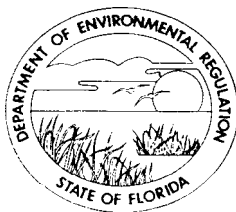


STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION



SOUTHWEST DISTRICT

7601 HIGHWAY 301 NORTH
TAMPA, FLORIDA 33610

813-985-7402
SunCom - 570-8000

BOB GRAHAM
GOVERNOR

VICTORIA J. TSCHINKEL
SECRETARY

DR. RICHARD D. GARRITY
DISTRICT MANAGER

October 2, 1986

Ms. Ellen J. Jurczak, P.E.
Environmental Engineer/Permit Manager
Safety-Kleen Corporation
777 Big Timber Road
Elgin, Illinois, 60120

Re: Safety-Kleen Corp. FLD 980 847 271
Construction Permit Application HC29-118986
Third Notice of Deficiencies

RECEIVED
OCT 08 1986
Hazardous Waste

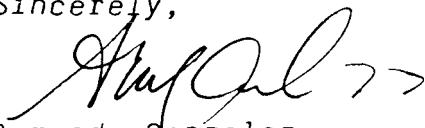
Dear Ms. Jurczak:

We acknowledge receipt of your response to our second notice of deficiencies as submitted on October 1, 1986. We are aware of your efforts to obtain the 1':2000' scale map locating drinking water wells within 1/4 mile for its future submittal.

Looking into section I.E.5.a we found nothing pertaining to the testing procedures for tanks. As you may notice from the Conversation Record sheet attached to our 2nd NOD, testing for leaks in tanks by introducing hazardous wastes in them may prove to be environmentally incompatible. I am sure you must have a standard procedure to conduct this type of inspection before placing wastes into the tanks. A manual describing such procedure is what we requested in the Part III - Tank 1. of our second notice of deficiencies.

We will be looking forward to your submittal of the two pieces of information mentioned above to proceed to draft the permit pursuant to its issuance.

Sincerely,


Armando Gonzalez
Permitting Engineer
Hazardous Waste Section

AG/br

cc: Satish Kastury - DER/Tallahassee (enclosures) ✓

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"/>					
CONTAINERS	<input checked="" type="checkbox"/>	TANKS	<input checked="" type="checkbox"/>	PILES	<input type="checkbox"/>	SURFACE IMPOUNDMENT <input type="checkbox"/>
TREATMENT	<input type="checkbox"/>					
TANKS	<input type="checkbox"/>	PILES	<input type="checkbox"/>	INCINERATION	<input type="checkbox"/>	SURFACE IMPOUNDMENT <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. 2242
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

16. IF AN INDIVIDUAL OR PARTNERSHIP, LIST OWNERS:

NAME: _____ N/A
 ADDRESS: _____
 STREET OR P.O. BOX CITY STATE ZIP
 NAME: _____
 ADDRESS: _____
 STREET OR P.O. BOX CITY STATE ZIP
 NAME: _____
 ADDRESS: _____
 STREET OR P.O. BOX CITY STATE ZIP
 NAME: _____
 ADDRESS: _____
 STREET OR P.O. BOX CITY STATE ZIP

17. SITE OWNERSHIP STATUS: ☐ OWNED ☒ TO BE PURCHASED ☐ TO BE LEASED _____ YEARS

☒ PRESENTLY LEASED: EXPIRATION DATE _____ IF LEASED, GIVE:

LAND OWNER'S NAME see item 11
 LAND OWNER'S ADDRESS see item 12
 STREET OR P.O. BOX CITY STATE ZIP

18. ENGINEER: _____ REGISTRATION NO.: _____

ADDRESS: _____
 STREET OR P.O. BOX CITY STATE ZIP

ASSOCIATED WITH: _____

19. FACILITY LOCATED ON INDIAN LAND: ☐ YES ☒ NO

20. EXISTING OR PENDING ENVIRONMENTAL PERMITS: **

NAME OF PERMIT	AGENCY	PERMIT NUMBER	DATE ISSUED	EXPIRATION DATE
Part A Hazardous	USEPA			
Waste Facility Interim	& FL DER	FLD 980847271	Oct. 8, 1985	N/A
Status				

** See Exhibits I:A. 20-1 and I:A 20-2

B. SITE INFORMATION

1. FACILITY LOCATION: COUNTY: Hillsborough NEAREST COMMUNITY: _____

LATITUDE: 27 55 21 N LONGITUDE 082 23 40 W

2. AREA OF FACILITY SITE (ACRES): 3

3. ATTACH TOPOGRAPHIC MAPS WHICH SHOW ALL THE FEATURES INDICATED IN THE INSTRUCTION SHEET FOR THIS PART.

4. IS THE SITE LOCATED IN A 100-YEAR FLOOD PLAIN? ☐ YES ☐ NO
 ATTACH ALL INFORMATION INDICATED IN THE INSTRUCTION SHEET FOR THIS PART.

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.

Gordon Burnam
SIGNATURE OF THE LAND OWNER OR AUTHORIZED REPRESENTATIVE*

Gordon Burnam and Bonnie Burnam, Owners

NAME AND TITLE (PLEASE TYPE OR PRINT)

DATE: 3/27/86 TELEPHONE NO. (314) 449-0091

*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 _____ MAILING ADDRESS _____

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

CITY STATE ZIP
()
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)

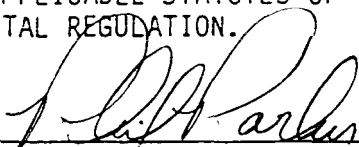
DATE: _____ TELEPHONE NO. () _____

*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



MAILING ADDRESS Parker Mechanical Inc.

NAME Phil Parker
(PLEASE TYPE)

P.O. Box 95263

STREET OR P.O. BOX

Madiera Beach, Florida 33708

CITY

STATE

ZIP

(813) 360-5136

August 7, 1986

TELEPHONE NO.

DATE

FLORIDA REGISTRATION NUMBER: P.E. 020781

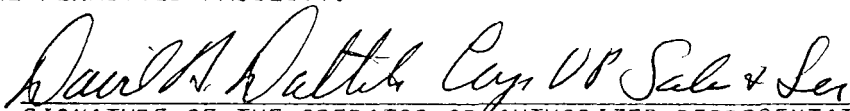
(Please Affix Seal)

TAMPA, FL.

CERTIFICATION

1. OPERATOR

THIS IS TO CERTIFY THAT UNDER PENALTY OF LAW I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE 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. 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 17-30.30, 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*

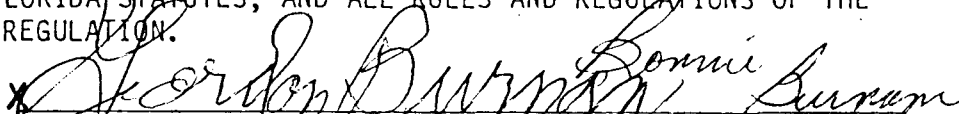
David A. Datillo, Vice President Sales and Service
NAME AND TITLE (PLEASE TYPE OR PRINT)

DATE: April 1-86 TELEPHONE NO. (812) 426-9094

*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*

Gordon Burnam and Bonnie Burnam, Owners
NAME AND TITLE (PLEASE TYPE OR PRINT)

DATE: 3/27/86 TELEPHONE NO. (314) 449-0091

*ATTACH A LETTER OF AUTHORIZATION

CURB & SLAB RETURN & FILL AREA TO BE MONOLITHIC POURED - TROWEL SMOOTH

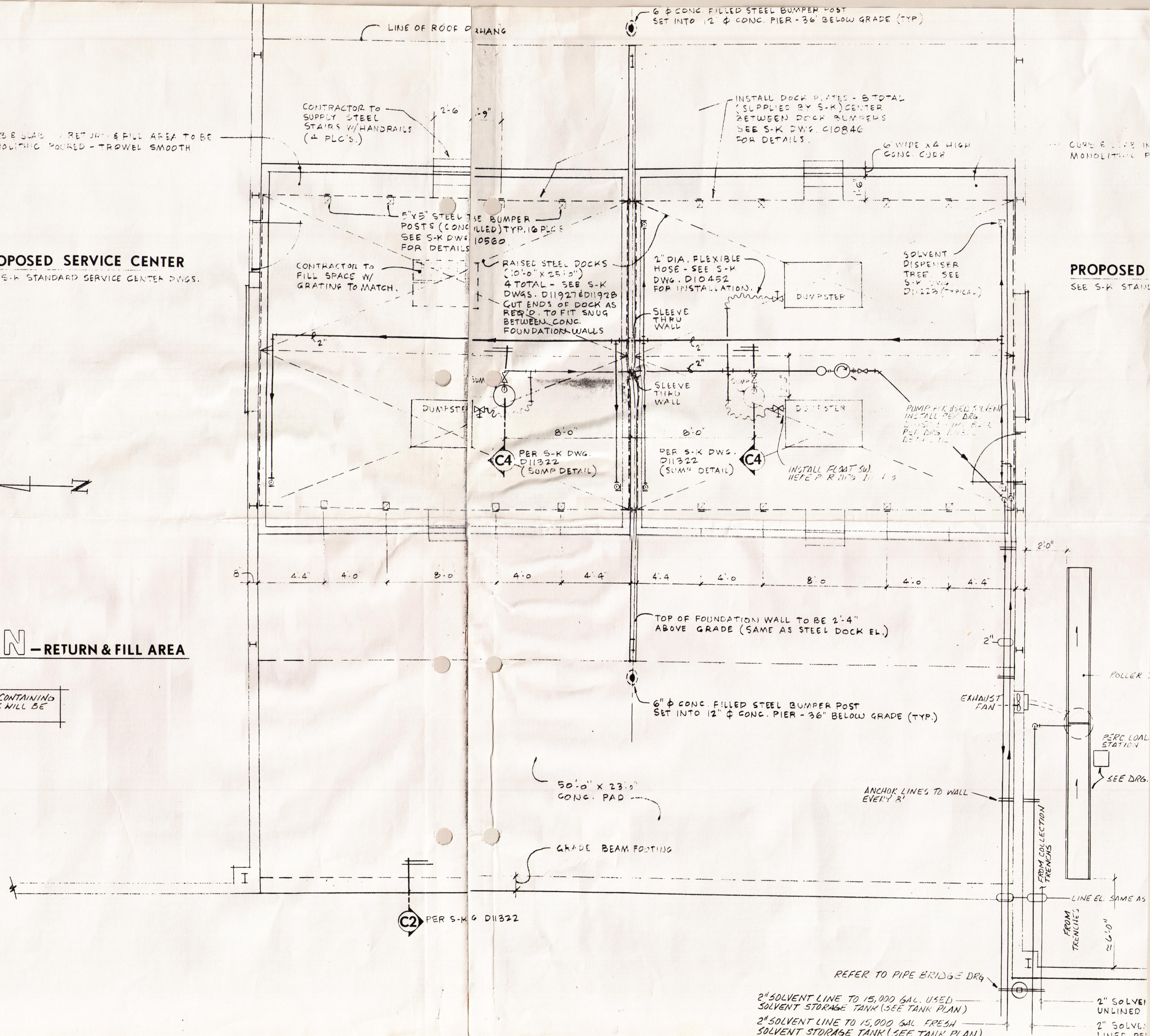
PROPOSED SERVICE CENTER
SEE S-K STANDARD SERVICE CENTER DWGS.

PROPOSED
SEE S-K STANDARD SERVICE CENTER DWGS.

DOCK PLAN - RETURN & FILL AREA

SCALE: 1/4" = 1'-0"

ALL DWGS. SUPPLIED TO CONTRACTOR CONTAINING S-K PART # REFERENCES THESE ITEMS WILL BE SUPPLIED BY SAFETY-KLEEN



REFER TO PIPE BRIDGE DRG.
2" SOLVENT LINE TO 15,000 GAL. USED SOLVENT STORAGE TANK (SEE TANK PLAN)
2" SOLVENT LINE TO 15,000 GAL. FRESH SOLVENT STORAGE TANK (SEE TANK PLAN)

2" SOLVENT UNLINED
2" SOLVENT LINE