE FIELD REPORT WAS REQ--REC - - - - - / /  
H DATE DNR REVIEW WAS COMPLETED - - - - - / /  
I DATE APPLICATION WAS COMPLETE - - - - - 08/22/92  
J DATE GOVERNING BODY PROVIDED COMMENTS OR OBJECTIONS - - - - - / /  
K DATE NOTICE OF INTENT WAS SENT--REC TO APPLICANT - - - - - 08/28/92--08/31/92  
L DATE PUBLIC NOTICE WAS SENT TO APPLICANT - - - - - 0 / /  
M DATE PROOF OF PUBLICATION OF PUBLIC NOTICE RECEIVED - - - - - 09/24/92  
N WAIVER DATE BEGIN--END (DAY 90) - - - - - / /

## COMMENTS:

*request to extend Permit expiration date**issue date 8-20-93*

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

216013

RECEIPT FOR APPLICATION FEES AND MISCELLANEOUS REVENUE

Received from Victor L. San Agustin Date 8-10-93

Address 6018 - 44 St, Tampa Dollars \$ 50.00

Applicant Name & Address ~~Same~~ Safety-Kleen, 777 Big Bend Timber Rd, Elgin IL

Source of Revenue extension

Revenue Code 2232 Application Number HC29-235966

By Betty Carner

ck-#  
1689

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

216013

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Source of Revenue extension

Revenue Code 2232 Application Number HC29-235966

By Betty Carner

ck-#  
1689

## APPLICATION TRACKING SYSTEM

03/24/92

APPL NO:210802

APPL RECVD:03/23/92 TYPE CODE:HC SUBCODE:01 LAST UPDATE:03/24/92  
DER OFFICE RECVD:TPA DER OFFICE TRANSFER TO:\_\_\_ APPLICATION COMPLETE:\_\_\_/\_\_\_/\_\_\_  
DER PROCESSOR:HWP

APPL STATUS:AC DATE:03/23/92 (ACTIVE/DENIED/WITHDRAWN/EXEMPT/ISSUED/GENERAL)  
RELIEF:\_\_\_ (SSAC/EXEMPTIONS/VARIANCE)

(Y/N) N MANUAL TRACKING DISTRICT:40 COUNTY:29  
(Y/N) N OGC HEARING REQUESTED LAT/LONG:27.55.21/82.23.04  
(Y/N) N PUBLIC NOTICE REQD? BASIN-SEGMENT:\_\_\_-\_\_\_  
(Y/N) N GOV BODY LOCAL APPROVAL REQD? COE #:\_\_\_\_\_  
(Y/N) Y LETTER OF INTENT REQD? \_ (I/ISSUE D/DENY) ALT#:\_\_\_\_\_

PROJECT SOURCE NAME:SAFETY-KLEEN

STREET:5309 24TH AVE. S.

CITY:TAMPA

STATE:FL ZIP:33619

PHONE:\_\_\_\_-\_\_\_\_-\_\_\_\_

APPLICATION NAME:SAFETY-KLEEN CORP.

STREET:777 BIG TIMBER RD.

CITY:ELGIN

STATE:IL ZIP:60123

PHONE:708-697-8460

AGENT NAME:\_\_\_\_\_

STREET:\_\_\_\_\_

CITY:\_\_\_\_\_

STATE:\_\_\_

ZIP:\_\_\_

PHONE:\_\_\_-\_\_\_-\_\_\_

FEE #1 DATE PAID:03/23/92 AMOUNT PAID:15000 RECEIPT NUMBER:00188456

B DATE APPLICANT INFORMED OF NEED FOR PUBLIC NOTICE - - - \_\_\_/\_\_\_/\_\_\_  
C DATE DER SENT DNR APPLICATION/SENT DNR INTENT - - - \_\_\_/\_\_\_/\_\_\_  
D DATE DER REQ. COMMENTS FROM GOV. BODY FOR LOCAL APP. - - - \_\_\_/\_\_\_/\_\_\_  
E DATE #1 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - 05/27/92--06/02/92  
E DATE #2 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - 06/30/92--07/12/92  
E DATE #3 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - \_\_\_/\_\_\_/\_\_\_  
E DATE #4 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - \_\_\_/\_\_\_/\_\_\_  
E DATE #5 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - \_\_\_/\_\_\_/\_\_\_  
E DATE #6 ADDITIONAL INFO REQ--REC FROM APPLICANT - - - \_\_\_/\_\_\_/\_\_\_  
F DATE LAST 45 DAY LETTER WAS SENT - - - \_\_\_/\_\_\_/\_\_\_  
G DATE FIELD REPORT WAS REQ--REC - - - \_\_\_/\_\_\_/\_\_\_  
H DATE DNR REVIEW WAS COMPLETED - - - \_\_\_/\_\_\_/\_\_\_  
I DATE APPLICATION WAS COMPLETE - - - 02/12/92  
J DATE GOVERNING BODY PROVIDED COMMENTS OR OBJECTIONS - - - \_\_\_/\_\_\_/\_\_\_  
K DATE NOTICE OF INTENT WAS SENT--REC TO APPLICANT - - - 08/29/92--08/31/92  
L DATE PUBLIC NOTICE WAS SENT TO APPLICANT - - - \_\_\_/\_\_\_/\_\_\_  
M DATE PROOF OF PUBLICATION OF PUBLIC NOTICE RECEIVED - - - 02/14/92  
N WAIVER DATE BEGIN--END (DAY 90) - - - \_\_\_/\_\_\_/\_\_\_

COMMENTS:

Permit issued 12-22-92

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

188456

RECEIPT FOR APPLICATION FEES AND MISCELLANEOUS REVENUE

Received from Safety - Kleen Date 3/23/92  
Address 777 Big Timber Rd. Elgin IL 60123 Dollars \$ 15,000.00  
Applicant Name & Address Same  
Source of Revenue Same  
Revenue Code 1042 Application Number HC29-210802  
CK 247376 By Alvino King

STATE OF FLORIDA  
DEPARTMENT OF ENVIRONMENTAL REGULATION

188456

RECEIPT FOR APPLICATION FEES AND MISCELLANEOUS REVENUE

Received from Safety - Kleen Date 3/23/92  
Address 777 Big Timber Rd. Elgin IL 60123 Dollars \$ 15,000.00  
Applicant Name & Address Same  
Source of Revenue Same  
Revenue Code 1042 Application Number HC29-210802  
CK 247376 By Alvino King

**APPLICATION FOR A HAZARDOUS WASTE FACILITY PERMIT**  
**PART I - GENERAL**  
**TO BE COMPLETED BY ALL APPLICANTS**

**D.E.R.**

**D.E.R.**

Please Type or Print

**A. General Information**

MAR 23 1992

MAR 23 1992

1. Type of facility:

Disposal <input type="checkbox"/> landfill <input type="checkbox"/> surface impoundment <input type="checkbox"/> Storage <input checked="" type="checkbox"/> containers <input type="checkbox"/> piles <input type="checkbox"/> miscellaneous units <input type="checkbox"/> Treatment <input type="checkbox"/> tanks <input type="checkbox"/> incineration <input type="checkbox"/> miscellaneous units <input type="checkbox"/>	SOUTHWEST DISTRICT TAMPA  land treatment <input type="checkbox"/> miscellaneous units <input type="checkbox"/>  tanks <input checked="" type="checkbox"/> surface impoundment <input type="checkbox"/>  piles <input type="checkbox"/> surface impoundment <input type="checkbox"/>
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2. Type of application: ☐ TOP ☒ construction ☐ operation ☐ closure ☐ RD&D

3. Application submittal: ☒ new ☐ revised

4. Date current operation began (or is expected to begin): June 28, 1985 (Glycol Tank-June, 1992)

5. Facility name: Safety-Kleen Corp. (3-163-01)

6. EPA/DER I.D. No.: FLD 980847271

7. Facility location or street address: 5309 24th Ave., South, Tampa, FL 33619

8. Facility mailing address: 777 Big Timber Road Elgin, IL 60123  
Street or P.O. Box City State Zip

9. Contact person: Victor SanAgustin Telephone: (813) 682-8094

Title: Regional Environmental Engineer

Mailing Address: 777 Big Timber Road, Elgin, IL 60123  
Street or P.O. Box City State Zip

10. Operator's name: Safety-Kleen Corp. Telephone: (708) 697-8460

11. Operator's address: 777 Big Timber Road Elgin IL 60123  
Street or P.O. Box City State Zip

12. Facility owner's name: Scott E. Fore Telephone: (708) 697-8460

13. Facility owner's address: 777 Big Timber Road Elgin IL 60123  
Street or P.O. Box City State Zip

14. Legal structure: ☒ Corporation ☐ Non-profit Corporation ☐ Partnership ☐ Individual  
☐ Local Government ☐ State Government ☐ Federal Government ☐ Other

15. If an individual, partnership, or business is operating under an assumed name, specify the county and state where the name is registered.

County: \_\_\_\_\_ State: \_\_\_\_\_

16. If the legal structure is a corporation, indicate the state of incorporation.

State of incorporation: Wisconsin

17. If the legal structure is an individual or partnership, list the owners.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

18. Site ownership status: ☒ owned ☐ to be purchased ☐ to be leased \_\_\_\_\_ years  
☐ presently leased; the expiration date of the lease is: \_\_\_\_\_

If leased, indicate:

Land owner's name: Scott E. Fore

Land owner's address: 777 Big Timber Road Elgin IL 60123  
Street or P.O. Box City State Zip

### C. Land Use Information

1. Present zoning of the site LI (Light Industrial)
2. If a zoning change is needed, what should the new zoning be? N/A
3. Present land use of site The facility is operating as a hazardous waste container and tank storage facility.

### D. Operating Information

1. Is waste generated on site? ☒ yes ☐ no

List the SIC codes (4-digit)

7389 5084 5172 5013 \_\_\_\_\_

2. Attach a brief description of the facility operation, nature of the business, and activities that generate, treat, store or dispose of hazardous waste. See Attachment I.D.2
3. Using the following table and codes provided, specify, (1) each process used for treating, storing, or disposing of hazardous waste (including design capacities) at the facility, and (2) the hazardous waste (or wastes) listed or designated in 40 CFR Part 261, including the annual quantities, to be treated, stored, or disposed by each process at the facility. (See the instructions for the list of process codes and units).

PROCESS CODE	PROCESS DESIGN CAPACITY AND UNITS OF MEASURE	HAZARDOUS WASTE CODE	ANNUAL QUANTITY OF HAZARDOUS WASTE AND UNITS OF MEASURE
S02	900 gallons per day	See below	1,100 tons per year ( $2.1 \times 10^6$ gal per year)

Note: D004, D005, D006, D007, D008, D009, D010, D011, D018, D019, D021, D022, D023, D024, D025, D026, D027, D028, D029, D030, D032, D033, D034, D035, D036, D037, D038, D039, D040, D041, D042, and D043

19. Name of engineer: Fred W. Blickle, III, P.E. Registration no.: 39409

Address: 4730 N.W. Boca Raton Boulevard, Boca Raton, FL 33431  
Street or P.O. Box City State Zip

Associated with: Blasland, Bouck & Lee

20. Facility located on Indian land: ☐ yes ☒ no

21. Existing or pending environmental permits: (attach a separate sheet if necessary)

NAME OF PERMIT	AGENCY	PERMIT NUMBER	DATE ISSUED	EXPIRATION DATE
RCAA Operating Permit	FDER	H029158020	11/22/91	11/22/96

## B. Site Information

1. Facility location County: Hillsborough Nearest Community: Tampa

Latitude: 27°55'21"N Longitude: 082°23'04"W

2. Area of facility site (acres): 3

3. Attach a scale drawing and photographs of the facility showing the location of all past, present, and future treatment, storage and disposal areas. Also show the hazardous wastes traffic pattern including estimated volume and control. See Attachment I.B.3

4. Attach topographic map which show all the features indicated in the instruction sheet for this part.

5. Is the site located in a 100-year flood plain? ☐ yes ☒ no See Attachment I.B.4



### 3. Land Owner

This is to certify that I, as land owner, understand that this application is submitted for the purpose of obtaining a permit to construct, operate, or close a hazardous waste management facility on the property as described. For hazardous waste disposal facilities, I further understand that I am responsible for providing the notice in the deed to the property required by 40 CFR §264.119 and §265.119, as adopted by reference in Chapter 17-730, FAC.

Scott E. Fore

Signature of the Land Owner or Authorized Representative\*  
Scott E. Fore, Vice President  
Environmental, Health, and Safety Dept.  
Name and Title (Please type or print)

Date: 2/27/92 Telephone: (708) 697-8460

92-086

\*Attach a letter of authorization

### 4. Professional Engineer Registered in Florida [Complete when required by Chapter 471, F.S. or not exempted by Rule 17-730.220(5), F.A.C.]

This is to certify that the engineering features of this hazardous waste management facility have been designed/examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, this facility, when properly constructed, maintained and operated, or closed, will comply with all applicable statutes of the State of Florida and rules of the Department of Environmental Regulation.

Frederick W. Blicke, III  
Signature

FREDERICK W. BLICKLE, III  
Name (please type)

Florida Registration Number: 39409

Mailing Address: 4730 N.W. BOCA RATON BLVD.  
Street or P.O. Box

BOCA RATON, FL 33431  
City State Zip

Date: 3/4/92 Telephone: (407) 994-2711

[PLEASE AFFIX SEAL]

APPLICATION FOR A HAZARDOUS WASTE FACILITY PERMIT  
CERTIFICATION  
TO BE COMPLETED BY ALL APPLICANTS

Facility name: Safety-Kleen Corp. EPA ID# FLD 980 847 271

1. Operator

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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. Further, I agree to comply with the provisions of Chapter 403, Florida Statutes, and all rules and regulations of the Department of Environmental Regulation. It is understood that the permit is only transferable in accordance with Section 17-730, FAC, and, if granted a permit, the Department of Environmental Regulation will be notified prior to the sale or legal transfer of the permitted facility.

David A. Dattilo  
Signature of the Operator or Authorized Representative\*

David A. Dattilo, Senior Vice President

North American Sales and Service

Name and Title (Please type or print)

Date: 2/27/92 Telephone: (708) 697-8460

2. Facility Owner

This is to certify that I understand this application is submitted for the purpose of obtaining a permit to construct, operate, or close a hazardous waste management facility on the property as described. As owner of the facility, I understand fully that the facility operator and I are jointly responsible for compliance with the provisions of Chapter 403, Florida Statutes, and all rules and regulations of the Department of Environmental Regulation.

Scott E. Fore  
Signature of the Facility Owner or Authorized Representative\*  
Scott E. Fore, Vice President  
Environmental, Health, and Safety Dept.

Name and Title (Please type or print)

Date: 2/27/92 Telephone: (708) 697-8460

\*Attach a letter of authorization