# FLORIDA DEPARTMENT OF Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, FL 32399-2400

Ron DeSantis
Governor

Jeanette Nuñez
Lt. Governor

Noah Valenstein
Secretary


10/06/2020
Jeff Curtis, EHS Manager
Safety-Kleen Systems Inc
5610 Alpha Dr
Boynton Beach, FL 33426-1462

The Florida Department of Environmental Protection has reviewed your form 8700-12FL notification for a new hazardous waste DEP/EPA Identification Number or status/information change. Based on the information received you must use the following identification number for all manifests or reports for **Safety-Kleen Systems Inc** located at **8755 NW 95th St, Medley , FL 33178-1462**

**FLD984171694**

Your facility notified FDEP requesting the following hazardous waste status/activities which **do not require a separate submission: Large Quantity Generator; Off-site Waste Receipt.**

Your facility is **currently registered** for the following activities: **UW Lamp Transporter, UW Device Transporter, UW Lamp Transfer Facility, UW Device Transfer Facility, UW Lamp SQH, UW Device SQH (reg exp on 03/01/2021); HW Transporter, HW Transfer Facility (reg exp on 06/30/2021) ; Used Oil Transporter, Used Oil Transfer Facility, Used Oil Filter Transporter, Used Oil Filter Transfer Facility (reg exp on 06/30/2021).**

Your facility is **currently permitted/active** as: **Operating Commercial TSD (exp on 05/21/2023).**

If you have pending program registrations/certifications or permits, these will be mailed separately. You are required to notify us on form 8700-12FL if there is any change in your operations which would affect your status, activity or contact information. The form is found here: http://www.dep.state.fl.us/waste/categories/hwRegulation/pages/NotificationRegulatedWaste.htm.

**To review the details of your status**, visit: https://fldeploc.dep.state.fl.us/www_RCRA/Reports/handler_results.asp?epaid=FLD984171694.

For further assistance, please contact me at (850) 245-8749 or email at Glen.Perrigan@dep.state.fl.us .

Sincerely,

Janet E. Ashwood
for

Glen Perrigan
Environmental Manager
Hazardous Waste Regulation Section

ME ID: 11672 , Email Address: jeff.curtis@safety-kleen.com

# 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

RECEIVED
Florida Department of Environmental Protection
Date Received (for FDEP Official Use Only)
FEB 12 2020
Permitting & Compliance Assistance Program

**EPA ID:** F L D 9 8 4 1 7 1 6 9 4

Please use the instructions document to complete this form
* mandatory fields

**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 the correct box*:** (must choose one if a notification)

- ☐ To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).
- ☐ To provide updated information for an EPA ID number (to update status and facility identification information).
- ☐ 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)** ☐ UW Mercury (see page 4) ☒ HW Transporter (see page 5) ☒ Used Oil (see page 6)

**2. Facility or Business Name:*** SAFETY-KLEEN SYSTEMS, INC.

**3. Facility Physical Location Information:** (No P.O. Boxes)

Physical Street Address*: 8755 NORTHWEST 95TH STREET ☐ Vessel

| City or Town: | State: | Zip Code: |
|---|---|---|
| MEDLEY | FL | 33178 |

County*: MIAMI-DADE | Country (if not USA)*:

**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)

A. 5 6 2 1 1 2 (required) B.
C. D.

**6. Facility or Business RCRA Contact Person:** ☒ Same address as # 3 above or:

| First Name*: | Last Name*: | Title*: |
|---|---|---|
| JEFF | CURTIS | SENIOR ENVIRONMENTAL COMPLIANCE MGR |

| Phone Number*: | Extension*: | Fax*: |
|---|---|---|
| 561-523-4719 | | 561-731-1696 |

E-Mail*: JEFF.CURTIS@SAFETY-KLEEN.COM

Street or P.O. Box (or same address box is checked)*:

| City or Town*: | State*: | Zip Code*: | Country (if not USA): |
|---|---|---|---|
| | | | |

| RCRA Hazardous Waste Status Notification or Out of Business Notification | EPA ID No.* FLD984171694 |
|---|---|

**7. Real Property (FL Land) Owner of the Facility's Physical Location** (List additional owners in the comments section.)

| Name of Owner*: SAFETY-KLEEN SYSTEMS, INC | | Date became Owner*: 07 / 30 / 91 ☐ New Owner mm dd yy | |
|---|---|---|---|
| Street or P.O. Box (or same address box is checked)*: 42 LONGWATER DRIVE | | Phone Number*: 781-792-5000 | |
| City or Town*: NORWELL | State*: MA | Zip Code*: 02061 | Country (if not USA): |
| E-Mail*: | | | |
| Owner Type*: ☒Private ☐Federal ☐Municipal ☐State ☐County ☐Other_____ | | | |
| Comments: | | | |

**8. Facility Operator** (List additional Operators in the comments section). Same address as #_3_ above 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 Code*: | Country (if not USA): |
| E-Mail*: | | | |
| Operator Type*: ☒Private ☐Federal ☐Municipal ☐State ☐County ☐Other_____ | | | |
| Comments: | | | |

## 9. RCRA Hazardous Waste Activities at this Facility: (Mark 'X' in all that apply):

**(1) Generator of Hazardous Waste**

☒Yes ☐ No (This does not include Universal Waste or Used Oil)

If YES, Choose only one of the following three categories.

☒ **a. Large Quantity Generator (LQG):**

- 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):**

- 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 1 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.

## 9. RCRA Hazardous Waste Activities at this Facility continued: (Mark 'X' in all that apply):

**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 Hazardous Waste** (at your facility)

Specify: ☐ Commercial ☐ Non-Commercial

Specify: ☐ Stores prior to recycling ☐ Does not store prior to recycling.
Note: A permit maybe required for storage prior to recycling.

**(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.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 D001 | 2 D002 | 3 D003 | 4 D004 | 5 D005 | 6 D006 | 7 D007 |
| 8 D008 | 9 D009 | 10 D010 | 11 D011 | 12 D018 | 13 D019 | 14 D021 |
| 15 D022 | 16 D023 | 17 D024 | 18 D025 | 19 D026 | 20 D027 | 21 D028 |

## 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 <u>all</u> business activities at this facility have ceased.)

**(B) Closure Dates:**

- ☐ (1) Expected closure date _____ (date in mm/dd/yyyy)
- ☐ (2) Requesting new closure date _____ (date in mm/dd/yyyy)
- ☐ (3) Date of closure: _____ (date in mm/dd/yyyy)
  - ☐ a. In compliance with the closure performance standards in 40 CFR 262.17(a)(8)
  - ☐ b. Not in compliance with the closure performance standards in 40 CFR 262.17(a)(8)

**(C) Property Tax Default** ☐ **(D) Petition for Bankruptcy Protection** ☐

| Universal Waste Notification and Mercury Transporter/Handler Registration | EPA ID No.* FLD984171694 |
|---|---|

**12. Universal Waste (UW) Activities (Mark 'X' and complete all that apply) :**

**A. Federal Notification**

☐ **Federally Defined Large Quantity Handler (LQH) = Generate/Accumulate: 5,000 kg (11,000 lb) or more of any combination of UW accumulated (at any one time)**

**Accumulates:** ☐ **a. UW Batteries** ☐ **b. Pesticides** ☐ **c. Pharmaceuticals**

☐ **d. Mercury Containing Devices** ☐ **e. 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. Florida 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 Business and Professional Regulation [DBPR])

☐ Florida Universal Pharmaceutical Waste (**UPW**) Transporter

**C. Florida Annual Mercury Handler Registration:**

**For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities of Mercury-Containing Lamps and Devices operating in the State of Florida are required to register annually with the Department using this section of the form** [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**

☐ 1st Annual Registration ☐ Annual Renewal ☐ One-time $1,000 fee for Mercury for-hire first time LQH registration is attached

| | |
|---|---|
| ☐ For-hire **Transporter** of Universal Waste Mercury-Containing Lamps or Devices<br>☐ For-hire **Transfer Facility** of Universal Waste Mercury-Containing Lamps or Devices<br>☐ Mercury-Containing Devices (thermostats, etc.) **SQH** = less than 100 kg accumulated by for-hire handler<br>☐ Mercury-Containing Lamps **SQH** = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler | Annual Registration Required |
| ☐ Mercury-Containing Devices **LQH** = 100 kg (220 lb) or more accumulated at any one time by for-hire handler<br>☐ 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 (contact FDEP) |
| **(2) Mercury Recovery and/or Reclamation Facility** (A hazardous waste permit is required for this activity)<br>☐ 1st Annual Registration ☐ Annual Renewal | Annual Registration Required |

Briefly Describe your Universal Waste Activities:

☐ We use Drum Top Bulb Crusher(s).

**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 | EPA ID No.* FLD984171694 |
|---|---|

**14. HW Transporter Activities:** **(Mark 'X' and complete all that apply if you need to register your HW Transporter activities)**

**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 should NOT register in box 14.A below.**

**A. HW Transporter Registration Information** (must be completed annually 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 annually and when this information changes)

☒ **This facility is a Hazardous Waste Transfer Facility:** **(as listed in Item 3)** Storage Volume 18,480

**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 62-730.171(6) , F.A.C., are kept at (check one):**

☐ Our mailing (business) address ☒ The site (facility) address

Please enter the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility:

| T | X | R | 0 | 0 | 0 | 0 | 8 | 1 | 2 | 0 | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|

**Please see 14.C for additional items to be submitted for registration of a Hazardous Waste Transfer Facility** [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

**C.** The following items are required to be submitted with the initial notification for a **transfer facility** and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative 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**

☐ 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 | EPA ID No.* FLD984171694 |
|---|---|

## 16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)

**Transporters (exemptions in 40 CFR 279.40(a)(1-4)), transfer facilities, processors, off-specification burners, and/or marketers must annually register** 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 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)

X 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)

X a. Transporter

☒ b. Transfer Facility

☐ c. Processor (Annual Report Required )

☐ d. End User (see instructions for definition)

(8) 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 insurance annually, and must sign and certify this submission as a certified used oil transporter in section 19 (except those exempted by Rule 62-710.600(1), F.A.C.).

X The used oil annual report is attached X Evidence of Liability Insurance pursuant 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 will stop managing hazardous secondary material under 40 CFR 260.30, 40 CFR 261.4(a)(23), (24), or (27). **(Addendum C Required)**

(2) ☐ Notifying under 40 CFR 260.43(a)(4)(iii) that the product of your recycling process has levels of hazardous constituents that are not comparable to or unable to be compared to a legitimate product or intermediate but that the recycling is still legitimate. **(Addendum C Required)**

| Required signature page | EPA ID No.* FLD984171694 |
|---|---|

**18. Comments** (attach a page if more space is needed):

#10: Waste Code List Continued: D029, D030, D032, D033, D034, D035, D036, D037, D038, D039, D040, D041 D042, D043, F001, F002, F003, F005

**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): |
|---|---|
| Kelly Dale Taylor | 2/10/2020 |
| **Print Name (First, Middle Initial, Last):** KELLY D TAYLOR | **Title:** COMPLIANCE SPECIALIST |
| **Organization:** SAFETY-KLEEN SYSTEMS, INC | **Used Oil** ☒ |
| **Email:** KELLY.TAYLOR@SAFETY-KLEEN.COM | |

| 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 Operator, please complete the information below:**

| KELLY DALE TAYLOR | 608-298-6420 | KELLY.TAYLOR@SAFETY-KLEEN.COM |
|---|---|---|
| (Name of person completing this form) | (Phone Number) | (E-mail Address) |