



**RECEIVED**  
MAR 14 2001

Department of Environmental Protection  
BY SOUTHWEST DISTRICT

March 12, 2001

Mr. Stanley Tam, P.E.  
Program Manager  
Hazardous Waste Section  
Department of Environmental Protection  
3804 Coconut Palm Drive  
Tampa, Florida 33619

Re: Safety-Kleen (Bartow), Inc. FLD 980 729 610  
Permit No. 64247-HOSM-003  
Notification of Receiving Hazardous Waste From a Foreign Source

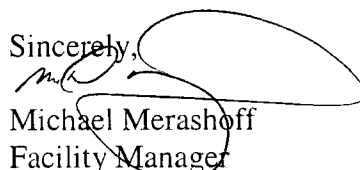
Dear Mr. Tam:

Per your discussion with Roger Evans on March 8, 2001, and in accordance with Specific Condition I.3 of Operating Permit 64247-HOSM-003, Safety-Kleen (Bartow), Inc., intends to receive waste from a foreign source. The source is Pharmaceutical Fine Chemicals, located in Freeport, Grand Bahamas. SKBI has previously notified the Department in the past about this generator, however this notification provides additional information on waste streams that may be accepted from the facility. Examples of this are lab packs, and we have included a sheet that is an example of the contents of a container. The sheet may be revised prior to receiving future shipments. SKBI has provided the shipping names/categories along with the waste codes for these wastes streams but is not limited to these waste codes.

Pharmaceutical Fine Chemicals is presently undergoing closure and currently there are only two workers to load the waste for shipment. This could change quickly, as staff could be reduced at any time. Due to the circumstances identified above Safety-Kleen is only able to provide 1½ weeks written notice of the arrival of this shipment.

If you have questions, please contact me at (863) 533-6111.

Sincerely,

  
Michael Merashoff  
Facility Manager

MM/rce

Enclosure

cc: Todd Blake, Safety-Kleen  
Satish Kastury, FDEP, Tallahassee  
Narindar Kumar, USEPA Region IV  
Pharmaceutical Fine Chemicals

FILE: 5-g

13/01



Shipping Names / Categories	Waste Codes
Non Regulated Solids	N/R
Caustic Liquids:	D002, D004 – D011
Flammable Liquids:	D001, D004-D011, D035, D021, D038, D039, F002, F003, F005, U002, U031, U123
Flammable, Corrosive Liquids	D001, D002, D003, U092, U404, U123
Flammable Solids	D001, D004-D011
Spontaneously Combustible	D001, D003, D004-D011
Water Reactive Solids	D003, D004-D011
Oxidizing Solids	D001, D004-D011
Toxic Solids	D004-D011, P014, P075, P077, U144, N/R
Toxic Liquids	D004-D011, N/R
Corrosive Solids	D004-D011, N/R
Non Regulated Liquids	N/R
Oxidizing Liquids	D001, D004-D011

# Container Contents

Bulk

Lab Pack

Container Number:	010301-BTSYP-016				
Shipping Name	Waste corrosive liquids, acidic, inorganic, n.o.s.				
Cont Type	DF	Size	20	ID Number	UN3264
Hazard Class	8				

Profile Number	
Disposal Site	
Approval Code	
Reactive Wt	

Material Description		Quantity in gms	Size Description	EPA Waste Code Number
Chloroplatanic acid		20	20ml bottle	D002
Hydrochloric Acid	7647-01-0	2500	2500ml bottle	D002
Hydrochloric Acid	7647-01-0	2500	2500ml bottle	D002
Hydrochloric Acid	7647-01-0	2500	2500ml bottle	D002
Platinum Chloride 10% solution	26023-84-7	12.5	25ml bottle	D002
Platinum Chloride 10% solution	26023-84-7	6.25	25ml bottle	D002
Potassium Fluoride solution	7789-23-3	40	60g bottle	D002
Potassium Fluoride solution	7789-23-3	40	60g bottle	D002
Thionyl Chloride		500	500ml	D002

EXAMPLE

BARTOW



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 4  
ATLANTA FEDERAL CENTER  
61 FORSYTH STREET  
ATLANTA, GEORGIA 30303-8960

D.E.P.

AUG 17 2001

AUG 27 2001

Southwest District Tampa

4WD-RCRA

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Todd Blake, CHMM  
Director of Environmental Compliance - Eastern Region  
Chemical Services Division  
Safety-Kleen (TS), Inc.  
208 Watlington Industrial Drive  
Reidsville, North Carolina 27320

SUBJ: **Extension** for Six Safety-Kleen facilities in Region 4  
CERCLA Off-Site Rule Notices of Unacceptability

Dear Mr. Blake:

A Consent Agreement and Final Order (CAFO) was issued to Safety-Kleen Corporation and 27 of its subsidiaries on September 6, 2000, by the Environmental Appeals Board. The CAFO addresses Safety-Kleen's Resource Conservation and Recovery Act financial assurance violations for facilities covered by "participating states." It also addresses Toxic Substances Control Act (TSCA) financial assurance violations at all Safety-Kleen TSCA facilities which have surety bonds with Frontier Insurance Company (Frontier). The CAFO requires the Safety-Kleen respondents to exercise their best efforts to obtain compliant financial assurance for all "covered facilities." In Region 4 the covered Safety-Kleen facilities are:

Bartow, Florida	EPA ID Number FLD 980 729 610
Tucker, Georgia	EPA ID Number GAD 980 839 187
Reidsville, North Carolina	EPA ID Number NCD 000 048 451
Antioch, Tennessee	EPA ID Number TND 000 772 277
Greenbrier, Tennessee	EPA ID Number TND 000 645 770
Millington, Tennessee	EPA ID Number TND 000 614 321.

Based on conversations with those reviewing the draft insurance policies submitted to both EPA and the State of Tennessee, Safety-Kleen has complied with the court-ordered deadline of July 30, 2001, for submitting financial assurance documents for review. Because Safety-Kleen has fulfilled, to date, the requirements of the United States Bankruptcy Court for the District of Delaware (Case No. 00-0203, October 17, 2001), and the national CAFO, EPA Region 4 has

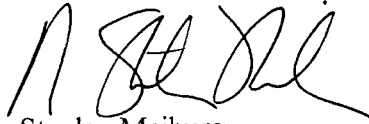
FILE: 5-9

15/01

decided to extend the effective date of the Notice of Unacceptability (NOU) until **September 30, 2001**. This NOU was issued under the Off-Site Rule (40 C.F.R. 300.440) for nine affected Region 4 Safety-Kleen facilities. This extension is granted only to the six covered facilities listed earlier in this letter, and is contingent upon Safety-Kleen continuing to comply with the national CAFO and the court's requirements.

If you should have any questions regarding this, please contact Jack Cowart at (404) 562-8591, or email him at [cowart.jack@epa.gov](mailto:cowart.jack@epa.gov).

Sincerely,



A. Stanley Meiburg  
Acting Regional Administrator

cc: GAEPD Jennifer Kaduck  
FDEP Satish Kastury, Bill Crawford, Morgan Liebrandt  
KDEP Robert Daniel, Debby Angel  
NC DEHNR James Carter, Mike Brailsford  
SCDHEC Hartsill Truesdale, Cheryl Coleman, Clyde Buchanon, Chris McCluskey  
TDEC Garey Mabry, Alfred Majors, Joe Sanders, Mark Thomas  
EPA HQ David Eberly, Lee Tyner, Sharon Frey  
Safety-Kleen Mike Merashoff, Mark Whittie, Todd Blake, John Whicker, Teddy Powell,  
Rhonda Coffelt



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 4  
ATLANTA FEDERAL CENTER  
61 FORSYTH STREET  
ATLANTA, GEORGIA 30303-8960

MAR 13 2001

D.E.P.

MAR 16 2001

Southwest District Tampa

4WD-RCRA

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Scott Kuhn  
Vice President of Corporate Compliance  
Safety-Kleen, Inc.  
1301 Gervais Street  
Suite 300  
Columbia, South Carolina 29201

SUBJ: **Extension** for Six Safety-Kleen facilities in Region 4  
CERCLA Off-Site Rule Notices of Unacceptability

Dear Mr. Kuhn:

A Consent Agreement and Final Order (CAFO) was issued to Safety-Kleen Corporation and 27 of its subsidiaries on September 6, 2000, by the Environmental Appeals Board. The CAFO addresses Safety-Kleen's Resource Conservation and Recovery Act financial assurance violations for facilities covered by "participating states." It also addresses Toxic Substances Control Act (TSCA) financial assurance violations at all Safety-Kleen TSCA facilities which have surety bonds with Frontier Insurance Company (Frontier). The CAFO requires the Safety-Kleen respondents to exercise their best efforts to obtain compliant financial assurance for all "covered facilities." In Region 4 the covered Safety-Kleen facilities are:

Bartow, Florida	EPA ID Number FLD 980 729 610
Tucker, Georgia	EPA ID Number GAD 980 839 187
Reidsville, North Carolina	EPA ID Number NCD 000 048 451
Antioch, Tennessee	EPA ID Number TND 000 772 277
Greenbrier, Tennessee	EPA ID Number TND 000 645 770
Millington, Tennessee	EPA ID Number TND 000 614 321.

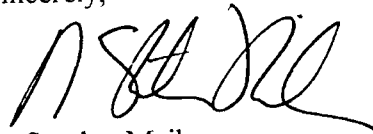
FILE: 5-9

14/01

The Environmental Protection Agency (EPA) recently amended this CAFO to extend the deadline for "covered" Safety-Kleen facilities to obtain financial assurance until April 30, 2001. Consequently, EPA has decided to extend the 60-day period of the NOU for the six affected Region 4 Safety-Kleen facilities to **April 30, 2001**, providing that Safety-Kleen complies with the national CAFO. Failure to comply with the national CAFO could result in the immediate revocation of this extension.

If you should have any questions regarding this, please contact Jack Cowart at (404) 562-8591, or email him at [cowart.jack@epa.gov](mailto:cowart.jack@epa.gov).

Sincerely,



A. Stanley Meiburg  
Acting Regional Administrator

cc:	GAEPD	Jennifer Kaduck
	FDEP	Satish Kastury, Bill Crawford, Morgan Liebrandt
	KDEP	Robert Daniel, Debby Angel
	NC DEHNR	James Carter, Mike Brailsford
	SCDHEC	Hartsill Truesdale, Cheryl Coleman, Clyde Buchanon, Chris McCluskey
	TDEC	Garey Mabry, Alfred Majors, Joe Sanders, Mark Thomas
	EPA HQ	David Eberly, Lee Tyner, Sharon Frey
	Safety-Kleen	Mike Merashoff, Mark Whittie, Todd Blake, John Whicker, Teddy Powell, Rhonda Coffelt



**COMMONWEALTH OIL REFINING COMPANY, INC.**

FIRM DELIVERY  
PEÑUELAS, PUERTO RICO 00624  
TELEPHONE (787) 843-3030 FAX (787) 836-1269

March 5, 2001

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

DEP SOUTHWEST DISTRICT OFFICE  
ATTN: Waste Management Section  
3804 Coconut Palm  
Tampa, FL 33619-8318

**RE: COMMONWEALTH OIL REFINING CO., INC.  
PEÑUELAS, PUERTO RICO  
PRD091017228  
COPY 6 OF MANIFEST FOR SHIPMENT OF HAZARDOUS WASTES**

Gentlepersons:

As required by instructions in manifest forms issued by the Environmental Quality Board (EQB) of Puerto Rico, enclosed please find **copy 6** of manifest no. 01001 intended for the "disposer state".

Cordially,

Rolando H. Méndez, R.E.M., C.E.A.  
Environmental Coordinator

Enclosures

**RECEIVED**

MAR 12 2001

Department of Environmental Protection  
SOUTHWEST DISTRICT

BY \_\_\_\_\_

FILE: 5-g

12/01





Environmental  
Quality  
Board

**COMMONWEALTH OF PUERTO RICO  
ENVIRONMENTAL QUALITY BOARD**

P.O. Box 11488, Santurce, Puerto Rico 00910



Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. A R 0 0 9 1 0 1 7 2 2 2 0 1 0 0 1		Manifest Document No. 0 1 0 0 1		2. Page 1 of 2		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address: <b>Commonwealth Oil Refining (CORCO)</b> RD# 127 KM 17.3 PENUELAS, PR 00624						A. State Manifest Document Number							
4. Generator's Phone (787) 843-3030 ATTN: Rolando Mendez						B. State Generator's ID							
5. Transporter 1 Company Name <b>Hector L. Garcia</b>			6. US EPA ID Number 1 0 0 0 0 0 0 0 1 2 1 7 0			C. State Transporter's ID HI-52		D. Transporter's Phone (787) 793-7815					
7. Transporter 2 Company Name <b>Crowley American Transport</b>			8. US EPA ID Number 1 0 0 0 0 0 0 0 5 5 0 3 0			E. State Transporter's ID		F. Transporter's Phone (787) 729-1000					
9. Designated Facility Name and Site Address <b>Safety-Kleen (Bartow), Inc. 170 Bartow Municipal Airport Bartow, FL 33830</b>						10. US EPA ID Number 1 0 0 0 0 0 0 0 7 2 0 0 1 0				G. State Facility's ID		H. Facility's Phone (863) 533-6111	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
a. <input checked="" type="checkbox"/> WASTE Flammable liquids, n.o.s., (Contains Methanol and Xylene), 3, UN1993, PG-III						0030		00525		P		D001, U154, U239	
b. <input checked="" type="checkbox"/> Hazardous waste, solid, n.o.s., (Contains Tetrachloroethylene and Trichloroethylene), 9, NA3077, PG-III						0022		00900		P		D039, D040, U080, U083, U154, U159	
c.													
d.													
J. Additional Descriptions for Materials Listed Above A: SK-2287452 B: SK-8012841 U239 C: D:						K. Handling Codes for Wastes Listed Above S01, M141 S01, M141							
15. Special Handling Instructions and Additional Information TRUCK# ERG# 128 171 EMERGENCY # (800) 468-1760 #508, AT SEA US COAST GUARD (800) 424-8802 SWD# BOOKING#													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway and water according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name <i>Rolando Mendez</i>				Signature <i>[Signature]</i>				Month Day Year 1 1 1 1 1 1					
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name <i>Antonio Valentin</i>				Signature <i>[Signature]</i>				Month Day Year 0 2 1 0 0 1					
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name				Signature				Month Day Year					
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name				Signature				Month Day Year					

RP3399/CMCZ 834653  
 TLR 654398  
 IN CASE OF EMERGENCY OF SPILL IMMEDIATELY CALL THE ENVIRONMENTAL QUALITY BOARD (809) 722-0439

88AL33641

**BURDEN DISCLOSURE STATEMENT**  
**(40 CFR 262.20)**

Public reporting burden for this collection of information is estimated to average: 30 minutes for generators, 15 minutes for transporters and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

**INSTRUCTION FOR THE UNIFORM HAZARDOUS WASTE MANIFEST**

**General Information**

The Environmental Quality Board requires proper completion of all information on a Manifest. Omissions, false coding or illegibility is considered a violation. All generators are responsible under EQB and Federal Law for the proper identification, labeling, manifesting and ultimate disposal of all hazardous waste they generate.

**Distribution**

The hazardous waste manifest consists of eight copies. As the Manifest is complete the copies are removed from back to front. For shipments within the Commonwealth, the Generator and TSDF retain copies that are designed to be sent to the Generator State or Disposer State.

Copy 1	Generator - Mailed by TSDF	Copy 4	Generator State - Mailed by Generator
Copy 2	TSDF - Retained by TSDF	Copy 5	Generator - Retained by Generator
Copy 3	Transporter 1 - Retained by Transporter **		

\*\*Note: If a continuing transporter is used, the generator is responsible for supplying him a legible photocopy, which must contain required signatures.

**Generator Section**

Item 1 — Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest (e.g. 00001) by the generator

Item 2 — Enter the total number of pages used to complete this Manifest, the first page (EPA Form 8700-22) plus the number. A continuation sheet is available for the instance in which more than two transporters are used or more than four waste are transported.

Item 3 — Self-Explanatory

Item 4-6 — Self-Explanatory

Item 7 — Enter the company name of the second transporter and if more than two transporters are used to transport the waste, use a Continuation Sheet (s) (EPA Form 8700-22A) and list the transporters in the order they will be transporting the waste.

Item 8 — Enter the US EPA twelve digit identification number of the second transporter identified in item 7. If more than two transporters are used, enter each additional transporter's company name and U.S. EPA twelve digit identification number in items 24-27 on the Continuation Sheet (EPA Form 8700-22A).

Item 9 — 10 — Self-Explanatory

Item 11 — Enter U.S. DOT Proper Shipping, Name, Hazard Class, and ID Number (UN/NA) for each waste as identified in 49 CFR 171 through 177.

If additional space is needed for waste descriptions, enter these additional descriptions in item 28 on the Continuation Sheet (EPA Form 8700-22A).

Item 12 — Enter the indicate number and type of containers (use whole numbers) for each waste and the appropriate abbreviation from Table I (below).

**TABLE I TYPES OF CONTAINERS**

DM - metal drums, barrels, kegs	DW - Wooden drums, barrels, kegs
DF - Fiberboard or plastic drums, barrels, kegs	TP - Tanks portable
TT - Cargo Tanks (tank trucks)	TC - Tank Cars
DT - Dump truck	CY - Cylinders
CM - Metal boxes, cartons, cases (including rolloffs)	CW - Fiber or plastic boxes, cartons, cases

Item 13 — Enter the total quantity of waste described on each line.

Item 14 — Enter the appropriate abbreviation from Table II (below) for the unit of measure.

**TABLE II - UNITS OF MEASURE**

G - gallons (liquids only)	P - pounds	T - tons (2000 lbs)	Y - cubic yards
L - liters (liquids only)	K - kilograms	M - metric tons (1000 kg)	N - cubic meters

Item 15 — Generators may use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments generators must enter in this space the point of departure (City and State) for those shipments destined for treatment, storage or disposal outside the jurisdiction of the United States.

Item 16 — The generator must read, sign, (by hand) and date the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriated mode (e.g. and rail) inserted in the space below. EQB requires this additional information - shaded areas.

Item A — Not required

Item B — Enter Generator site address if different from mailing address. If same write in same.

Item C-E — Enter the State registration permit number and motor vehicle licence plate number of waste carrying portion of vehicle used to transport

Item D and F — Self-Explanatory

Item G — Not required by EQB

Item H — Self-Explanatory

Item I — Enter the EPA hazardous waste numbers as assigned Part 366 (40 CFR 261 Subparts C and D).

Item J — If description in item 11 (a, b, c, d) contains NOS or other general term the hazardous waste constituent must be provided here for each. The specific gravity assumed to be 1.00 unless indicated in lower right of each box.

Item K — Enter the handling code for treatment, storage and disposal methods for each of the wastes described in item 11.

**TRANSPORTER SECTION**

Item 17 — Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the Manifest by signing and entering the date of receipt.

Item 18 — Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by signing and entering the date of receipt.

**TSDF SECTION**

Item 19 — The authorized representative of the designated (or alternate) facility's owner or operator must note in this space any significant discrepancy between the waste described on Manifest and the waste actually received at the facility.

**UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)**

21. Generator's US EPA ID No: **PRD091017228**

Manifest Document No: **01001**

22. Page: **2**

Information in the shaded areas is not required by Federal law.

23. Generator's Name: **Commonwealth Oil Refining (CORCO)**  
**RD# 127 KM 17.3**  
**PENUELAS, PR 00624**  
**787 843-3030**

L. State Manifest Document Number

M. State Generator's ID

24. Transporter Company Name

25. US EPA ID Number

N. State Transporter's ID

O. Transporter's Phone

26. Transporter Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers

30. Total Quantity

31. Unit Wt/Vol

R. Waste No.

	HM	No.	Type	Total Quantity	Unit Wt/Vol	Waste No.
a.						
b.						
c.						
d.						
e.						
f.						
g.						
h.						
i.						

S. Additional Descriptions for Materials Listed Above

T. Handling Codes for Wastes Listed Above

A: E: I:  
 B: F:  
 C: G:  
 D: H:

32. Special Handling Instructions and Additional Information

**TRUCK#** **ERG#**  
**EMERGENCY # (800) 468-1760 #508, AT SEA US COAST GUARD (800) 424-8802**  
**SWD#** **BOOKING#**

33. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

34. Transporter Acknowledgement of Receipt of Materials

Date

Printed/Typed Name

Signature

Month Day Year

35. Discrepancy Indication Space

FILE: 5-9  
12/01

IN CASE OF EMERGENCY OF SPILL IMMEDIATELY CALL THE ENVIRONMENTAL QUALITY BOARD (809) 722-0439

GENERATOR

TRANSPORTER

FACILITY



D.E.P.  
MAR 07 2001  
Southwest District Tampa

06 March, 2001

Via Certified Mail: Z 278 845 634

Ms. Deborah Getzoff  
Director, Southwest District  
Florida Department of Environmental Protection  
3804 Coconut Palm Drive  
Tampa, FL 33619

Re: Unmanifested Waste Reports  
Safety-Kleen (Bartow), Inc. SKBI  
EPA ID # FLD 980 729 610  
Permit #64274-HOSM-003

Dear Ms. Getzoff

40 CFR 264.76 requires hazardous waste treatment, storage, and disposal facilities that receive a shipment of hazardous waste not on a hazardous waste manifest to report that shipment to the permitting authority. SKBI received a shipment of waste from Shorewood Packaging in La Grange, GA on February 15, 2001. Our fingerprint analysis results of February 21, 2001 showed that the material had a flash point of <math><140^{\circ}</math> F. This material should have been shipped on a hazardous waste manifest as a Flammable Liquid, n.o.s.

A copy of EPA form 8700-13B is included for this shipment.

Should you have any questions, or require additional information, please contact me at (863) 533-6111.

Sincerely,

Michael Merashoff  
Facility Manager


MM/drs  
enclosures

cc: Shorewood Packaging Customer File (SWO #~~86798~~<sup>87506</sup>)

FILE: 5-9

11/01



<b>HAZARDOUS WASTE REPORT</b>  Use this form as a cover for all required reports.	<b>1. TYPE OF HAZARDOUS WASTE REPORT</b>	
	<b>PART A: GENERATOR ANNUAL REPORT</b>	
	THIS REPORT IS FOR THE YEAR ENDING DEC 31 2001	
	<b>PART B: FACILITY ANNUAL REPORT</b>	
	THIS REPORT IS FOR THE YEAR ENDING DEC 31 2001	
<b>PART C: UNMANIFESTED WASTE REPORT</b>		
THIS REPORT IS FOR A WASTE RECEIVED (day/mo/yr)		02 / 15 / 2001
<b>II. INSTALLATION'S EPA ID NUMBER</b>		
FL D 9 8 0 7 2 9 6 1 0		
<b>III. NAME OF INSTALLATION</b>		
SAFETY - KLEEN (BARTOW), INC.		
<b>IV. INSTALLATION MAILING ADDRESS</b>		
170 BARTOW MUNICIPAL AIRPORT		
BARTOW, FLORIDA 33830 - 9504		
<b>V. LOCATION OF INSTALLATION</b>		
170 AVE D BARTOW MUNICIPAL AIRPORT		
BARTOW, FLORIDA 33830		
<b>VI. INSTALLATION CONTACT</b>		
NAME (last and first)		PHONE NO. (area code & no.)
Michael Merashoff		863 - 533 - 6111
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>		
[Empty]		
<b>VIII. COST ESTIMATED FOR FACILITIES (For Part B Only)</b>		
A. COST ESTIMATE FOR FACILITY CLOSURE		
\$ [Empty]		
<b>IX. CERTIFICATION</b>		
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on the inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.		
<u>MICHAEL MERASHOFF</u> A. Print or Type Name	 B. Signature	<u>March 6, 2001</u> C. Date Signed

FACILITY REPORT - PARTS B & C

FOR OFFICIAL USE ONLY (items 1 & 2)	1. Date Received	XVI TYPE OF REPORT (enter an X) <input type="checkbox"/> Part B <input checked="" type="checkbox"/> Part C	XVII. FACILITIES EPA ID NO. FL 980729610
	2. Received By		

XVIII. GENERATORS EPA ID NO. A 095846614	XX. GENERATOR'S ADDRESS (street or PO box, city, state, & zip code) 1707 Shorewood Avenue La Grange, GA 30240
XIX. GENERATOR NAME (specify) Shorewood Packaging	

LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER	C. HANDLING METHOD	D. AMOUNT OF WASTE	E. UNITS OF MEASURE
1	Waste Flammable Liquid, n.o.s. 3, UN1993, PGIII	001	141	1800	P
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

XXII. COMMENTS (enter information by line number - see instructions)

This waste was originally shipped as Non-Regulated Material (Oil and Water)  
The sample flashed at <140 F.



**RECEIVED**  
FEB 26 2001

February 22, 2001  
Department of Environmental Protection  
SOUTHWEST DISTRICT

Mr. Stanley Tam, P.E.  
Program Manager  
Hazardous Waste Section  
Department of Environmental Protection  
3804 Coconut Palm Drive  
Tampa, FL 33619

Re: Safety-Kleen (Bartow), Inc. FLD 980 729 610  
Permit No. 64247-HOSM-003  
Notification of Receiving Hazardous Waste From a Foreign Source

Dear Mr. Tam:

In accordance with Specific Condition I.3 of Operating Permit 64247-HOSM-003, Safety-Kleen (Bartow), Inc., intends to receive waste from a foreign source. The source is Allegiance Convertors, located in Santo Domingo, Dominican Republic.

SKBI has attached the appropriate profiles for these waste streams. If you have questions, please contact me at (863) 533-6111.

Sincerely,

Michael Merashoff  
Facility Manager

MM/rce

Enclosures: Copies of profile numbers: 2207363, 2287661, 2287662, 2287663, 2287664

cc: Todd Blake, Safety-Kleen  
Satish Kastury, FDEP, Tallahassee  
Narindar Kumar, USEPA Region IV  
Allegiance Convertors - Notification letter attached to each original profile

Regulatory \Notifications \importnotification

File: 59  
10/01

**SAFETY-KLEEN (BARTOW), INC.**

170 BARTOW MUNICIPAL AIRPORT BARTOW, FL 33830





# MATERIAL PROFILE

<b>Safety-Kleen (SK) Use Only</b>	If applicable, Intercompany Billing Facility #	Customer Number: <b>PRALL</b>	SK Line Of Business #: <b>42</b>	Facility Profile #: <b>2207363</b>			
<b>A. GENERATOR INFORMATION</b> <span style="float:right;"><input type="checkbox"/> Check if Billing Information is same as Generator Information</span>							
Generator Name <u>ALLEGIANCE CONVERTORS</u>		Billing Company <u>ALLEGIANCE CONVERTORS</u>					
Facility Address (No P.O. Box) <u>KM 22, H3-4 AUTOPISTA</u>		Billing Address <u>KM 22, H3-4 AUTOPISTA</u>					
<u>LAS AMERICAS, ZONA FRANCA</u>		<u>LAS AMERICAS, ZONA FRANCA</u>					
City/State/Zip <u>SANTO DOMINGO, DR</u>		City/State/Zip <u>SAN TODOMINGO, DR</u>					
Technical Contact <u>KATIA PANIAGUA</u>		Billing Contact <u>KATIA PANIAGUA</u>					
Phone <u>(809) 549-1188</u> Fax <u>(809) 549-2134</u>		Phone <u>(809) 549-1188 X36</u> Fax <u>(809) 549-2134</u>					
E-mail <u>katia_paniagua@ccmail.allegiance</u> Generator Location (If different from above) _____							
SIC Code: <u>3699</u> <input type="checkbox"/> CESQG <input checked="" type="checkbox"/> SQG US EPA ID# <u>FLD980729610</u> State Generating ID# _____							
<b>B. SHIPPING INFORMATION</b> <span style="float:right;"><input type="checkbox"/> DOT Assistance Requested <input type="checkbox"/> Check if SK Transportation Services are requested</span>							
US DOT Proper Shipping Name <u>Non regulated material</u>							
Technical Constituent(s) <u>(USED OIL)</u>							
Hazard Class / Division # _____		ID # (UN / NA) <u>NONE</u>	Packing Group (PG) <u>RQ</u>				
<b>Non-Bulk Shipping Containers</b>			<b>Bulk Shipping Containers</b>				
Size	Steel	Poly	Fiber	Quantity & Frequency	Container Type	Quantity, Size & Frequency	
<u>55</u> Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2.00 / AN</u>	<input type="checkbox"/> Yd. <sup>3</sup> Box or <input type="checkbox"/> Super Sack	_____	
_____ Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Hard Top or <input type="checkbox"/> Tarped Bin	_____	
_____ Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> End Dump (Tarped) Trailer	_____	
_____ Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Tank or <input type="checkbox"/> Vacuum Trailer	_____	
<b>C. GENERAL MATERIAL &amp; REGULATORY INFORMATION</b>							
Name of Material <u>USED OIL</u>							
Process Generating The Material <u>MACHINERY MAINTENANCE</u>							
Odor: <input checked="" type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong; Describe _____							
Yes	No	Yes	No				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated or Licensed Radioactive Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Meets LDR Standards or <input type="checkbox"/> Partially Meets (Landfill Only)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Medical / Infectious Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Commingled Waste (2 or more hazardous wastes mixed as one)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Benzene NESHAP Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sorbent Added; If Yes, is sorbent biodegradable? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSCA Regulated PCB Waste (List any PCB level in Sec.D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exempt Waste; If Yes, list reference, 40 CFR _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Subpart CC Waste (VOs ≥ 500 ppm)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	State Hazardous Waste; State Code: <u>None</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Ozone Depleting Substance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EPA Hazardous Waste
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CERCLA Regulated (Superfund) Waste	EPA Waste Codes (including any LDR subcategories, e.g., D003 Water Reactive):		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hazardous Debris (Subject to alternate LDR treatment standards)	<u>None</u>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waste Contains UHCs/Constituents of Concern	_____		
If yes, list in <input type="checkbox"/> Sec. D or <input type="checkbox"/> Constituent Addendum _____							
EPA Haz Waste Only Origin Code <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Source Code: A <u>54</u> Form Code: B <u>206</u> System Code: M <u>061</u>							
<b>D. MATERIAL COMPOSITION</b>							
1. Chemical/Physical Constituents: List all detectable components by chemical name, including physical material, e.g., sorbent, debris.							
Material Components & Composition	ppm	<input type="checkbox"/> wt % <input checked="" type="checkbox"/> vol %	Material Components & Composition	ppm	<input type="checkbox"/> wt % <input checked="" type="checkbox"/> vol %		
<u>Used oil</u>		<u>100</u>					
Section D continues on the next page for Elemental Constituents <span style="float:right;">Range Total ≥ 100%</span>							



**SAFETY-KLEEN MATERIAL PROFILE (continued):**

**SK REFERENCE NO: (2207363)**

*Note:* Completion of Section D.2 & F is optional for:  Analytical Profile (representative sample submitted; test results used to complete D.2 & F)  
 Completion of Sections D.2, E, & F is optional for:  Standard Industry Profile (Safety-Kleen historical data utilized to complete D.2, E, & F)

**D. MATERIAL COMPOSITION (Continued)**

2. Elemental Constituents  Check if this waste contains No Detectable Elements / Metals, unless listed below.

Check either;  Total Analysis or  TCLP Method or  Generator Knowledge, then enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum	_____	Cadmium	_____	Fluorine	_____	Nickel	_____	Sodium	_____
Antimony	_____	Chlorine	_____	Lead	_____	Phosphorous	_____	Sulfur	_____
Arsenic	_____	Chromium	_____	Lithium	_____	Potassium	_____	Thallium	_____
Barium	_____	Cobalt	_____	Manganese	_____	Selenium	_____	Titanium	_____
Beryllium	_____	Copper	_____	Mercury	_____	Silicon	_____	Vanadium	_____
Bromine	_____	Iodine	_____	Molybdenum	_____	Silver	_____	Zinc	_____

**E. REACTIVE CHARACTERISTICS**  Check if this waste exhibits No Reactive Characteristics

Yes No	Yes No	Yes No
<input type="checkbox"/> <input checked="" type="checkbox"/> Explosive	<input type="checkbox"/> <input checked="" type="checkbox"/> Oxidizer	<input type="checkbox"/> <input checked="" type="checkbox"/> Reactive Cyanide _____ ppm
<input type="checkbox"/> <input checked="" type="checkbox"/> Shock Sensitive	<input type="checkbox"/> <input checked="" type="checkbox"/> Water Reactive	<input type="checkbox"/> <input checked="" type="checkbox"/> Reactive Sulfide _____ ppm
<input type="checkbox"/> <input checked="" type="checkbox"/> Pyrophoric	<input type="checkbox"/> <input checked="" type="checkbox"/> Air Reactive	<input type="checkbox"/> <input checked="" type="checkbox"/> Polymerizable
Other Incompatibles; Describe _____		

**F. MATERIAL PHYSICAL CHARACTERISTICS @ 70° F.**

# of Phases <u>SINGLE</u>	Color <u>CARAMEL</u>	Flash Point _____ °F (if < 73° F)	pH <input checked="" type="checkbox"/> Liquids > 20% H <sub>2</sub> O or pH <input type="checkbox"/> Non-Aqueous
Liquid % <u>100</u>	Specific Gravity <u>0.000</u>	<input type="checkbox"/> 73 - < 100° F <input type="checkbox"/> 100 - 141° F	<input type="checkbox"/> ≤ 2 pH <input type="checkbox"/> > 2 - 4 pH <input checked="" type="checkbox"/> > 4 - 10 pH
Sludge % _____	Viscosity cps _____	<input type="checkbox"/> 142° F. - < 200° F <input checked="" type="checkbox"/> ≥ 200° F	<input type="checkbox"/> > 10 - < 12.5 pH <input type="checkbox"/> ≥ 12.5 pH
Solid % _____	Density <u>&lt; 8</u>	Boiling Point (if < 130° F) <u>&gt; 95F</u>	BTUs/ lb. or Range <u>&gt; 5000</u>
Powder % _____	<input checked="" type="checkbox"/> lbs/ gal. <input type="checkbox"/> lbs/ cu. ft.	Ash % (Bridgeport Only) _____	
Gas % _____	Comments _____		

**G. GENERATOR PROFILE CERTIFICATION**

I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator that the information supplied on this form and on any attachments or supplements hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that either Safety-Kleen or the generator may initiate further testing and evaluation in accordance with the terms and conditions of the contract between Safety-Kleen and the generator and that this profile certification may be amended accordingly.

\_\_\_\_\_  
Generator's Authorized Signature

\_\_\_\_\_  
Name & Title (Printed or Typed)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Comments \_\_\_\_\_

**SK Use Only**

SKOS  SKVS  Non-Haz Evaluation  Standard Industry Profile SIP Index # \_\_\_\_\_

SK Sales Rep. Name \_\_\_\_\_ Employee # \_\_\_\_\_ Territory Branch # \_\_\_\_\_

Process Approval # \_\_\_\_\_ Product Code or Part # FLB004LD TRI Flowpath # \_\_\_\_\_ Pricing \_\_\_\_\_

**Waste Approval & Certification**

We certify acceptability of this waste stream and that all appropriate permits have been obtained, as indicated by Safety-Kleen's facility approval below:

\_\_\_\_\_  
SK Authorized Facility Signature

\_\_\_\_\_  
Name & Title (Printed or Typed)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



**SAFETY-KLEEN MATERIAL PROFILE (continued):**

**SK REFERENCE NO: (2287661)**

Note: Completion of Section D.2 & F is optional for:  Analytical Profile (representative sample submitted; test results used to complete D.2 & F)  
 Completion of Sections D.2, E, & F is optional for:  Standard Industry Profile (Safety-Kleen historical data utilized to complete D.2, E, & F)

**D. MATERIAL COMPOSITION (Continued)**

2. Elemental Constituents  Check if this waste contains No Detectable Elements / Metals, unless listed below.

Check either:  Total Analysis or  TCLP Method or  Generator Knowledge, then enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum	_____	Cadmium	_____	Fluorine	_____	Nickel	_____	Sodium	_____
Antimony	_____	Chlorine	_____	Lead	_____	Phosphorous	_____	Sulfur	_____
Arsenic	_____	Chromium	_____	Lithium	_____	Potassium	_____	Thallium	_____
Barium	_____	Cobalt	_____	Manganese	_____	Selenium	_____	Titanium	_____
Beryllium	_____	Copper	_____	Mercury	_____	Silicon	_____	Vanadium	_____
Bromine	_____	Iodine	_____	Molybdenum	_____	Silver	_____	Zinc	_____

**E. REACTIVE CHARACTERISTICS**

Check if this waste exhibits No Reactive Characteristics

Yes	No	Yes	No	Yes	No
<input type="checkbox"/> <input checked="" type="checkbox"/>	Explosive	<input type="checkbox"/> <input checked="" type="checkbox"/>	Oxidizer	<input type="checkbox"/> <input checked="" type="checkbox"/>	Reactive Cyanide _____ ppm
<input type="checkbox"/> <input checked="" type="checkbox"/>	Shock Sensitive	<input type="checkbox"/> <input checked="" type="checkbox"/>	Water Reactive	<input type="checkbox"/> <input checked="" type="checkbox"/>	Reactive Sulfide _____ ppm
<input type="checkbox"/> <input checked="" type="checkbox"/>	Pyrophoric	<input type="checkbox"/> <input checked="" type="checkbox"/>	Air Reactive	<input type="checkbox"/> <input checked="" type="checkbox"/>	Polymerizable

Other Incompatibles; Describe \_\_\_\_\_

**F. MATERIAL PHYSICAL CHARACTERISTICS @ 70° F.**

# of Phases	SINGLE	Color	WHITE	Flash Point	_____ °F (if < 73° F)	pH	<input checked="" type="checkbox"/> Liquids > 20% H <sub>2</sub> O or pH <input type="checkbox"/> Non-Aqueous
Liquid %	100	Specific Gravity	0.000		<input type="checkbox"/> 73 - < 100° F <input type="checkbox"/> 100 - 141° F		<input type="checkbox"/> ≤ 2 pH <input type="checkbox"/> > 2 - 4 pH <input checked="" type="checkbox"/> > 4 - 10 pH
Sludge %	_____	Viscosity cps	> 8		<input type="checkbox"/> 142° F. - < 200° F <input checked="" type="checkbox"/> ≥ 200° F		<input type="checkbox"/> > 10 - < 12.5 pH <input type="checkbox"/> ≥ 12.5 pH
Solid %	_____	Density	8-9	Boiling Point (if < 130° F)	> 95F	BTUs/ lb. or Range	< 5000
Powder %	_____		<input checked="" type="checkbox"/> lbs/ gal. <input type="checkbox"/> lbs/ cu. ft.	Ash % (Bridgeport Only)	_____		
Gas %	_____	Comments	_____				

**G. GENERATOR PROFILE CERTIFICATION**

I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator that the information supplied on this form and on any attachments or supplements hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that either Safety-Kleen or the generator may initiate further testing and evaluation in accordance with the terms and conditions of the contract between Safety-Kleen and the generator and that this profile certification may be amended accordingly.

\_\_\_\_\_  
Generator's Authorized Signature

\_\_\_\_\_  
Name & Title (Printed or Typed)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Comments \_\_\_\_\_

SK Use Only

SKOS  SKVS  Non-Haz Evaluation  Standard Industry Profile SIP Index # \_\_\_\_\_

SK Sales Rep. Name \_\_\_\_\_ Employee # \_\_\_\_\_ Territory Branch # \_\_\_\_\_

Process Approval # \_\_\_\_\_ Product Code or Part # \_\_\_\_\_ TRI Flowpath # \_\_\_\_\_ Pricing \_\_\_\_\_

Waste Approval & Certification

We certify acceptability of this waste stream and that all appropriate permits have been obtained, as indicated by Safety-Kleen's facility approval below:

\_\_\_\_\_  
SK Authorized Facility Signature

\_\_\_\_\_  
Name & Title (Printed or Typed)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



SK REFERENCE NO: \_\_\_\_\_

# MATERIAL PROFILE

Safety-Kleen (SK) Use Only	If applicable, Intercompany Billing Facility #.	Customer Number: <b>PRALL</b>	SK Line Of Business #: <b>42</b>	Facility Profile #: <b>2287662</b>
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**A. GENERATOR INFORMATION**  Check if Billing Information is same as Generator Information

Generator Name ALLEGIANCE CONVERTORS Billing Company ALLEGIANCE CONVERTORS

Facility Address (No P.O. Box) KM 22, H3-4 AUTOPISTA Billing Address KM 22, H3-4 AUTOPISTA

LAS AMERICAS, ZONA FRANCA LAS AMERICAS, ZONA FRANCA

City/State/Zip SANTO DOMINGO, DR City/State/Zip SAN TODOMINGO, DR

Technical Contact KATIA PANIAGUA Billing Contact KATIA PANIAGUA

Phone (809) 549-1188 Fax (809) 549-2134 Phone (809) 549-1188 X36 Fax (809) 549-2134

E-mail katia\_paniagua@cmail.allegiance Generator Location (If different from above) \_\_\_\_\_

SIC Code: 3699  CESQG  SQG US EPA ID# FLD980729610 State Generating ID# \_\_\_\_\_

**B. SHIPPING INFORMATION**  DOT Assistance Requested  Check if SK Transportation Services are requested

US DOT Proper Shipping Name TOXIC LIQUIDS, ORGANIC, N.O.S.

Technical Constituent(s) (VINYL ACETATE, 2-ETHYL-HEXYL-ACRYLATE)

Hazard Class / Division # 6.1 ID # (UN / NA) UN2810 Packing Group (PG) II RQ \_\_\_\_\_

Non-Bulk Shipping Containers				Bulk Shipping Containers	
Size	Steel	Poly	Fiber	Quantity & Frequency	Container Type
<u>55</u> Gal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1.00 / QT</u>	<input type="checkbox"/> Yd. Box or <input type="checkbox"/> Super Sack
Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Hard Top or <input type="checkbox"/> Tarped Bin
Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> End Dump (Tarped) Trailer
Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Tank or <input type="checkbox"/> Vacuum Trailer

**C. GENERAL MATERIAL & REGULATORY INFORMATION**

Name of Material COVINAX 169-00

Process Generating The Material DISCARDING OFF-SPEC MATERIAL

Odor:  None  Mild  Strong; Describe \_\_\_\_\_

Yes	No		Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated or Licensed Radioactive Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Meets LDR Standards or <input type="checkbox"/> Partially Meets (Landfill Only)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Medical / Infectious Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Commingled Waste (2 or more hazardous wastes mixed as one)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Benzene NESHAP Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sorbent Added; If Yes, is sorbent biodegradable? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSCA Regulated PCB Waste (List any PCB level in Sec.D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exempt Waste; If Yes, list reference, 40 CFR _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Subpart CC Waste (VOs ≥ 500 ppm)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	State Hazardous Waste; State Code: <u>None</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Ozone Depleting Substance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EPA Hazardous Waste
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CERCLA Regulated (Superfund) Waste	EPA Waste Codes (including any LDR subcategories, e.g., D003 Water Reactive):		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hazardous Debris (Subject to alternate LDR treatment standards)	<u>None</u>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waste Contains UHCs/Constituents of Concern	_____		

If yes, list in  Sec. D or  Constituent Addendum

EPA Haz Waste Only Origin Code  1  2  3  4  5 Source Code: A 57 Form Code: B 409 System Code: M 141

**D. MATERIAL COMPOSITION**

1. Chemical/Physical Constituents: List all detectable components by chemical name, including physical material, e.g., sorbent, debris.

Material Components & Composition	ppm	<input type="checkbox"/> wt %	Material Components & Composition	ppm	<input type="checkbox"/> wt %
		<input checked="" type="checkbox"/> vol %			<input checked="" type="checkbox"/> vol %
<u>Vinyl acetate</u>		<u>0.90</u>			
<u>2-Ethyl-hexyl-acrylate</u>		<u>0.10</u>			
<u>WATER</u>		<u>99</u>			

Range Total ≥ 100%

Section D continues on the next page for Elemental Constituents

**SAFETY-KLEEN MATERIAL PROFILE (continued):**

**SK REFERENCE NO: (2287662)**

*Note:* Completion of Section D.2 & F is optional for:  Analytical Profile (representative sample submitted; test results used to complete D.2 & F)  
 Completion of Sections D.2, E, & F is optional for:  Standard Industry Profile (Safety-Kleen historical data utilized to complete D.2, E, & F)

**D. MATERIAL COMPOSITION (Continued)**

**2. Elemental Constituents**  Check if this waste contains No Detectable Elements / Metals, unless listed below.

Check either;  Total Analysis or  TCLP Method or  Generator Knowledge, then enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum		Cadmium		Fluorine		Nickel		Sodium	
Antimony		Chlorine		Lead		Phosphorous		Sulfur	
Arsenic		Chromium		Lithium		Potassium		Thallium	
Barium		Cobalt		Manganese		Selenium		Titanium	
Beryllium		Copper		Mercury		Silicon		Vanadium	
Bromine		Iodine		Molybdenum		Silver		Zinc	

**E. REACTIVE CHARACTERISTICS**  Check if this waste exhibits No Reactive Characteristics

Yes No Yes No Yes No

Explosive   Oxidizer   Reactive Cyanide \_\_\_\_\_ ppm

Shock Sensitive   Water Reactive   Reactive Sulfide \_\_\_\_\_ ppm

Pyrophoric   Air Reactive   Polymerizable

Other Incompatibles; Describe \_\_\_\_\_

**F. MATERIAL PHYSICAL CHARACTERISTICS @ 70° F.**

# of Phases <u>SINGLE</u>	Color <u>WHITE</u>	Flash Point _____ °F (if < 73° F)	pH <input checked="" type="checkbox"/> Liquids > 20% H <sub>2</sub> O or pH <input type="checkbox"/> Non-Aqueous
Liquid % <u>100</u>	Specific Gravity <u>1.010</u>	<input type="checkbox"/> 73 - < 100° F <input type="checkbox"/> 100 - 141° F	<input type="checkbox"/> ≤ 2 pH <input type="checkbox"/> > 2 - 4 pH <input checked="" type="checkbox"/> > 4 - 10 pH
Sludge % _____	Viscosity cps <u>&gt; 8</u>	<input type="checkbox"/> 142° F. - < 200° F <input checked="" type="checkbox"/> ≥ 200° F	<input type="checkbox"/> > 10 - < 12.5 pH <input type="checkbox"/> ≥ 12.5 pH
Solid % _____	Density <u>8-9</u>	Boiling Point (if < 130° F) <u>&gt; 95F</u>	BTUs/ lb. or Range <u>&lt; 5000</u>
Powder % _____	<input checked="" type="checkbox"/> lbs/ gal. <input type="checkbox"/> lbs/ cu. ft.	Ash % (Bridgeport Only) _____	
Gas % _____	Comments _____		

**G. GENERATOR PROFILE CERTIFICATION**

I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator that the information supplied on this form and on any attachments or supplements hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that either Safety-Kleen or the generator may initiate further testing and evaluation in accordance with the terms and conditions of the contract between Safety-Kleen and the generator and that this profile certification may be amended accordingly.

\_\_\_\_\_  
Generator's Authorized Signature

\_\_\_\_\_  
Name & Title (Printed or Typed)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Comments \_\_\_\_\_

**SK Use Only**  SKOS  SKVS  Non-Haz Evaluation  Standard Industry Profile SIP Index # \_\_\_\_\_

SK Sales Rep. Name \_\_\_\_\_ Employee # \_\_\_\_\_ Territory Branch # \_\_\_\_\_

Process Approval # \_\_\_\_\_ Product Code or Part # \_\_\_\_\_ TRI Flowpath # \_\_\_\_\_ Pricing \_\_\_\_\_

**Waste Approval & Certification**

We certify acceptability of this waste stream and that all appropriate permits have been obtained, as indicated by Safety-Kleen's facility approval below:

\_\_\_\_\_  
SK Authorized Facility Signature

\_\_\_\_\_  
Name & Title (Printed or Typed)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



# MATERIAL PROFILE

Safety-Kleen (SK) Use Only	If applicable, Intercompany Billing Facility #	Customer Number: <b>PRALL</b>	SK Line Of Business #: <b>42</b>	Facility Profile #: <b>2287663</b>
-------------------------------	---	----------------------------------	-------------------------------------	---------------------------------------

**A. GENERATOR INFORMATION**  Check if Billing Information is same as Generator Information

Generator Name ALLEGIANCE CONVERTORS Billing Company ALLEGIANCE CONVERTORS  
 Facility Address (No P.O. Box) KM 22, H3-4 AUTOPISTA Billing Address KM 22, H3-4 AUTOPISTA  
LAS AMERICAS, ZONA FRANCA LAS AMERICAS, ZONA FRANCA  
 City/State/Zip SANTO DOMINGO, DR City/State/Zip SAN TODOMINGO, DR  
 Technical Contact KATIA PANIAGUA Billing Contact KATIA PANIAGUA  
 Phone (809) 549-1188 Fax (809) 549-2134 Phone (809) 549-1188 X36 Fax (809) 549-2134  
 E-mail katia\_paniagua@ccmail.allegiance Generator Location (If different from above) \_\_\_\_\_  
 SIC Code: 3699  CESQG  SQG US EPA ID# FLD980729610 State Generating ID# \_\_\_\_\_

**B. SHIPPING INFORMATION**  DOT Assistance Requested  Check if SK Transportation Services are requested

US DOT Proper Shipping Name Chlorodifluoromethane  
 Technical Constituent(s) (R-22)  
 Hazard Class / Division # 2.2 ID # (UN / NA) UN1018 Packing Group (PG) RQ

Non-Bulk Shipping Containers					Bulk Shipping Containers		
Size	Steel	Poly	Fiber	Quantity & Frequency	Container Type		Quantity, Size & Frequency
<u>CYL</u> Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1.00 / Y</u>	<input type="checkbox"/> Yd. <sup>3</sup> Box or	<input type="checkbox"/> Super Sack	
Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Hard Top or	<input type="checkbox"/> Tarped Bin	
Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> End Dump (Tarped) Trailer		
Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Tank or	<input type="checkbox"/> Vacuum Trailer	

**C. GENERAL MATERIAL & REGULATORY INFORMATION**

Name of Material R-22 CYLINDER  
 Process Generating The Material DISCARDING OFF-SPEC MATERIAL  
 Odor:  None  Mild  Strong; Describe \_\_\_\_\_

Yes	No		Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated or Licensed Radioactive Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Meets LDR Standards or <input type="checkbox"/> Partially Meets (Landfill Only)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Medical / Infectious Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Commingled Waste (2 or more hazardous wastes mixed as one)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Benzene NESHAAP Waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sorbent Added; If Yes, is sorbent biodegradable? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSCA Regulated PCB Waste (List any PCB level in Sec.D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exempt Waste; If Yes, list reference, 40 CFR _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Subpart CC Waste (VOs ≥ 500 ppm)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	State Hazardous Waste; State Code: <u>None</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Regulated Ozone Depleting Substance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EPA Hazardous Waste
<input type="checkbox"/>	<input checked="" type="checkbox"/>	CERCLA Regulated (Superfund) Waste	EPA Waste Codes (including any LDR subcategories, e.g., D003 Water Reactive):		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hazardous Debris (Subject to alternate LDR treatment standards)	<u>None</u>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Waste Contains UHCs/Constituents of Concern	_____		

If yes, list in  Sec. D or  Constituent Addendum \_\_\_\_\_

EPA Haz Waste Only Origin Code  1  2  3  4  5 Source Code: A 57 Form Code: B 003 System Code: M 141

**D. MATERIAL COMPOSITION**

1. Chemical/Physical Constituents: List all detectable components by chemical name, including physical material, e.g., sorbent, debris.

Material Components & Composition	ppm	<input checked="" type="checkbox"/> wt %	Material Components & Composition	ppm	<input checked="" type="checkbox"/> wt %
		<input type="checkbox"/> vol %			<input type="checkbox"/> vol %
<u>Dichlorofluoromethane</u>		<u>100</u>			
<u>METAL CYLINDER</u>		<u>100</u>			

Section D continues on the next page for Elemental Constituents Range Total >= 100%

**SAFETY-KLEEN MATERIAL PROFILE (continued):**

**SK REFERENCE NO: (2287663)**

*Note:* Completion of Section D.2 & F is optional for:  Analytical Profile (representative sample submitted; test results used to complete D.2 & F)  
 Completion of Sections D.2, E, & F is optional for:  Standard Industry Profile (Safety-Kleen historical data utilized to complete D.2, E, & F)

**D. MATERIAL COMPOSITION (Continued)**

**2. Elemental Constituents**  Check if this waste contains No Detectable Elements / Metals, unless listed below.

Check either;  Total Analysis or  TCLP Method or  Generator Knowledge, then enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum	_____	Cadmium	_____	Fluorine	_____	Nickel	_____	Sodium	_____
Antimony	_____	Chlorine	_____	Lead	_____	Phosphorous	_____	Sulfur	_____
Arsenic	_____	Chromium	_____	Lithium	_____	Potassium	_____	Thallium	_____
Barium	_____	Cobalt	_____	Manganese	_____	Selenium	_____	Titanium	_____
Beryllium	_____	Copper	_____	Mercury	_____	Silicon	_____	Vanadium	_____
Bromine	_____	Iodine	_____	Molybdenum	_____	Silver	_____	Zinc	_____

**E. REACTIVE CHARACTERISTICS**

Check if this waste exhibits No Reactive Characteristics

Yes No

Explosive

Shock Sensitive

Pyrophoric

Yes No

Oxidizer

Water Reactive

Air Reactive

Yes No

Reactive Cyanide \_\_\_\_\_ ppm

Reactive Sulfide \_\_\_\_\_ ppm

Polymerizable

Other Incompatibles; Describe \_\_\_\_\_

**F. MATERIAL PHYSICAL CHARACTERISTICS @ 70° F.**

# of Phases <u>SINGLE</u>	Color <u>CLEAR</u>	Flash Point _____ °F (if < 73°F)	pH <input type="checkbox"/> Liquids > 20% H <sub>2</sub> O or pH <input type="checkbox"/> Non-Aqueous
Liquid % <u>&lt;1</u>	Specific Gravity <u>0.000</u>	<input type="checkbox"/> 73 - < 100°F <input type="checkbox"/> 100 - 141°F	<input type="checkbox"/> ≤ 2 pH <input type="checkbox"/> > 2 - 4 pH <input type="checkbox"/> > 4 - 10 pH
Sludge % _____	Viscosity cps _____	<input type="checkbox"/> 142° F.-<200° F <input checked="" type="checkbox"/> ≥200°F	<input type="checkbox"/> > 10 - < 12.5 pH <input type="checkbox"/> ≥ 12.5 pH
Solid % _____	Density <u>8-9</u>	Boiling Point (if < 130°F) <u>&gt;95F</u>	BTUs/ lb. or Range <u>&lt;5000</u>
Powder % _____	<input checked="" type="checkbox"/> lbs/ gal. <input type="checkbox"/> lbs/ cu. ft.	Ash % (Bridgeport Only) _____	
Gas % <u>&gt;99</u>	Comments _____		

**G. GENERATOR PROFILE CERTIFICATION**

I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator that the information supplied on this form and on any attachments or supplements hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that either Safety-Kleen or the generator may initiate further testing and evaluation in accordance with the terms and conditions of the contract between Safety-Kleen and the generator and that this profile certification may be amended accordingly.

\_\_\_\_\_  
Generator's Authorized Signature

\_\_\_\_\_  
Name & Title (Printed or Typed)

\_\_\_\_\_  
Date

Comments \_\_\_\_\_

*SK Use Only*

SKOS  SKVS  Non-Haz Evaluation  Standard Industry Profile SIP Index # \_\_\_\_\_

SK Sales Rep. Name \_\_\_\_\_ Employee # \_\_\_\_\_ Territory Branch # \_\_\_\_\_

Process Approval # \_\_\_\_\_ Product Code or Part # \_\_\_\_\_ TRI Flowpath # \_\_\_\_\_ Pricing \_\_\_\_\_

*Waste Approval & Certification*

We certify acceptability of this waste stream and that all appropriate permits have been obtained, as indicated by Safety-Kleen's facility approval below:

\_\_\_\_\_  
SK Authorized Facility Signature

\_\_\_\_\_  
Name & Title (Printed or Typed)

\_\_\_\_\_  
Date





**SAFETY-KLEEN MATERIAL PROFILE (continued):**

**SK REFERENCE NO: (2287664)**

*Note:* Completion of Section D.2 & F is optional for:  Analytical Profile (representative sample submitted; test results used to complete D.2 & F)  
 Completion of Sections D.2, E, & F is optional for:  Standard Industry Profile (Safety-Kleen historical data utilized to complete D.2, E, & F)

**D. MATERIAL COMPOSITION (Continued)**

**2. Elemental Constituents**  Check if this waste contains No Detectable Elements / Metals, unless listed below.

Check either;  Total Analysis or  TCLP Method or  Generator Knowledge, then enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum	_____	Cadmium	_____	Fluorine	_____	Nickel	_____	Sodium	_____
Antimony	_____	Chlorine	_____	Lead	_____	Phosphorous	_____	Sulfur	_____
Arsenic	_____	Chromium	_____	Lithium	_____	Potassium	_____	Thallium	_____
Barium	_____	Cobalt	_____	Manganese	_____	Selenium	_____	Titanium	_____
Beryllium	_____	Copper	_____	Mercury	_____	Silicon	_____	Vanadium	_____
Bromine	_____	Iodine	_____	Molybdenum	_____	Silver	_____	Zinc	_____

**E. REACTIVE CHARACTERISTICS**

Check if this waste exhibits No Reactive Characteristics

Yes No

Yes No

Yes No

Explosive

Oxidizer

Reactive Cyanide \_\_\_\_\_ ppm

Shock Sensitive

Water Reactive

Reactive Sulfide \_\_\_\_\_ ppm

Pyrophoric

Air Reactive

Polymerizable

Other Incompatibles; Describe \_\_\_\_\_

**F. MATERIAL PHYSICAL CHARACTERISTICS @ 70° F.**

# of Phases <u>SINGLE</u>	Color <u>YELLOW</u>	Flash Point _____ °F (if < 73°F)	pH <input checked="" type="checkbox"/> Liquids > 20% H <sub>2</sub> O or pH <input type="checkbox"/> Non-Aqueous
Liquid % <u>100</u>	Specific Gravity <u>0.770</u>	<input type="checkbox"/> 73 - < 100°F <input checked="" type="checkbox"/> 100 - 141°F	<input type="checkbox"/> ≤ 2 pH <input type="checkbox"/> > 2 - 4 pH <input checked="" type="checkbox"/> > 4 - 10 pH
Sludge % _____	Viscosity cps <u>&gt;8</u>	<input type="checkbox"/> 142° F. - < 200° F <input type="checkbox"/> ≥ 200° F	<input type="checkbox"/> > 10 - < 12.5 pH <input type="checkbox"/> ≥ 12.5 pH
Solid % _____	Density <u>8-9</u>	Boiling Point (if < 130°F) <u>&gt;95F</u>	BTUs/ lb. or Range <u>&gt;10000</u>
Powder % _____	<input checked="" type="checkbox"/> lbs/ gal. <input type="checkbox"/> lbs/ cu. ft.	Ash % (Bridgeport Only) _____	
Gas % _____	Comments _____		

**G. GENERATOR PROFILE CERTIFICATION**

I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator that the information supplied on this form and on any attachments or supplements hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that either Safety-Kleen or the generator may initiate further testing and evaluation in accordance with the terms and conditions of the contract between Safety-Kleen and the generator and that this profile certification may be amended accordingly.

\_\_\_\_\_  
Generator's Authorized Signature

\_\_\_\_\_  
Name & Title (Printed or Typed)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Comments \_\_\_\_\_

*SK Use Only*

SKOS  SKVS  Non-Haz Evaluation  Standard Industry Profile SIP Index # \_\_\_\_\_

SK Sales Rep. Name \_\_\_\_\_ Employee # \_\_\_\_\_ Territory Branch # \_\_\_\_\_

Process Approval # \_\_\_\_\_ Product Code or Part # \_\_\_\_\_ TRI Flowpath # \_\_\_\_\_ Pricing \_\_\_\_\_

**Waste Approval & Certification**

We certify acceptability of this waste stream and that all appropriate permits have been obtained, as indicated by Safety-Kleen's facility approval below:

\_\_\_\_\_  
SK Authorized Facility Signature

\_\_\_\_\_  
Name & Title (Printed or Typed)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



D.E.P.  
FEB 23 2001  
Southwest District Tampa

February 20, 2001

Mr. Stanley Tam, Program Manager  
Hazardous Waste Section  
Southwest District  
Florida Department of Environmental Protection  
3804 Coconut Palm Drive  
Tampa, FL 33619

Re: Waste Minimization Program Annual Certification  
Safety-Kleen (Bartow), Inc.  
EPA I.D. # FLD 980 729 610  
Permit # HO53-292488

Dear Mr. Tam:

Enclosed is the Annual Waste Minimization Certification for Safety-Kleen (Bartow), Inc. We are submitting this statement in order to comply with Specific Condition VI.1 of the facility's hazardous waste permit.

If you have questions or require additional information, please contact me at (863) 533-6111.

Sincerely,

Michael Merashoff  
Facility Manager

MM/re

enclosure: 2001 Waste Minimization Statement

cc: Todd Blake, Safety-Kleen



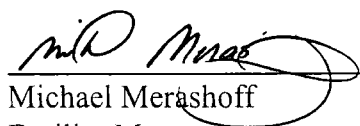


**Waste Minimization Program Policy Statement  
for  
Safety-Kleen (Bartow), Inc.**

It is the policy of the management at Safety-Kleen (Bartow), Inc. (SKBI) to support waste minimization and to maintain an active Waste Minimization Plan (WMP). SKBI's WMP promotes activities which reduce the volume and toxicity of a hazardous waste generated to the degree determined by SKBI to be economically practicable. The proposed method of treatment, storage or disposal is the most practical method available to SKBI which minimizes the present and future threat to human health and the environment.

The facility's waste minimization plan includes steps to identify types, amounts, and hazardous constituents of waste streams throughout the facility as well as to provide for periodic waste minimization assessments. The waste minimization assessment includes steps to prevent waste generation or promote recycling when possible and economically practical. The waste minimization plan includes specific steps for identifying waste management costs and for developing specific accountabilities for waste minimization.

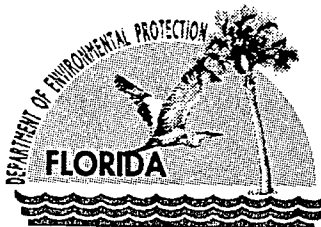
SKBI management makes efforts to seek and exchange technical information on waste minimization with other parts of Safety-Kleen, Inc., other firms, trade associations, technical assistance programs and professional consultants. Finally, the SKBI management team performs periodic evaluations of the program in order to verify program effectiveness and revise the program as required.



---

Michael Merashoff  
Facility Manager  
February 20, 2001





Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

February 1, 2001

Ms. Debbie Sease  
Safety Kleen Corporation  
1301 Gervais Street # 300  
Columbia, South Carolina 29201-3326

Re: FLD 980 729 610  
Safety Kleen-Bartow  
170 Bartow Municipal Airport  
Bartow, Florida 33830-9572

**D.E.P.**  
**FEB 19 2001**  
**Southwest District Tampa**

Dear Ms. Sease:

The department has reviewed the documentation submitted to demonstrate financial assurance and finds it in order. The Indian Harbor Insurance Company certificate of insurance policy # PEC0007078 effective January 4, 2001 adequately covers the closure cost approved by the department. In addition, the Greenwich Insurance Company certificate of liability insurance policy # PEC0007099 effective October 15, 2000 providing coverage for sudden and nonsudden accidental occurrences is also adequate.

Therefore, Safety Kleen of Bartow is in compliance with the financial assurance requirements of 40 CFR Part 264 Subpart H as adopted by reference in Rule 62-730.180 of the Florida Administrative Code.

If you have any questions, please contact me at 850-488-0300.

Sincerely,

*Edgar Echevarria*

Edgar Echevarria  
Environmental Specialist II  
Hazardous Waste Regulation

CC: Mr. Jeffrey Pallas, USEPA/Region 4  
✓ Mr. Stanley Tam, FDEP/SW District  
FDEP File

D.E.P.  
FEB 05 2001  
Southwest District Tampa



January 30, 2001

Ms. Irene Gleason  
Environmental Specialist II  
Hazardous waste Management Section  
Florida Department of Environmental Protection, MS 4555  
2600 Blair Stone Road  
Tallahassee, FL 32399

RE: Safety-Kleen (Bartow), Inc. FLD 980 729 610  
Universal Waste Lamp and Device Handler Registration Application

Dear Ms. Gleason:

In response to your letter of January 17, 2001, Safety-Kleen is providing the following information:

1. The Mercury Spill Clean-up SOP has been revised to include tyvek booties under Requirements 2.
2. The facility has purchased three mercury spill clean-up kits. One kit each which will be stored in the emergency response cabinet of the South Container Storage Building, the Maintenance Building, and the Laboratory. Two each mercury vapor respirator cartridges will be stored in the three locations identified above. The mercury spill kits and vapor respiratory cartridges will be inspected monthly to insure an adequate availability of supply and proper operation in time of need. The SOP language has been revised to include this information as requested.

Safety-Kleen will revise the contingency plan to show the existence and/or the locations of the mercury spill clean-up kits and the mercury vapor respirator cartridges. This revision will be scheduled at the time of the next permit renewal in June 2001.

Storage of all universal waste and lamps will be conducted in the North and South Container Storage Buildings and loading dock areas.

If you have further questions or concerns regarding this submission, please contact Roger Evans or myself at (863) 533-6111.

Sincerely,

Mike Merashoff  
Facility Manager

MM/rce

Enclosures

cc: Todd Blake, SK Reidsville, NC  
Stanley Tam, FDEP-Tampa  
File copy

Regulatory \Mercury \universalamptr.doc

**SAFETY-KLEEN (BARTOW), INC.**  
**OPERATIONAL STANDARD OPERATING PROCEDURE**

Facility/Customer Bartow, FL

S.O.P. # \_\_\_\_\_

Title/Subject: Mercury Spill Clean-up

PAGE 1 OF 2

	<u>REVIEWED BY</u>	<u>SIGNATURE</u>	<u>DATE</u>
EFFECTIVE DATE: _____	FACILITY MANAGER: _____		
REVIEW DATE: _____	OPERATIONS MANAGER: _____		
REVISION NUMBER: <u>00</u>	ENVIRONMENTAL COMPLIANCE: _____		

NOTE: THIS OPERATIONAL S.O.P. SHALL NOT BE REVISED, REPLACED OR MODIFIED WITHOUT THE APPROVAL OF THE FACILITY MANAGER AND THE SITE ENVIRONMENTAL COMPLIANCE MANAGER.

## PURPOSE

This procedure has been developed to ensure that spills of mercury or mercury contaminated articles are properly handled and remediated to minimize any adverse impacts to employee health and/or the environment.

## RESPONSIBILITIES

**FACILITY MANAGER, OPERATIONS MANAGER, SUPERVISORS** are responsible for ensuring that all spills involving mercury are properly reported, contained, and cleaned-up immediately upon discovery of the spill or release. Must also provide necessary training of all affected personnel and provide spill response materials to ensure compliance with these requirements.

**ENVIRONMENTAL COMPLIANCE MANAGER** is responsible for providing guidance to facility management on reporting spills and releases to the appropriate regulatory agencies as well as monitor compliance with this procedure.

**EMPLOYEES** are responsible for following these requirements and ensuring compliance with this procedure.

## REQUIREMENTS

1. Upon discovery of a spill of mercury or mercury contaminated article, facility management must be immediately notified and spill clean-up procedures implemented.
2. At a minimum, during spill clean-up procedures, the following personal protective equipment will be donned: hard hat, safety glasses, steel-toed work boots/shoes, disposable booties (Tyvek), disposable chemical resistant (nitrile) gloves, respirator with mercury vapor cartridges (or use an air supplied respirator if spill occurs in an unventilated area), and a disposable dust resistant coverall (Tyvek).
3. Confine mercury spill as much as possible. Use a Mercury Spill Clean-Up Kit, or equivalent materials, to contain the material by aspirating the mercury into the spill collection container. Small mercury droplets are then amalgamated with zinc powder. Droplets in crevices may be converted to mercuric sulfide with sulfur powder, if necessary. All mercury contaminated debris (ie., broken glass, powder, shards, metal) will be swept-up and placed into a DOT approved container and managed as a hazardous waste for disposal.

Mercury Spill Clean-Up Procedure SOP#

4. Place the collected spill clean-up materials in a DOT approved container and label as hazardous waste, as appropriate. Thoroughly decontaminate (mop) the spill clean-up area with a solution of water and an appropriate detergent, or equivalent agent. Allow the decon solution to air dry and sweep any remaining residues into the spill clean-up container.
5. Decontaminate all reusable equipment, and/or discard disposable protective equipment in appropriate disposal container.
6. If the spill occurs on the soil, the spill area will be exhumed to a minimum depth of six inches and the mercury-contaminated soils will be placed into DOT approved containers for disposal as a hazardous waste. Once all visible contamination has been removed, an additional six inches vertically and six inches horizontally will be removed from the area and placed into the disposal container. Replace removed soils with clean fill materials and restore any vegetation.
7. Replace or refurbish any used spill clean-up equipment.
8. A minimum of one Mercury Spill Clean-Up Kit and two vapor respiratory cartridges will be stored in the emergency response cabinet of the South Container Storage Building, the Maintenance Building, and the Laboratory respectively. These items will be inspected monthly to insure an adequate availability of supply and proper operation in time of need.

**D.E.P.**  
**NOV 30 2000**  
**Southwest District Tampa**



November 27, 2000

**CERTIFIED MAIL Z 278 845 589**  
**RETURN RECEIPT REQUESTED**

Mr. Stanley Tams  
Hazardous Waste Section  
Florida Department of Environmental Protection  
3804 Coconut Palm Drive  
Tampa, FL 33619

Re: Notification of Alternate Monitoring Practice for Subpart BB Equipment (Valves)  
Safety-Kleen (Bartow), Inc. (SKBI)  
EPA I.D. No. FLD 980 729 610  
Permit Number: 64247-HOSM-003

Dear Mr. Tams:

In accordance with 40 CFR 264.1062(a)(2), as adopted in FDEP Rule 62.730.180, Safety-Kleen (Bartow), Inc. is providing notification to the Department of our intent to implement an alternate work practice for monitoring all valves associated with managing hazardous waste subject to the RCRA Subpart BB Air Emission Standards.

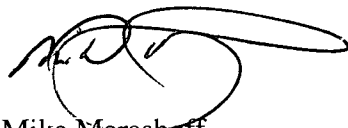
SKBI has successfully monitored all valves in light liquid service for more than two consecutive quarterly monitoring periods without exceeding the two percent (2%) leak detection rate specified in the regulations. Based on this monitoring data, SKBI will begin to reduce the monitoring frequency for this equipment to every other quarter (once every six months) until such time as the percentage of valves monitored exceeds the two percent leak detection rate. Should the percentage of leaking valves exceed two percent during these two monitoring periods then all valves will be monitored monthly as specified in 40 CFR 264.1057. Documentation of the reduced frequency monitoring will be maintained in the facility operating record.





If you have any questions or require any additional information regarding this matter, please feel free to contact me at (863) 519-6317.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Merashoff", written over a circular stamp or mark.

Mike Merashoff  
Facility Manager

cc: Lin Longshore  
Todd Blake  
File copy



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 4  
ATLANTA FEDERAL CENTER  
61 FORSYTH STREET  
ATLANTA, GEORGIA 30303-8960

NOV 20 2000

4WD-RCRA

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Scott Kuhn  
Vice President of Corporate Compliance  
Safety-Kleen, Inc.  
1301 Gervais Street  
Suite 300  
Columbia, South Carolina 29201

FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

NOV 28 2000

SOUTHWEST DISTRICT  
TAMPA

SUBJ: **Extension** for Six Safety-Kleen facilities in Region 4  
CERCLA Off-Site Rule Notices of Unacceptability

Dear Mr. Kuhn:

In letters dated September 7, 2000, and September 8, 2000, from the Environmental Protection Agency (EPA) Region 4 to nine (9) separate Safety-Kleen facilities in Region 4, EPA made the preliminary determination that these Safety-Kleen facilities were unacceptable for the receipt of Off-Site waste generated as a result of any response activity under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) 42 U.S.C. §9601 *et seq.* These preliminary determinations were made pursuant to the Off-Site Rule (40 C.F.R. 300.440) and were to become effective 60 (sixty) days from the issuance of these letters.

The Safety-Kleen facility in Chattanooga, Tennessee recently achieved financial assurance, and no longer has any relevant violations under the Off-Site Rule. A Notice of Acceptability dated October 24, 2000, was mailed to the Chattanooga facility. The remaining affected Safety-Kleen facilities are located in Florida (Bartow), Georgia (Tucker), Kentucky (Smithfield), North Carolina (Reidsville), South Carolina (Pinewood), and Tennessee (Antioch, Greenbrier, and Millington).

On September 6, 2000, the Environmental Appeals Board issued Safety-Kleen Corporation and 27 of its subsidiaries a Consent Agreement and Final Order (CAFO). The CAFO addresses Safety-Kleen's TSCA (Toxic Substances Control Act) financial assurance

violations at all TSCA facilities which have surety bonds with Frontier Insurance Company (Frontier). It also addresses Safety-Kleen's RCRA (Resource Conservation and Recovery Act) financial assurance violations for facilities covered by "participating states" such as Georgia and Tennessee. The CAFO requires the Safety-Kleen respondents to exercise their best efforts to obtain compliant financial assurance for all "covered facilities" by December 15, 2000. In Region 4 the covered Safety-Kleen facilities are:

Bartow, Florida	EPA ID Number FLD 980 729 610
Tucker, Georgia	EPA ID Number GAD 980 839 187
Reidsville, North Carolina	EPA ID Number NCD 000 048 451
Antioch, Tennessee	EPA ID Number TND 000 772 277
Greenbrier, Tennessee	EPA ID Number TND 000 645 770
Millington, Tennessee	EPA ID Number TND 000 614 321.

Safety-Kleen has requested an extension to the sixty (60) day period granted in the NOUs sent by EPA in September to the affected Safety-Kleen facilities in Region 4. In evaluating Safety-Kleen's request for an extension, EPA has determined that an extension for the six covered facilities is warranted based on the following:

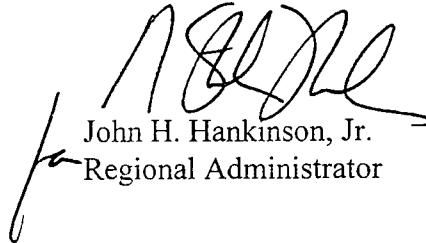
- 1) There was an unusual combination of events that resulted in financial non-compliance by the six covered facilities. Safety-Kleen's surety company lost its U.S. Treasury certification, a situation over which SK had no control. At the same time, Safety-Kleen was undergoing bankruptcy reorganization, and this temporarily limited the corporation's ability to obtain financing for replacement financial assurance.
- 2) The nationally negotiated CAFO between EPA-HQ and Safety-Kleen contains numerous interim requirements that the corporation and the six covered facilities must meet until Safety-Kleen obtains replacement compliant financial assurance for facilities covered by the CAFO.
- 3) The Region believes that granting an extension of the 60-day period in this case may reduce the likelihood that Safety-Kleen would be forced to cease operations at this facility without properly closing and or completing corrective action.

EPA notes that the national CAFO requires Safety-Kleen to exercise their best efforts to obtain financial assurance, and establishes a series of deadlines for providing financial statements. More specifically, the CAFO sets December 15, 2000 as the deadline by which Safety-Kleen must obtain financial assurance.

Consequently, EPA has decided to extend the 60-day period of the NOU for the six affected Region 4 Safety-Kleen facilities to **December 15, 2000**, providing that Safety-Kleen complies with the national CAFO. Failure to comply with the national CAFO could result in the immediate revocation of this extension. On or about December, 15, 2000, the Region will review the situation.

If you should have any questions regarding this, please contact Jack Cowart at (404) 562-8591, or email him at [cowart.jack@epa.gov](mailto:cowart.jack@epa.gov)

Sincerely,



John H. Hankinson, Jr.  
Regional Administrator

cc:

GAEPD	Jennifer Kaduck
FDEP	Satish Kastury, Bill Crawford, Morgan Liebrandt
KDEP	Robert Daniel, Debby Angel
NC DEHNR	James Carter, Mike Brailsford
SCDHEC	Hartsill Truesdale, Cheryl Coleman, Clyde Buchanon, Chris McCluskey
TDEC	Garey Mabry, Alfred Majors, Joe Sanders, Mark Thomas
EPA HQ	David Eberly, Lee Tyner, Sharon Frey



FLORIDA DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

OCT 30 2000

SOUTHWEST DISTRICT  
TAMPA

Mr. Stanley Tam  
Professional Engineer II  
Florida Department of Environmental Protection  
3804 Coconut Palm Drive  
Tampa, FL 33619

Via Certified Mail: Z 278 845 620

26 October 2000

Re: Safety-Kleen (Bartow), Inc. FLD 980 729 610  
Certificates of Disposal, Manifest #40001

Dear Mr. Tam:

Please find enclosed a certificate of Disposal for the mixed RCRA/TSCA wastes shipped on Manifest #40001, from Safety-Kleen (Bartow), Inc. to Safety-Kleen (Aragonite), Inc. The return copy of this manifest was provided to your office in our letter of 3 October 2000. The containers with unique i.d. numbers 981215BTPLA019 and 981215BTPLA020 contained the mixed RCRA/TSCA wastes. Pursuant to the Agency's letter of 17 December 1999, which extended the storage limit of these wastes, we are submitting the above information.

If you have questions regarding this shipment, please contact Paul Leiser at (863) 519-6346.

Sincerely,

Linda Sherwood  
Regulatory Compliance Specialist

Cc: Craig Brown, U.S. EPA, Region IV  
Todd Blake, Safety-Kleen  
TSCA Correspondence File

SAFETY-KLEEN (BARTOW), INC.

170 BARTOW MUNICIPAL AIRPORT BARTOW, FL 33830

FILE: 5-9  
4/00





Mr. Craig Brown  
Permit Engineer  
U.S. Environmental Protection Agency, Region IV  
Sam Nunn Federal Center  
61 Forsyth Street, SW  
Atlanta, GA 30303-89860

Via Certified Mail: Z 278 845 619

26 October 2000

Re: Safety-Kleen (Bartow), Inc. FLD 980 729 610  
Certificates of Disposal, Manifest #40001

Dear Mr. Brown:

Please find enclosed a certificate of Disposal for the mixed RCRA/TSCA wastes shipped on Manifest #40001, from Safety-Kleen (Bartow), Inc. to Safety-Kleen (Aragonite), Inc. The return copy of this manifest was provided to your office in our letter of 3 October 2000. The containers with unique i.d. numbers 981215BTPLA019 and 981215BTPLA020 contained the mixed RCRA/TSCA wastes. Pursuant to the Agency's letter of 17 December 1999, which extended the storage limit of these wastes, we are submitting the above information.

If you have questions regarding this shipment, please contact Paul Leiser at (863) 519-6346.

Sincerely,

Linda Sherwood  
Regulatory Compliance Specialist

Cc: Stanley Tam, Florida DEP  
Todd Blake, Safety-Kleen  
TSCA Correspondence File

**CERTIFICATE OF DISPOSAL NO. 42913**  
**SAFETY-KLEEN (ARAGONITE), INC.**  
**P.O. BOX 1328**  
**COFFEYVILLE, KS 67337**  
**KSD981506025**

ATTN: PAUL LEISER  
 SAFETY-KLEEN (BARTOW), INC.  
 170 BARTOW MUNICIPAL AIRPORT

BARTOW FL 33830

EPA # FLD980729610  
 PHONE: 8635196361

WORKORDER # 122482  
 DOCUMENT # RJ49S  
 CUST MANIFEST: 40001  
 STATE MANIFEST:  
 DATE RECEIVED: 08/23/2000


PAGE NO. 1 OF 1

UNIQUE ID#	CONTENTS	TRANSFER WT/LBS MANIFEST	DISPOSAL FACILITY	METHOD	DISPOSAL / TRANSFER DATE
000809SKTMQ27	11B LABPACK	6	SAFETY-KLEEN - KS	INCINERATION	09/23/2000
000607BTMO012	11C LABPACK	13	SAFETY-KLEEN - KS	INCINERATION	09/23/2000
981215BTPLA019	GB LIQ	163	SAFETY-KLEEN - KS	INCINERATION	09/28/2000
981215BTPLA020	GB LIQ	185	SAFETY-KLEEN - KS	INCINERATION	09/27/2000
000531BTTPQ001	LABPACK	5	SAFETY-KLEEN - KS	INCINERATION	10/05/2000

372

THIS IS A PARTIAL CERTIFICATE OF DISPOSAL FOR THE ABOVE SAFETY-KLEEN DOCUMENT NO. RJ49S.

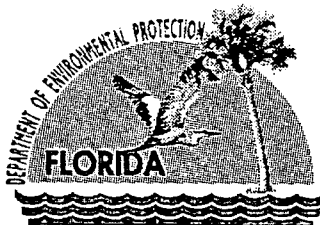
UNDER CIVIL AND CRIMINAL PENALTIES OF LAW FOR THE MAKING OR SUBMISSION OF FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS (18 U.S. C. 1001 AND 15 U.S.C. 2615), I CERTIFY THAT THE INFORMATION CONTAINED IN OR ACCOMPANYING THIS DOCUMENT IS TRUE, ACCURATE AND COMPLETE. AS TO THE IDENTIFIED SECTIONS(S) OF THIS DOCUMENT FOR WHICH I CANNOT PERSONALLY VERIFY TRUTH AND ACCURACY, I CERTIFY AS THE COMPANY OFFICIAL HAVING SUPERVISORY RESPONSIBILITY FOR THE PERSONS WHO, ACTING UNDER MY DIRECT INSTRUCTIONS, MADE THE VERIFICATION THAT THIS INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

  
 \_\_\_\_\_  
 Authorized Agent

10/13/2000  
 Date

316-251-6380

BARTOW



# Department of Environmental Protection

Jeb Bush  
Governor

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

October 25, 2000

Ms. Cindy Taylor  
Safety Kleen System, Inc.  
1301 Gervais Street # 300  
Columbia, South Carolina 29201

Re: Safety Kleen Facilities of Florida

Dear Ms. Taylor:

As you know, Reliance Insurance Company of Illinois has been terminated as acceptable by the Treasury Department effective October 17, 2000. In order to remain in compliance with the financial assurance requirements of 40 CFR Part 264 Subpart H as adopted by reference in Rule 62-730.180 of the Florida Administrative Code, owners or operators of hazardous waste facilities demonstrating financial responsibility through insurance certificates issued by Reliance Insurance Company of Illinois must establish alternate financial assurance within 60 days.

If you have any questions, please contact me at 850-488-0300.

Sincerely,

Edgar Echevarria  
Environmental Specialist II  
Hazardous Waste Regulation

CC: Jeffrey Pallas, EPA/Region 4  
William Kellenberger, FDEP/NW District  
Ashwin Patel, FDEP/NE District  
Chris Aoussat, FDEP/CE District  
Stanley Tam, FDEP/SW District  
James Ayers, FDEP/SE District  
Ghous Minhaj, FDEP/S District

RECEIVED  
NOV 09 2000  
Department of Environmental Protection  
BY SOUTHWEST DISTRICT





**RECEIVED**  
OCT 05 2000  
Department of Environmental Protection  
BY SOUTHWEST DISTRICT

Mr. Stanley Tam  
Professional Engineer II  
Florida Department of Environmental Protection  
3804 Coconut Palm Drive  
Tampa, FL 33619

Hand-Delivered

4 October 2000

Re: Safety-Kleen (Bartow), Inc. FLD 980 729 610  
Permit #: 64247-HOSM-003  
Clarification of Trench Inspection Procedures

Dear Mr. Tam:

During a recent internal audit performed by Safety-Kleen Corporate staff, it was noted that our trench inspection procedures seemed unclear to the audit team. The purpose of this letter is to clarify to the Department the method that we use to inspect the secondary containment blind trenches built into our driveway and into the South Container Storage Building at the facility.

Each working day, a Safety-Kleen employee visually inspects the open ends of each trench for standing liquids. If a sheen is present on the stormwater which collects in the trenches, our laboratory personnel test the material to determine its conformance with the City of Bartow's stormwater discharge parameters. We pump non-conforming material out of the trench, and manage the material as a hazardous waste. We consolidate conforming material with other stormwater for eventual discharge.

Once monthly, Safety-Kleen employees hoist the steel plates covering each trench. We visually inspect the trench for debris and integrity.

Should you have further questions regarding the trench inspection procedures, please contact me at (863) 533-6111.

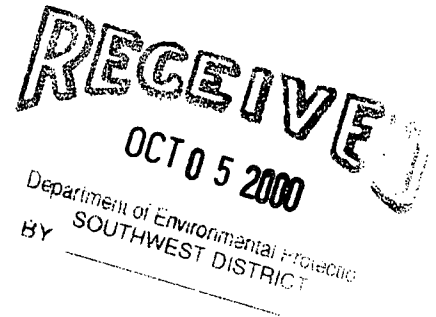
Sincerely,

Michael Merashoff  
Facility Manager

MM/lws

Cc: Lin Longshore, Safety-Kleen





Mr. Stanley Tam  
Professional Engineer II  
Florida Department of Environmental Protection  
3804 Coconut Palm Drive  
Tampa, FL 33619

Hand-Delivered

4 October 2000

Re: Safety-Kleen (Bartow), Inc. FLD 980 729 610  
Permit #: 64247-HOSM-003  
Change to Security Inspections

Dear Mr. Tam:

As we have discussed previously with you, Safety-Kleen (Bartow), Inc. will be changing security services. We have contracted with the agency which provides security for the Bartow Municipal Airport to provide weekend and holiday inspections of the tank farms. They will be performing a twice-per-shift walk-through of our facility, looking specifically at site security, facility containment areas, tank integrity, piping, and secondary containment for the tank farms utilizing the attached inspection form.

Daily tank inspections will continue to be performed by Safety-Kleen personnel each operating day.

If you have questions regarding this change, please contact me at (863) 533-6111.

Sincerely,

Michael Merashoff  
Facility Manager

MM/lws

Enclosures: Weekend/Holiday Inspection Form

Cc: Lin Longshore, Safety-Kleen  
Craig Lackey, Safety-Kleen  
DEP Correspondence File

*THIS HAS BEEN DOCUMENTED  
IN THE PERMIT APPLICATION*



