

Florida Department of Environmental Regulation

Southwest District • 4520 Oak Fair Boulevard • Tampa, Florida 33610-7347 • 813-623-5561

Bob Martinez, Governor

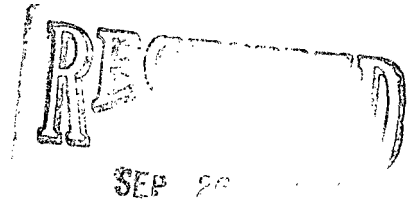
Dale Twachtmann, Secretary

John Shearer, Assistant Secretary

Richard Garrity, Deputy Assistant Secretary

September 19, 1988

Ellen J. Jurczak, P.E.
Permits Manager
Safety-Kleen Corporation
777 Big Timber Road
Elgin, Illinois 60123



Re: Safety-Kleen Corp., FLD 980 847 271
Construction Permit Application HC29-118986

HAZARDOUS WASTE
PERMITTING

Dear Ms. Jurczak:

We have received your letter of September 7, 1988 containing comments on the draft permit for the subject application.

Your comments reflect a major modification to the information provided with the application. We cannot amend the draft permit to address your comments because major modification must be certified by an engineer on page 50 of the Certification Section in the application form. The engineer certification provided in your letter is outdated.

The permit when issued will authorize the construction of the facility, which is a moot issue since the facility has already been built and in operation. The issuance of this permit is necessary to fulfill regulatory requirements. However, your facility will be regulated by the operational procedures set forth in the operation permit application to be submitted in compliance with specific conditions #9.

For any questions, please contact me at (813) 623-5561.

Sincerely,

RECEIVED

SEP 26 1988

Armando Gonzalez
Permitting Engineer
Hazardous Waste Section
Division of Waste Management

AG/ab

HAZARDOUS WASTE
PERMITTING

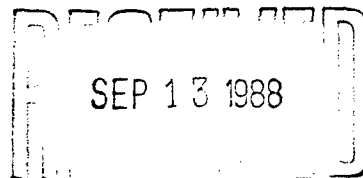
cc: Satish Kastury - DER/Tallahassee



Certified Mail - Return Receipt Requested

September 7, 1988
EJJ 88-328

Safety-Kleen



Mr. Armando Gonzales
Florida Department of Environmental Regulation
4520 Oak Fair Blvd.
Tampa, FL 33610-7347

Subject: Tampa Facility's Draft Permit
HC29-118986

Dear Mr. Gonzales,

This letter has been prepared as a commentary on the subject draft permit.

1. The total volume to be stored in containers is 49,104 gallons (6,912 gallons in the north building and 42,912 gallons in the south building). The following should be revised: paragraph 1 of the "Intent to Issue" and paragraph 4 of the first page of the permit.
2. Safety-Kleen now owns the Tampa facility and a corrected certification statement and Part A are enclosed. The following should be revised: the heading of the "Intent to Issue" and the first page of the permit.
3. The amounts of specific wastes to be stored should not be limited. The total amounts indicated on the attached drawings will not be exceeded, however, the volume of an individual waste in storage should not be restricted since: 1) the wastes are compatible with one another and 2) the amounts in storage may vary due to transportation and recycle center operations.

Safety-Kleen believes page 2 of the permit should be reworded to:

"The southwest corner of storage building section A is approximately 40 feet long by 29 feet wide with a total capacity for 6,912 gallons (432 16-gallon drums or the equivalent). The following wastes will be stored:

D. E. R.

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**SOUTH WEST DISTRICT
TAMPA**

Mr. Armando Gonzales
September 7, 1988
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spent immersion cleaner (F002, F004)

dry cleaner wastes:

perchloroethylene (F002)
1,1,2-trichloro-1,2,2-trifluoroethane (F002)
mineral spirits (D001)

dumpster sediment (D001, D006, D008)

These wastes may be stored in 30- and 16-gallon drums and in boxes. The volume of any one waste stream may vary over time. However, the total volume of all wastes in storage will never exceed 6,912 gallons.

Storage building section B is approximately 100 feet long by 80 feet wide, with two storage units:

A 50' x 40' room in the southwest corner which is rated for the storage of Class IB materials. NFPA regulations limit the volume which can be stored in this room to 15,000 gallons. Ignitable wastes (D001, D006, D007, D008, F003, F005) will be stored in this area.

The remaining portion of the building will be used to store chlorinated wastes (F001, F002, F004). The volume to be stored will not exceed 27,912 gallons.

The wastes to be stored in this building are:

mineral spirits waste	D001, D006, D008
lacquer thinner waste	F003, F005, D001 D006, D007, D008
spent 1,1,1-trichloroethane	F001 or F002
spent perchloroethylene	F001 or F002
spent trichloroethylene	F001 or F002
spent methylene chloride	F001 or F002
spent 1,1,2-trichloro- 1,2,2-trifluoroethane	F001 or F002
spent immersion cleaner	F002, F004

L. B. R.

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TAMPA

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The wastes may be stored in 55-, 30- and 16-gallon drums, in 5-gallon pails and in boxes. The volume of any one waste stream may vary over time. However, the total volume of ignitable wastes will not exceed 15,000 gallons and the volume of chlorinated wastes will not exceed 27,912 gallons."

Thank you for your attention to these comments. If you have any questions or require further information, please contact me on extension 2246.

Sincerely,



Ellen J. Murczak, P.E.
Permits Manager

EJJ/dfs

cc: F. Stockbarger, Tampa Reg. Mgr.
G. Yankala
F. Taylor, Br. Mgr. (3-163-01)
J. Davis (A.C. Mgr.)
S. Eaton
R. Peoples

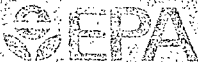
GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F L D 9 8 0 8 4 7 2 7 1



II. POLLUTANT CHARACTERISTICS

I. EPA I.D. NUMBER

II. FACILITY NAME

III. FACILITY MAILING ADDRESS

IV. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, fill it in the designated space. Review the information carefully; if any of it is incorrect, or through it and enter the correct data in the appropriate fill-in area below. Also, if any the preprinted data is absent (the area to left of the label space lists the information that should appear), please provide it in proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

III. NAME OF FACILITY

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

IV. FACILITY CONTACT

1. SAFETY-KLEEN CORP. (3-163-01)

V. FACILITY MAILING ADDRESS

A. NAME & TITLE (last, first, & title)
2. EATON, SCOTT - REG. ENGR.

B. PHONE (area code & no.)
3. 1 2 6 9 7 8 4 6 0

VI. FACILITY LOCATION

A. STREET OR P.O. BOX
3. 777 BIG TIMBER ROAD

B. CITY OR TOWN
4. ELGIN

C. STATE
IL

D. ZIP CODE
60129

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5. 529TH AVE. AND 54TH STREET

B. COUNTY NAME
HILLSBOROUGH

C. CITY OR TOWN
6. TAMPA

D. STATE
FL

E. ZIP CODE
33619

F. COUNTY CODE (if known)

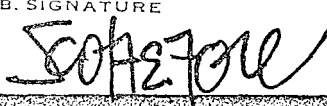
I. SIC CODES (List in order of priority)		A. FIRST		B. SECOND	
7 3 9 9 (specify)		Business Services N.E.C.		7 5 1 7 2 (specify)	
				Petroleum Product Wholesalers	
C. THIRD		D. FOURTH			
5 0 8 4 (specify)		Industrial Machinery & Equipment		7 5 0 1 3 (specify)	
				Automotive Parts and Supplies	

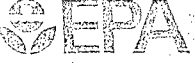
II. OPERATOR INFORMATION	
A. NAME	
SAFETY - KLEEN CORP. ELGIN IL	
B. Is the name listed in Item VIII-A also the owner? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)	
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE P (specify)	
D. PHONE (area code & no.)	
3 1 2 6 9 7 8 4 6 0	
E. STREET OR P.O. BOX	
7 7 7 BIG TIMBER ROAD	
F. CITY OR TOWN	
ELGIN	
G. STATE	
IL	
H. ZIP CODE	
6 0 1 2 3	
IX. INDIAN LAND	
Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS	
A. NPDES (Discharges to Surface Water)	
N	
B. UIC (Underground Injection of Fluids)	
U	
C. RCRA (Hazardous Wastes)	
R	
D. PSD (Air Emissions from Proposed Sources)	
9 P	
E. OTHER (specify)	
(specify)	
E. OTHER (specify)	
(specify)	

XI. MAP
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)
This location is primarily a local sales/service office and warehouse for Safety-Kleen products consisting of small parts cleaning equipment, solvent and allied products such as hand cleaner, floor cleaner, parts washing brushes, etc. Safety-Kleen collects used solvents from the customer (primarily SQG & VSQG's) for temporary storage at this facility. Once a sufficient quantity of materials is collected, the materials are moved off-site in a semi trailer or tanker quantity to a Safety-Kleen Recycling Center.

XIII. CERTIFICATION (see instructions)	
I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this application and all attachments, and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	
A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE
SCOTT E. FORE - VICE PRESIDENT ENVIRONMENT, HEALTH & SAFETY	
C. DATE SIGNED	
SEPT. 1, 1988	

FORM RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			F E L D 9 8 0 8 9 7 2 7 1											

FOR OFFICIAL USE ONLY										
A. DATE RECEIVED					DATE RECEIVED (yr., mo., & day)					COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR. MO. DAY
83 06 20

☐ 2. NEW FACILITY (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR. MO. DAY
73 74 75 76 77 78

B. REVISED APPLICATION (place an "X" below and complete item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Injection:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	CODE	UNIT OF MEASURE	UNIT OF MEASURE	CODE	UNIT OF MEASURE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C																			
DUP																			
13 14 15																			
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY					FOR OFFICIAL USE ONLY				
		1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)		1. AMOUNT				2. UNIT OF MEASURE (enter code)									
X-1	S 0 2	600	G					5											
X-2	T 0 3	20	E					6											
1	S 0 1	49,824	G					7											
2	S 0 2	15,000	G					8											
3								9											
4								10											
13 14 15										16 17 18 19									

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA Form 3510-3 (6-80)

IV. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	4	0	9	8	0	8	4	7	2	7	1	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

27 55 21 N

LONGITUDE (degrees, minutes, & seconds)

082 23 09 W

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

SAFETY-KLEEN CORP.

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

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 my 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 fine and imprisonment.

A. NAME (print or type)

SCOTT E. FORE - VICE PRESIDENT
ENVIRONMENT, HEALTH & SAFETY

B. SIGNATURE

SCOTT E. FORE

C. DATE SIGNED

SEPT. 1, 1988

X. OPERATOR CERTIFICATION

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 my 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 fine and imprisonment.

A. NAME (print or type)

SCOTT E. FORE - VICE PRESIDENT
ENVIRONMENT, HEALTH & SAFETY

B. SIGNATURE

SCOTT E. FORE

C. DATE SIGNED

SEPT. 1, 1988

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

Please Type or Print

A. GENERAL INFORMATION

1. TYPE OF FACILITY:

DISPOSAL	<input type="checkbox"/>	LAND TREATMENT	<input type="checkbox"/>	SURFACE IMPOUNDMENT	<input type="checkbox"/>	N/A	
LANDFILL	<input type="checkbox"/>						
STORAGE	<input checked="" type="checkbox"/>	TANKS	<input checked="" type="checkbox"/>	PILES	<input type="checkbox"/>	SURFACE IMPOUNDMENT	<input type="checkbox"/>
CONTAINERS	<input checked="" type="checkbox"/>						
TREATMENT	<input type="checkbox"/>	INCINERATION	<input type="checkbox"/>	SURFACE IMPOUNDMENT	<input type="checkbox"/>	N/A	
TANKS	<input type="checkbox"/>	PILES	<input type="checkbox"/>				
THERMAL	<input type="checkbox"/>	CHEMICAL	<input type="checkbox"/>	PHYSICAL	<input type="checkbox"/>	BIOLOGICAL	<input type="checkbox"/>

2. TYPE OF APPLICATION: ☐ TOP ☒ CONSTRUCTION ☒ OPERATION ☐ CLOSURE

3. DATE CURRENT OPERATION BEGAN (OR IS EXPECTED TO BEGIN): 6-28-85

4. FACILITY NAME: Safety-Kleen Corp. 3-163-01

5. EPA/DER I.D. NO.: FLD 980847271

6. FACILITY LOCATION OR STREET ADDRESS: 24th Ave. & 54th Street

7. FACILITY MAILING ADDRESS: 777 Big Timber Road Elgin IL 60120
STREET OR P.O. BOX CITY STATE ZIP

8. CONTACT PERSON: Stanley Walczynski TELEPHONE: (312) 697-8460 ext. 224
TITLE: Regional Environmental Engineer
MAILING ADDRESS: Safety-Kleen Corp. 777 Big Timber Road Elgin, IL 60120
STREET OR P.O. BOX CITY STATE ZIP

9. OPERATOR'S NAME: Frank Taylor TELEPHONE: ()

10. OPERATOR'S ADDRESS: 24th Ave. & 54th Street Tampa FL 33619
STREET OR P.O. BOX CITY STATE ZIP

11. FACILITY OWNER'S NAME: Gordon Burnam TELEPHONE: ()

12. FACILITY OWNER'S ADDRESS: P.O. Box 4 Columbia MO 65205
STREET OR P.O. BOX CITY STATE ZIP

13. LEGAL STRUCTURE: ☒ CORPORATION ☐ NON-PROFIT CORPORATION ☐ PARTNERSHIP
☐ INDIVIDUAL ☐ LOCAL GOVERNMENT ☐ STATE GOVERNMENT ☐ FEDERAL GOVERNMENT
☐ OTHER

14. IF AN INDIVIDUAL, PARTNERSHIP, OR BUSINESS IS PERFORMED UNDER AN ASSUMED NAME,
SPECIFY COUNTY AND STATE WHERE NAME IS REGISTERED. COUNTY: STATE: N/A

15. IF A CORPORATION, INDICATE STATE OF INCORPORATION Wisconsin

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

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 GATHER AND EVALUATE 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 17-30, 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.

SIGNATURE OF THE OPERATOR OR AUTHORIZED REPRESENTATIVE

Scott E. Fore David A. Dattilo
SIGNATURE OF THE OPERATOR OR AUTHORIZED REPRESENTATIVE*
DAVID A. DATTILO, VICE PRESIDENT, SALES AND SERVICE

NAME AND TITLE

SCOTT E. FORE, VICE PRESIDENT, ENVIRONMENT, HEALTH AND SAFETY

NAME AND TITLE (PLEASE TYPE OR PRINT)

DATE: SEPT. 1, 1988 TELEPHONE NO. (312) 697-8460

*ATTACH A LETTER OF AUTHORIZATION

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.

SIGNATURE OF THE FACILITY OWNER OR AUTHORIZED REPRESENTATIVE

Scott E. Fore David A. Dattilo
SIGNATURE OF THE FACILITY OWNER OR AUTHORIZED REPRESENTATIVE*
DAVID A. DATTILO, VICE PRESIDENT, SALES AND SERVICE

NAME AND TITLE

SCOTT E. FORE, VICE PRESIDENT, ENVIRONMENT, HEALTH AND SAFETY

NAME AND TITLE (PLEASE TYPE OR PRINT)

DATE: SEPT. 1, 1988 TELEPHONE NO. (312) 697-8460

*ATTACH A LETTER OF AUTHORIZATION

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 17-30, FAC.

SIGNATURE OF THE FACILITY OWNER OR AUTHORIZED REPRESENTATIVE

SIGNATURE OF THE FACILITY OWNER OR AUTHORIZED REPRESENTATIVE*

DAVID A. DATTILO, VICE PRESIDENT, SALES AND SERVICE

NAME AND TITLE

SCOTT E. FORE, VICE PRESIDENT, ENVIRONMENT, HEALTH AND SAFETY

NAME AND TITLE (PLEASE TYPE OR PRINT)

DATE: SEPT. 1, 1988

TELEPHONE NO. (314) 697-8460

*ATTACH A LETTER OF AUTHORIZATION

88-268

4. PROFESSIONAL ENGINEER REGISTERED IN FLORIDA (WHERE REQUIRED BY CHAPTER 471, F.S.)

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.

SIGNATURE _____ MAILING ADDRESS _____

NAME _____ (PLEASE TYPE) _____ STREET OR P.O. BOX _____

CITY _____ STATE _____ ZIP _____

The professional engineer's certification was submitted separately. A copy is attached.

() _____
TELEPHONE NO. _____ DATE _____

FLORIDA REGISTRATION NUMBER: _____

(Please Affix Seal)

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 §264.120 AND §265.120, AS ADOPTED BY REFERENCE IN CHAPTER 17-30, FAC.

SIGNATURE OF THE LAND OWNER OR AUTHORIZED REPRESENTATIVE*

NAME AND TITLE (PLEASE TYPE OR PRINT)

DATE: _____ TELEPHONE NO. () _____

*ATTACH A LETTER OF AUTHORIZATION

4. PROFESSIONAL ENGINEER REGISTERED IN FLORIDA (WHERE REQUIRED BY CHAPTER 471, F.S.)

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.

SIGNATURE *Phil Parker*

MAILING ADDRESS Parker Mechanical Inc.

NAME Phil Parker
(PLEASE TYPE)

P.O. Box 95263

STREET OR P.O. BOX
Madeira Beach, Florida 33708

CITY STATE ZIP

(813) 360-5136 August 7, 1986

TELEPHONE NO. DATE

FLORIDA REGISTRATION NUMBER: P.E. 020781

(Please Affix Seal)

TAMPA, FL.

I.D. 2.6-1 DESCRIPTION OF WASTES

Several types of waste result from the servicing of Safety-Kleen customers and the maintenance of the service center. Analytical data for the wastes and Material Safety Data Sheets follow this chapter.

Wastes Resulting From the Parts Washer Service

Spent mineral spirits from parts washers is accumulated in a 15,000 gallon aboveground storage tank via the return and fill station. 16- and 30-gallon drums containing seven and twelve gallons of solvent, respectively, are poured into a dumpster at the return and fill station which in turn empties into the tank. This waste handling method results in three types of mineral spirits waste:

- a. Spent mineral spirits solvent--The spent mineral spirits solvent is removed from the tank by a tanker truck on a scheduled basis. About 6,000-7,000 gallons are removed every two weeks. This waste is ignitable (D001) and EP Toxic (D008). In 1986, the Tampa service center shipped about 175,000 gallons of spent solvent to the Safety-Kleen recycle center in Lexington, South Carolina.
- b. Bottom sediment in the tank--Approximately once every two years, it is necessary to remove sediment and other heavy material from the bottom of the tank. A Safety-Kleen vacuum truck is used for this purpose and can collect up to 4,000 gallons of this waste for

reclamation. The sediment is ignitable (D001) and EP Toxic (D006 and D008).

- c. Dumpster sediment--Sediment also accumulates in the bottom of the dumpsters in the return and fill station. This sediment is removed manually with a shovel, drummed and the drums are stacked two-high in the drum storage area of the warehouse. About ten gallons is stored in each 16-gallon drum and the drum is color-coded (red) to indicate its contents. The chemical composition of this waste is analogous to that of the bottom sediment from the tank. In 1986, about 2,000 gallons of this waste were shipped to Safety-Kleen's Lexington, South Carolina recycle center for reclamation. It is estimated that 12,000 gallons will be shipped from the accumulation center annually.

Immersion cleaner remains in the drum in which it was originally used until it is received at the recycle center. Drums containing about four and one-half gallons of spent solvents are stacked two-high in the drum storage areas of the warehouses. The immersion cleaner contains chlorinated solvents (F002) and cresylic acid (F004) and the drums are color-coded gray. In 1986, about 5,400 gallons of these solvents were shipped to the Lexington, South Carolina recycle center for reclamation. It is estimated that more than 20,000 gallons will be shipped from the accumulation center on an annual basis.

Wastes Resulting From the Dry Cleaner Service

Dry cleaning wastes consist of spent filter cartridges, powder residue from diatomaceous or other powder filter systems and still bottoms. These wastes are

packaged on the customer's premises in 30- and 16-gallon drums, in polyethylene filter tubes and in lined boxes. The containers are then palletized, stacked two-high and placed in the drum storage areas of the warehouses. While approximately 80% of the dry cleaning solvent used is perchloroethylene (F002), about 17% is mineral spirits, (D001) and the remaining 3% is trichlorotrifluoroethane (F002). In 1986, over 20,000 gallons of dry cleaning wastes were shipped to the Safety-Kleen recycle center in Lexington, South Carolina. It is estimated that 150,000 gallons will be shipped from the accumulation center on an annual basis.

Paint Wastes

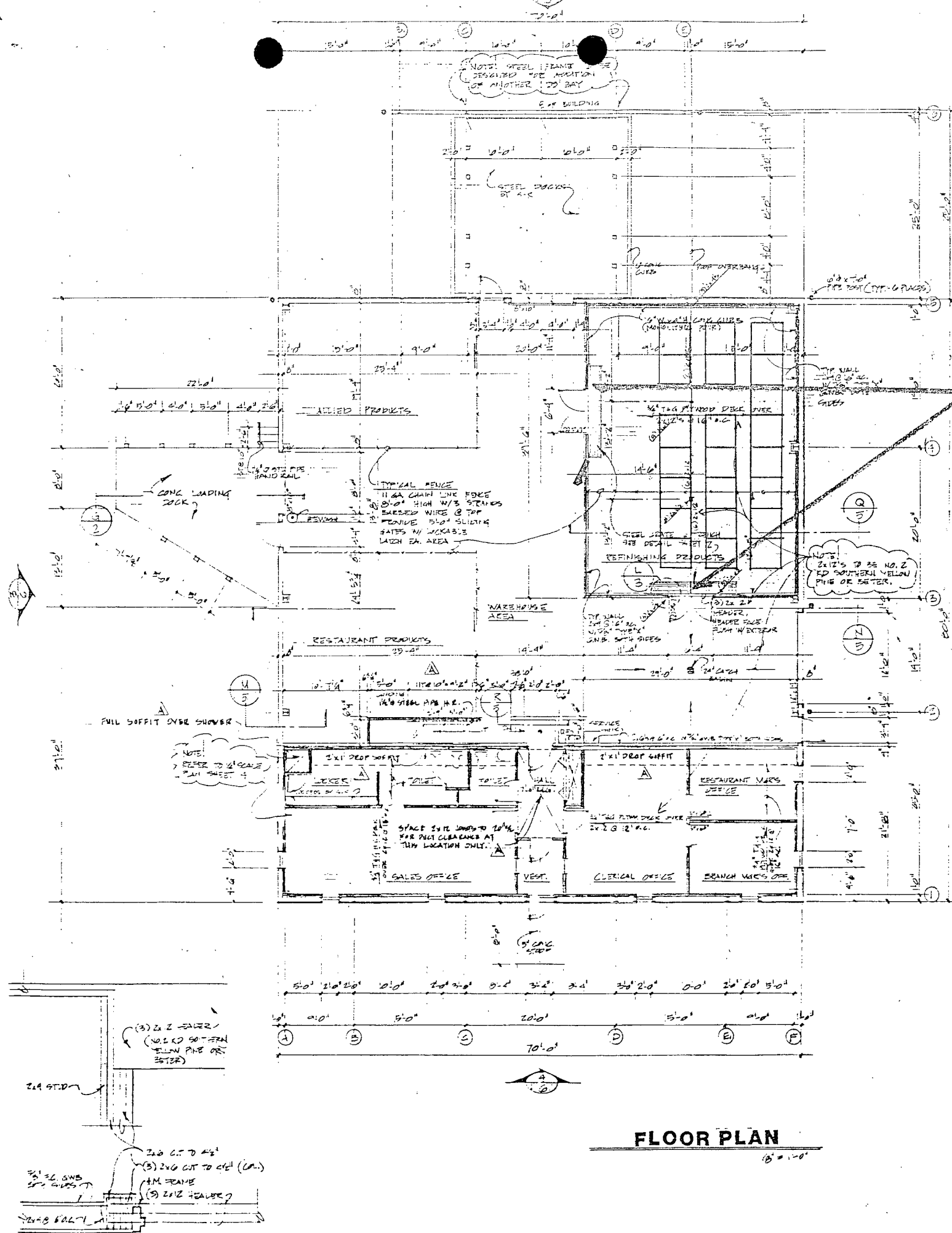
Paint wastes consist of various lacquer thinners (D001, F003, and F005) and paints (D006, D007 and D008). The waste is collected in black 5-gallon pails and in 16-gallon drums at the customer's place of business and the containers are then palletized and stored in the drum storage area of the warehouse. It is anticipated that this facility will ship 14,300 gallons of paint waste to a reclaimer annually and the accumulation center will ship 57,000 gallons annually.

Industrial Solvent Wastes

Seven solvents are collected from industrial solvent users: mineral spirits (D001, D006, D008); 1,1,1-trichloroethylene (F001, F002); per-and trichloroethylene (F001, F002); methylene chloride (F001, F002); 1,1,2-trichloro-1,2,2-trifluoroethane (F001, F002) and lacquer thinners (D001, F003, F005). These wastes are shipped in 55-gallon drums and are stored on pallets. It is anticipated that 38,600 gallons of spent mineral spirits, 157,600 gallons of

spent halogenated solvents and 60,400 gallons of spent lacquer thinners will be shipped from the accumulation center to a reclaimer on an annual basis.

Acceptance criteria for these solvents follow this chapter.



FLOOR PLAN

FRAME DETAIL

MEZZANINE PLAN

CONSTRUCTION CONTRACT REQUIREMENTS

1. AIA General Conditions dated 1976 shall form a part of this contract.
2. Contractors shall secure and pay for all permits, inspections, licenses, etc. related to their work.
3. Each contractor shall submit to the Owner insurance policies, minimum \$500,000.00, which comply with Safety-Kleen insurance requirements:
 - a. Liability
 - b. Workman's Compensation
 - c. Automobile
 - d. Hold Harmless Clause to Owner and Engineer
 These must be submitted before starting work.
4. Owner shall secure and pay for Builder's Risk Insurance.
5. Equal opportunity policies of employment must be maintained.
6. Each contractor shall visit site and verify all existing conditions.
7. Any adjoining property damaged during construction shall be repaired and restored to original condition by contractor responsible for the damage at his own expense.
8. All contractors shall remove their own rubbish and debris from the site as it accumulates and transfer same to a location determined by the Owner.
9. All work shall comply with OSHA, State and Local codes.
10. All work shall be guaranteed for one year after final acceptance by Owner and Engineer.

Two Trenches:

2 x 11' 9 1/4" L x 19" W x 2' D x 7.481 gal./cf = 623.7 gallons

Amount to Be Stored:

43 single or double stacked pallets x 9 drums/pallet x 16 gallons/drum = 6,192 gallons

Exhibit I.D.5-2a

Safety-Kleen Corp. 155 BIG TIMBER ROAD • ELGIN, ILLINOIS 60120 PHONE 312/887-8400		3
20'x70'x16' SERVICE CENTER FLOOR & MEZZ. PLANS		
NOTED BY: B. B. S. DATE: 10/1/80	CHECKED BY: B. B. S. DATE: 10/1/80	APPROVED BY: B. B. S. DATE: 10/1/80
OR SERVICE CENTER BRANCH		D12091

SAFETY-KLEEN CORPORATION

TAMPA, FLORIDA FACILITY

SECONDARY CONTAINMENT CALCULATIONS

Accumulation Center Container Storage Area:

Trench A:

40'4" L x 1'9" W x 1'9" D* x 7.481 gal./cf = 924 gal.

Trench B:

(17'8" L x 1'9" W x 1'6" D + 22'8" L x 1'9" W x 1'9" D)
x 7.481 gal./cf = 866

Two Sumps (c):

2 x 1'6" x 1'6" x 3'6" D x 7.481 gal./cf = 118

Trench D:

72' L x 1'9" W x 2' D x 7.481 gal./cf = 1,885

Trench E:

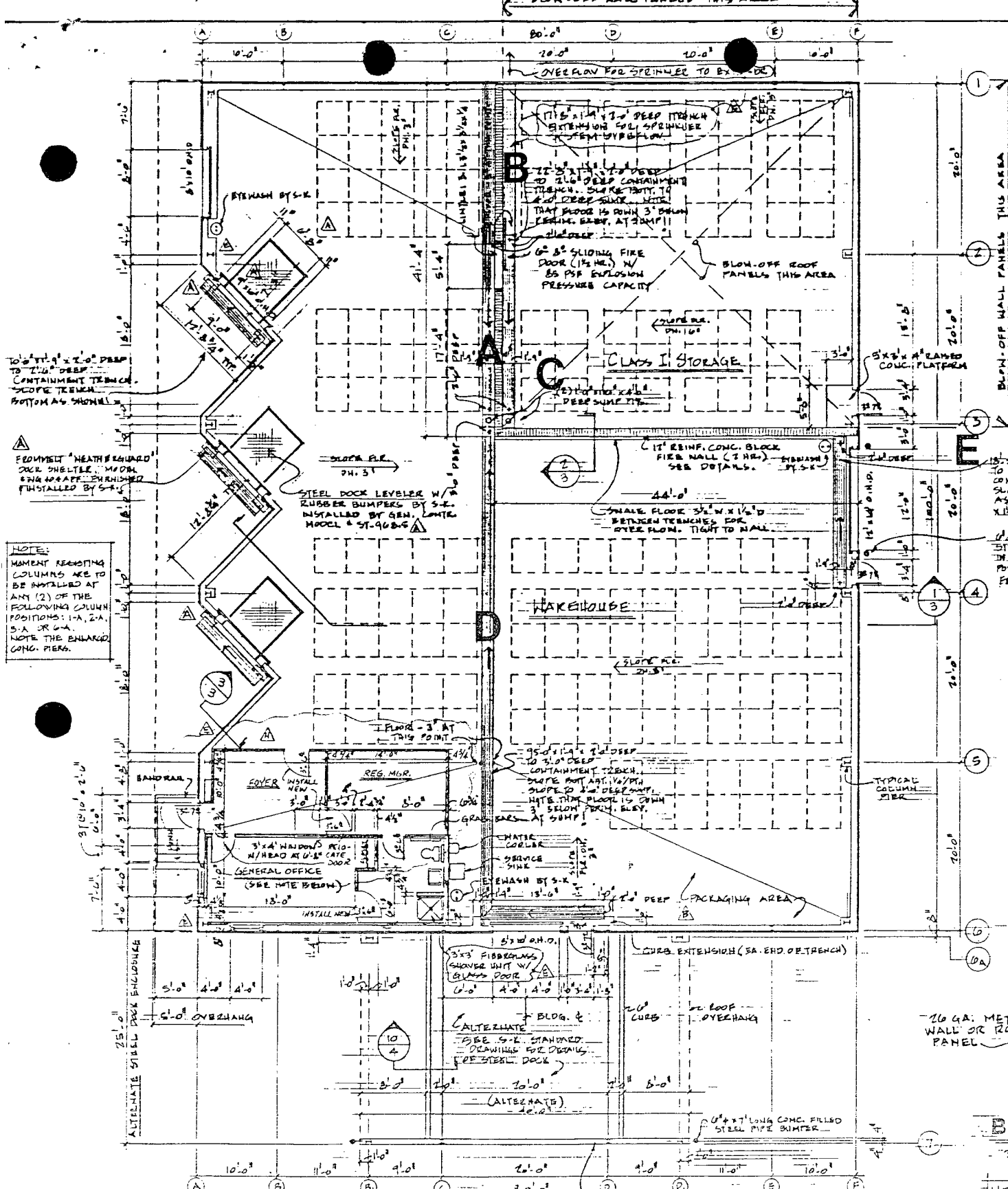
18'2" L x 1'9" W x 2' 1-1/2" D x 7.481 gal./cf = 505

Amount Held in Trenches = 4,298 gal.

Amount to be Stored:

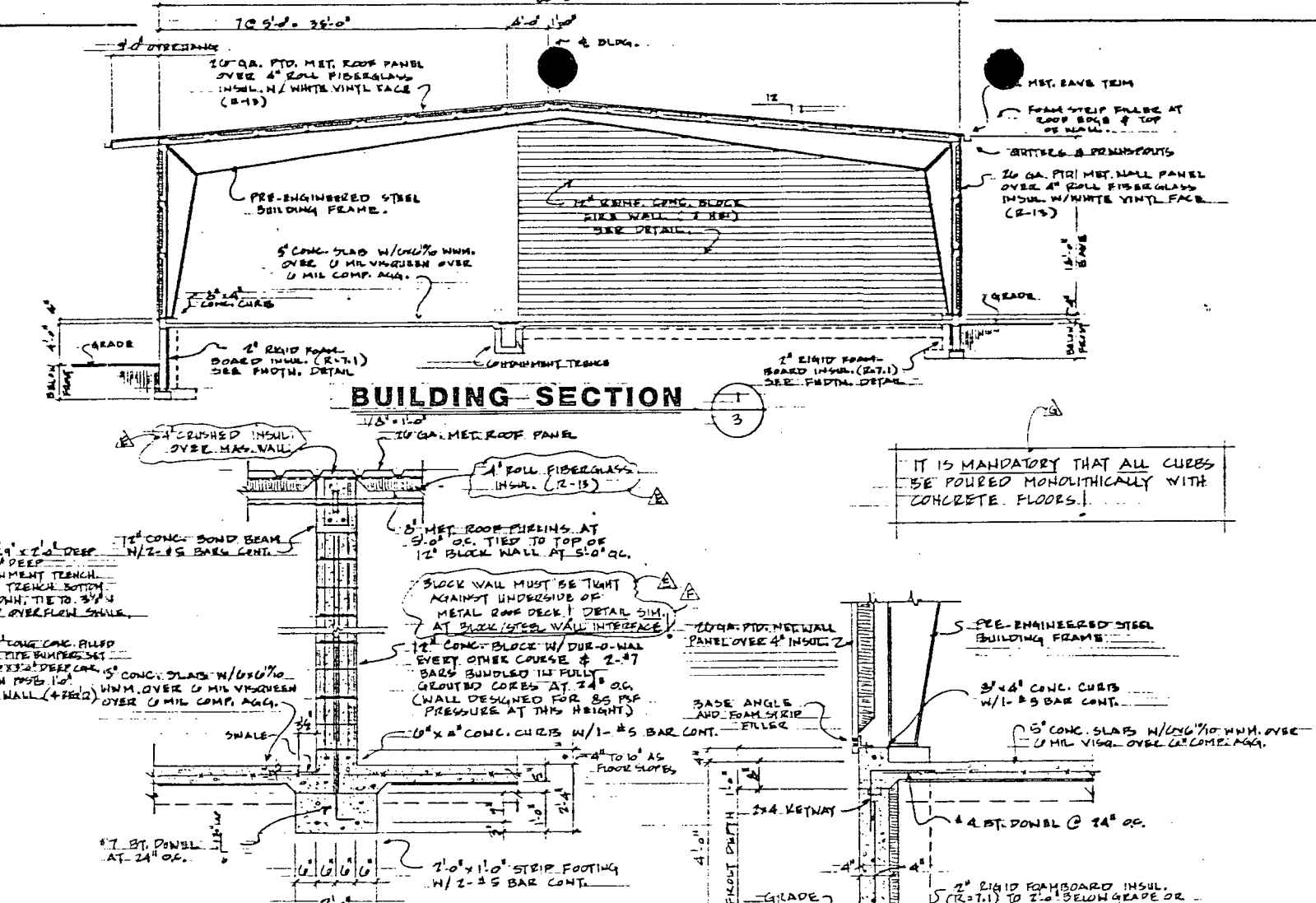
298 double-stacked pallets x 9 drums/pallet x 16 gallons/drum = 42,912 gal.

* All trenches, except for trench E, will overflow when six inches from the top. Trench E will fill to within one and one half inch of the top before overflowing.

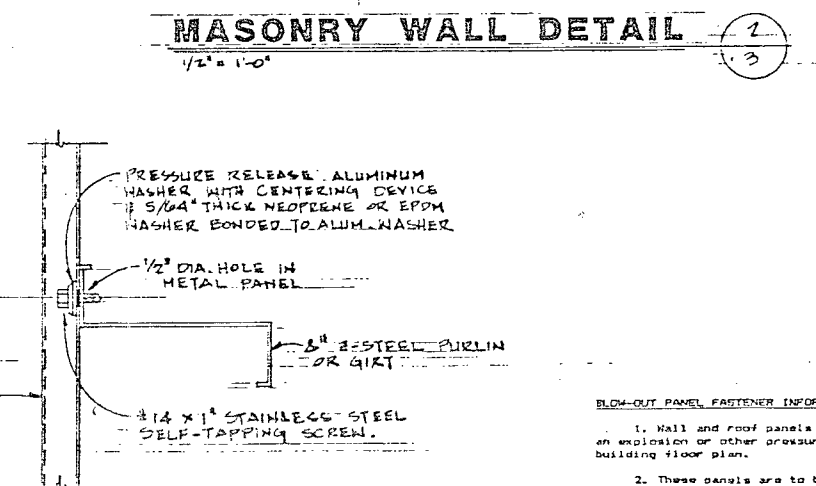


FLOOR PLAN

- GENERAL OFFICE, REG. OFFICE, FOYER & TOILET:**
1. WALLS 2x4 @ 16" OC. W/ 5/8" GYPSUM BOARD BOTH SIDES INTERIOR & ONE SIDE EXTERIOR. TWO COATS PAINT. (SEMI-GLOSS/EGGSHELL COLOR).
 2. CEILING AT 8'-0" CLEAR. 2x6 JOISTS IN SHORT DIRECTION @ 16" OC. 1/2" T&G PLND. OR PL & 3/8" GYPSUM BOARD CEILING. TWO COATS PAINT (SEMI-GLOSS/EGGSHELL COLOR).
 3. FLOORS TO HAVE VINYL TILE & BASE. CLOSET TO HAVE 200' HAT SHELF. TOILET TO HAVE 1/2" x 42" LONG SLOPE DRAIN @ 1/4" X 24" LONG REAR GRAB BAR, BOTH WITH 33" ABOVE FLOOR.
 4. EXTERIOR WINDOWS - FIXED UNITS, BRONZE OR BROWN ALUMINUM & 5/8" INSUL. GLASS.
 5. INTERIOR WINDOWS TO BE DOUBLE-STRENGTH, DISCET SET IN WOOD STOPS.
 6. DOORS TO BE SOLID CORE BIRCH VENEER IN WOOD FRAMES 1/3 HIGHER FOR DOOR.



BUILDING SECTION



MASONRY WALL DETAIL

BLOW-OFF PANEL DETAIL

NOTE:
ALL CONSTRUCTION CHANGES OR REVISIONS MUST BE SUBMITTED TO SAFETY-CLEAN CORP. IN WRITING & MUST BE APPROVED BY SAFETY-CLEAN CORP. IN WRITING.

FOUNDATION DETAIL

- BLOW-OFF PANEL FASTENER INFORMATION**
1. Wall and roof panels selected to blow off in the event of an explosion or other pressure build-up are indicated on the building floor plan.
 2. These panels are to be installed using Pressure Release Fasteners as approved by Factory Mutual Research Corporation.
 3. Each panel to frame fastener is to be so positioned as to hold down five square feet of panel or slightly greater.
 4. The selected wall and roof panels are designed to blow loose at 20 PSF internal pressure. Use #14 x 1" long Hex head, type "AB" point stainless steel type 410 self-tapping screws with yellow code aluminum washers. These are 0.02" thick x 0.625" diameter and have a release force of 1025 per fastener. Panel to panel roof stitching may be done with standard fasteners, SEE #10.
 5. All Pressure Release Fasteners are used with a 5/64" thick neoprene or EPDM washer bonded to the aluminum washer.
 6. The Pressure Release Fasteners are to be installed using screw guns with slip clutches. These fasteners are to be tightened up snug with the centering devices acting as stops. These fasteners must not be over-driven.
 7. In general, for the "Pressure Release Fastener" type of wall, 1/2" diameter holes and metal spacer washers are required.
 8. Breakaway trim must be used at eave lines and around door jams. No trim is to be used at the base of the building to permit a clean breakaway.
 9. Overhanging 20' CLASS 3 STRENGTH AREA MAY NOT BE CHANGED WITHOUT SUBSTANTIAL ENGINEERING REVISIONS.

SEE SHEET 211999 FOR:
1- GENERAL CONSTRUCTION NOTES.
2- GENERAL CONSTRUCTION SPECIFICATIONS.

10. AT PERIMETER OF FULL CONCRETE WALL, BLOW-OFF PANEL SECTION, USE 1/4" x 1/4" LONG HEX HEAD TYPE "AB" POINT STAINLESS STEEL TYPE 410 SELF-TAPPING SCREWS WITH GREEN CODE ALUMINUM WASHERS. THERE ARE .015" THICK x .75" DIAMETER AND HAVE A RELEASE FORCE OF 57.54 PER FASTENER.

Exhibit I.D.5-2b

SAFETY-CLEAN CORP.
1551 AND 1553 RIVER ROAD - FLOW, ILLINOIS 61708 PHONE 312/337-4410

TYPICAL ACCUMULATION CENTER

SCALE: AS NOTED APPROVED BY: DATE: 10-11-85 DRAWN BY: REVISIONS: 10-15-85

FLOOR PLAN, SECTION AND DETAILS

FOR ACCUMULATION CENTER: TAMPA, FLA. 211997

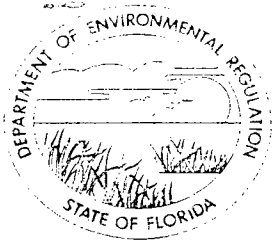
DOCKET SHEET LISTING

PATS FILE NUMBER: 118986 FOLDER NAME: #1

11/30/88

DATE RANGE: FROM / / TO 11/30/88

DATE REC'D	DATE OF DOCU.	DESCRIPTION
06/20/86	06/16/86	DIST: FIRST NOD TO FACILITY
06/20/86	06/16/86	SK: PERMIT FEE
06/23/86	06/18/86	DIST: REQUEST FOR FAC TO PUBLISH NOTICE OF APPL.
06/23/86	06/20/86	SK: PROPOSED PROCEDURES FOR PERMITTING
08/04/86	07/16/86	SK: PARTIAL RESPONSE TO FIRST NOD
08/12/86	08/07/86	SK: ADDITIONAL RESPONSE TO FIRST NOD
08/29/86	08/25/86	DIST: SECOND NOD TO FACILITY
08/27/86	08/26/86	DIST: FIRST NOD RESPONSE TO TALL
09/26/86	09/23/86	DIST: SECOND NOD TO FACILITY
/ /	10/01/86	TALL: MOA TRANSMITTAL TO EPA
10/06/86	10/02/86	DIST: THIRD NOD TO FACILITY
/ /	10/10/86	TALL: MOA OF 4TH NOD TO EPA
11/10/86	11/07/86	DIST: FOURTH NOD TO FACILITY
11/24/86	11/18/86	SK: PARTIAL RESPONSE TO NOD
12/01/86	11/26/86	DIST: PARTIAL RESPONSE TO TALL BY DISTRICT
01/02/87	12/11/86	SK: RESPONSE TO FOURTH NOD TO DIST
01/07/87	01/05/87	DIST: RESPONSE TO FOURTH NOD TO TALL
09/15/87	09/10/87	SK: CONCERN OVER PERMIT STATUS
04/07/88	03/30/88	DRAFT PERMIT.
04/25/88	04/20/88	SK: SUPPLEMENTS TO PERMIT APPLICATION
/ /	05/25/88	COMMENTS ON DRAFT CONSTRUCTION PERMIT.
/ /	06/15/88	FINANCIAL-DIANE HUNT.
07/05/88	06/30/88	INTENT TO ISSUE/DRAFT PERMIT.
08/25/88	08/19/88	PERMIT APPLICATION INFO(UPDATE).
09/14/88	09/12/88	PROOF OF PUBLICATION AND RADIO BROADCAST.
09/26/88	09/19/88	DIST CANNOT AMEND DRAFT PERMIT DUE TO MAJOR MOD.
10/03/88	09/28/88	ISSUANCE OF PERMIT.
/ /	11/03/88	TAMPA DISTRICT MEETING ON 10/19-20/88.
/ /	11/14/88	NO NOTICE OF CANCELLATION OR TERMINATION OF INSURANCE.
/ /	/ /	SAFETY KLEEN - TAMPA, CONSTRUCTION



Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

Bob Martinez, Governor

Dale Twachtman, Secretary

John Shearer, Assistant Secretary

November 14, 1988

CERTIFIED

Mr. Robert W. Willmschen
Vice President - Finance
Safety-Kleen Corporation
777 Big Timer Road
Elgin, Illinois 60120

Dear Mr. Willmschen:

The Department has received no written notice of cancellation or termination of insurance for the policies referenced in the Certificate(s) of Liability or Liability Endorsement(s) submitted to provide evidence of compliance with 40 CFR Part 264.147, as adopted by reference in Florida Administrative Code Rule 17-30.180 (copies enclosed). Therefore, since written notice is required by Section 2(d) and (e) of these documents before cancellation or termination, we assume the coverage shown in these documents is in effect. If this assumption is incorrect, please provide the notice as required. To not do so is a violation of the above regulations.

40 CFR 264.147(b)(1)(i) states that the owner or operator of a treatment, storage or disposal facility must provide a signed duplicate original of insurance policies when requested. Please consider this such a request. Send the signed duplicate original of the policies to me at the letterhead address within (30) days of receipt of this letter. If you have any questions, please call me at 904/488-0130.

Sincerely,

Fred J. Wick
Environmental Specialist II
Hazardous Waste Regulation

FJW/aw
Enclosure

cc: Alan Farmer
Mr. Bernard M. Dunne
Richard Tedder Rick Stross
Ashwin Patel Bill Kellenberger
Charles Ouseph Armando Gonzalez