

8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 (850) 245-8707 Date Received (for FDEP Official Use Only)

Please use the instructions document to complete this form EPA ID: 8 1. Reason for Submittal: (all submitters must complete pages 1 and 2 and sign page 7. Pages 3 through 6 - complete as applicable) Mark 'X' in To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities). the correct box*: ☐ To provide updated information for an EPA ID number (to update status and facility identification information). (must choose one if a notification) To provide the final information for an EPA ID number (closing). (see instructions—must complete pages 1, 2, 3, 7) To obtain new or updating an EPA ID number for conducting Electronic Manifest Broker activities. Submitting new or revised notification for Part A for permitted facilities. FL Registration(s) ☐ Used Oil (see page 6) HW Transporter (see page 5) UW Mercury (see page 4) 2. Facility or Business Name:* SqFety-Kleen Systems, Inc. 3. Facility Physical Location Information: (No P.O. Boxes) **□** Vessel Physical Street Address*: 4426 Entraport Blud. State: Zip Code: City or Town: Tallahassee FL 32310 County*: Country (if not USA)* Leon 4. Facility or Business Mailing Address: Same address as #3 above or*: City or Town*: State*: Zip/Postal Code*: Country (if not USA): 5. Facility North American Industry Classification System (NAICS) Code(s)*: (at least 5 digits) 5 6 2 1 1 2 (required) B. A. 6. Facility or Business RCRA Contact Person:

Same address as #___above or: Last Name : Title#: First Name : Phone Number*: 561-53-4719 561-731-1696 seff, curtis & safety-kleen, com Street or P.O. Box (or same address box is checked)*: 5610 Along Drive State*: Zip Code*: Country (if not USA): City or Town*: Bounton Beach

RCRA Hazardous Waste Status Notification or Out of Business Notification			2133159		
7. Real Property (FL Land) Owner of the Facility's Physical Location (List additional owners in the comments section.)					
Name of Owner*:		Date b	ecame Owner*:	1/1/90	
Screty-Kleen Systems I	~C	New Owner mm dd yy			
Street or P.O. Box (or same address box is checked)*:	200	Phone	Number*: 972	-265-2000	
City or Town*: Richardson	State*:	Zip Code*: Country (if not USA):			
E-Mail*: JEFF. CUTHS & SCIENT- N	1		2080		
Owner Type*: Private Federal Municipal S		thar			
Comments:	state acounty ag	thet			
Comments					
8. Facility Operator (List additional Operators in the comments section	on). Same address as #_	7 abo	ve or:		
Name of Operator*:		Date	became Operator*:		
			New Operator	mm dd yy	
Street or P.O. Box (or same address box is checked)*:		Phone	Number*:		
City or Town*:	State*:	Zip C	ode*:	Country (if not USA);	
E-Mail [*] :					
Operator Type*: Private Federal Municipal	State County C	Other			
Comments:					
9. RCRA Hazardous Waste Activities at this Faci	lity: (Mark 'X' in	all tha	t apply):		
(1) Generator of Hazardous Waste					
Yes No (This does not include Universal Waste or Use	d Oil)				
If YES, Choose only one of the following three categories.	d Oil)				
a. Large Quantity Generator (LQG):	tities imported by impo	rter site	e) 1 000 kilograms	or greater ner month (kg/mo)	
(2,200 lbs/mo.) of non-acute hazardous waste; or	- Generates in any calendar month (includes quantities imported by importer site) 1,000 kilograms or greater per month (kg/mo) (2,200 lbs/mo.) of non-acute hazardous waste: or				
- Generates in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or					
- Generates in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lb/mo) of acute hazardous spill cleanup					
material. b. Small Quantity Generator (SQG):					
The state of the s	- Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of non-acute hazardous				
waste and/or I kg (2.2 lbs) or less of acute hazardous waste and/or no more than 100 kg (220 lbs) of any acute hazardous spill					
cleanup material.					
c. Very Small Quantity Generator (VSQG): - Generates in any calendar month 100 kg/mo or less (220 lbs.) of non-acute hazardous waste and/or 1 kg (2.2 lbs) or less of acute					
hazardous waste.					
In addition, indicate other generator activities that apply.					
d. Short-Term Generator (one-time, not on-going)					
e. Mixed Waste (hazardous and radioactive) Generator					
f. United States Importer of hazardous waste					
g. LQG notifying of VSQG Hazardous Waste Under Control of the Same Person pursuant to 40 CFR 262.17(f). (Addendum A Required)					
h. Episodic: Not lasting more than 60 days: _SQG_LQG (Addendum B Required)					
i. Electronic Manifest Broker, as defined in 40 CFR 260.10, electing to use EPA electronic manifest system to obtain, complete, and					
transmit an electronic manifest under a contractual relationship with a hazardous waste generator.					

RCRA Hazardous Wast	e Status Notif	ication or Out of	Business Notifica	tion	EPA ID No.*	212214
9. RCRA Hazardous	s Waste Acti	vities at this Fa	cility continued	(Mark 'X' in all		
For Items 3 through 9, mark 'X' in all that apply. (2) Treater, Storer, or Disposer of Hazardous Waste (at your facility—Choose Only One) Note: A hazardous waste permit may be required for this activity. a. Operating Commercial TSD b. Operating Non-Commercial TSD c. Non-Operating: Postclosure or Corrective Action Permit or Order (HSWA, etc.)						
(3) Recycler of H						
		Non-Commercia	d s not store prior to re	cerrett		
			s not store prior to re orage prior to recycling.	yenng.		
 (4) Exempt Boiler and/or Industrial Furnace a. Small Quantity On-site Burner Exemption b. Smelting, Melting, and Refining Furnace Exemption (5) Person Authorized to Manage Very Small Quantity Waste Generated at Other Facilities Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP. (6) Receives Hazardous Waste from Off-Site (7) Underground Injection Control (8) Recognized Trader— Mark all that apply a. Importer 						
 □ b. Exporter (9) □ Importer/ Exporter of Spent Lead-Acid Batteries (SLABs) under 40 CFR subpart G— Mark all that apply □ a. Importer □ b. Exporter 10. Waste Codes for Federally Regulated Hazardous Wastes*: List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, K019, P012, U112). Hazardous waste transporters must list codes routinely or usually transported. Use comments or an additional page if more spaces are needed. 						
7001 2	004	D005	10006	5007	0008	0009
8 9	,	10	11	12	13	14
	1100	8100	D019	D0>1	D022	0023
DO24 D	2500	D026	18 DODY	19	D0⊃9	D030
11. Other Status Changes (If no longer handling waste or closed, items 9 and 10 should be left blank and items 12-16 skipped): (A) Central Accumulation Area (CAA) or Facility Closed: Central Accumulation Area (CAA) Facility Closed (Complete this section only if all business activities at this facility have ceased.) (B) Closure Dates: (1) Expected closure date						

Unive	rsal Waste Notification and Mercury Transporter/Handler Registration EPA ID No. FLD9%	2133159		
12.	Universal Waste (UW) Activities (Mark 'X' and complete all that apply)			
A. F	ederal Notification			
	Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of a of UW accumulated (at any one time)	iny combination		
	Accumulates: a. UW Batteries b. Pesticides c. Pharmaceuticals			
	d. Mercury Containing Devices c. Mercury Containing Lamps			
	Destination Facility for UW Note: For this activity, a facility must treat, dispose, or recycle a UW. A permit is required for storage prior to recycling.			
B. F	lorida Universal Pharmaceutical Waste (UPW): one-time notification			
	Pharmaceuticals LQH = 5,000 kg or more of Universal Pharmaceutical Waste (UPW) accumulated (at any one time)))		
	Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UPW) accumulated (at any		
	one time) Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of Busing (IPP))	ness and Professional		
	Regulation [DBPR]) Florida Universal Pharmaceutical Waste (UPW) Transporter			
C. Fl	orida Annual Mercury Handler Registration:			
[Chapter 62-737, F.A.C.]. A one-time fee of \$1,000 is required for first time registration as a Large Quantity for-hire Handler of Mercury-Containing Lamps and Devices as detailed in 62-737.400(3)(a)3.,F.A.C. (please contact FDEP first). If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below. (1) This form is being submitted as a Florida Registration of Universal Waste Mercury Transporter/Handler for-hire Activities 1				
×	For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices			
284	For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual Registration		
×	Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	Required		
X	Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler			
	Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	Annual Registration + one- time \$1,000 fee+ More Requirements		
	Mercury-Containing Lamps EQ11 2,000 kg (4400 lbs/6,000 lamps) of more accumulated by 101 line handler	(contact FDEP)		
, ,	Mercury Recovery and/or Reclamation Facility (A <u>hazardous waste permit</u> is required for this activity) ☐ 1st Annual Registration ☐ Annual Renewal	Annual Registration Required		
Briefly Describe your Universal Waste Activities: Collection and transportation of universal uside from We use Drum Top Bulb Crusher(s). a customer to the site, then transferred to a realignation facility.				
13. Other State Regulated Waste Activities: Petroleum Contact Water (PCW) Recovery Transport [62-740 F.A.C.] Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility pursuant to Rule [62-740.300(5)] F.A.C.				

Hazardous Waste Transporter and Academic Laboratories	EPAID No.* FLD982133159				
14. HW Transporter Activities: (Mark 'X' and complete all that apply if you need					
Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of casualty/liability insurance pursuant to 62-730.170(2)(a) is required as part of this registration. Transporters and transfer facilities may only begin operations after receiving approval from the Department.					
Generators who transport waste only within the boundaries of their facility sl	hould NOT register in box 14.A below.				
A. HW Transporter Registration Information (must be completed annual)	y and when this information changes)				
This form is: Initial Registration Renewal Notification of changes Cancel Registration 1. For own waste only					
2. For commercial purposes					
∠ 3. Both commercial and own waste					
4. Transportation Mode Air Rail Highway Water Other - specify					
B. HW Transfer Facility Registration Information (must be completed a	nnually and when this information changes)				
This facility is a Hazardous Waste Transfer Facility: (as listed in Item 3) Storage Volume 5,800 G					
This form is: 🔲 Initial Registration 🔲 Renewal 🔲 Notification of changes 🚨 Cancel Registration					
Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.					
The Transfer Facility records required under the provisions of Rule 62-730.17					
Our mailing (business) address The site (facility):					
Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:					
TXR	2000081205				
Please see 14.C for additional items to be submitted for registration of a Hazardous Florida Administrative Code (F.A.C.)]:	Waste Transfer Facility [Rule 62-730.171(3),				
C. The following items are required to be submitted with the initial notification for a transubmitted with any subsequent submission [Rule 62-730.171(3), Florida Administration of the content of the co	nsfer facility and any changed items must be ve Code (F.A.C.)]:				
Certification by a responsible corporate officer of the transporter facility that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]					
_Evidence of the transporter facility's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]					
_A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]					
_A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]					
_A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]					
_A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]					
15. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K					
	agament of hazandans wastes in laboratories				
1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories					
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:					
 a. College or University b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university 					
2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories					

Used Oil and Hazardous Secondary Material	EPAID No." FLD 982133159			
16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that ap	oply)			
Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers <u>must annually register</u> with the Department using this form. An annual \$100 registration fee is required for all, except used oil (UO) Processors and collection centers.				
This form is: 🔲 Initial Registration 🖵 Renewal 📮 Notification of c	changes 🔲 Cancel Registration			
If applicable, a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection is enclosed. UO Collection Centers must check 16.(2) of this form (not as a registration).				
(1) Used Oil Transporter - mark 'X' in all that apply: (occurring in Florida)				
✓ a. Transporter (off-site) and noncontiguous locations				
∡ b. Transfer Facility				
(2) Collection Center (From businesses, no more than 55 gal per shipment)				
(3) Used Oil Processor (A permit is required.)				
(4) Used Oil Re-refiner (A permit is required.)				
(5) ☐ Off-Specification Used Oil Burner ☐ Utility Boiler ☐ Industrial Boiler ☐ Industrial Furnace				
(6) Used Oil Fuel Marketer On-Spec Off-Spec				
(7) Used Oil Filter Management (must annually register)				
🔀 a. Transporter				
b. Transfer Facility				
C. Processor (Annual Report Required)				
 d. End User (see instructions for definition) The records required under the provisions of Rule 62-710.510, FAC, are kept at (check 	one):			
Our mailing (business) address (as listed in Item 4)				
The site (facility) address (as listed in Item 3)				
(9) Used Oil Transporters: (Exemptions in 40 CFR 279.40(a)(1-4))				
ALL registered UO transporters must submit an annual report except generators transporting UO from noncontiguous operations				
 Within their own company. UO transporters transporting off-site over public highways only within their own company must submit proof of insurance. 				
UO transporters transporting more than 500 gallons/year must submit proof of submission as a certified used oil transporter in section 19 (except those exemptions).	insurance annually, and must sign and certify this			
The used oil annual report is attached Evidence of Liability Insurance pursu	nant to 62-710.600(2)(e)., F.A.C. is attached.			
17. Notification of Hazardous Secondary Material (HSM) Activity				
(1) Notifying under 40 CFR 260.42 that you will begin managing, are managing, or wunder 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). (Addendum C Require				
(2) Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling proce comparable to or unable to be compared to a legitimate product or intermediate by (Addendum C Required)				

Required signature page	EPA ID No.* FL15982133159			
18. Comments (attach a page if more space is needed):				
#10, waste ades: Dozo, E000, E				
19. Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations.				
I certify as a Used Oil Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable used oil rules. Evidence of financial responsibility is demonstrated by the Used Oil Transporter Certificate of Liability Insurance, DEP form 62-730.900(5)(a), F.A.C				
Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-yyyy):			
Print Name (First, Middle Initial, Last):	Title: Sr. Environmandel Compliance			
J2777 3, C3	manager			
Organization:	Used Oil 🚨			
SOFEty-Kleen Systems, Inc.				
Email: JEFF. Cuches O SOFETY-Kleen.	cerv			
Signature of owner, operator, or an authorized representative:	Date Signed (mm-dd-yyyy):			
Print Name (First, Middle Initial, Last):	Title:			
Organization:	Used Oil 🗆			
Email:				
If the person that filled in this form is not the Facility Contact or Ope	erator, please complete the information below:			
(Name of person completing this form) (Phone Number)	(E-mail Address)			