

FLORIDA DEPARTMENT OF Environmental Protection

Ron DeSantis Governor

Jeanette Nuñez Lt. Governor

Noah Valenstein Secretary

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

09/24/2020 Jeff Curtis, EHS Manager Safety - Kleen Systems Inc 5610 Alpha Drive Boynton Beach, FL 33426

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 **4426 Entrepot Blvd, Tallahassee , FL 32310-8740**

FLD982133159

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 03/14/2025).

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=FLD982133159. For further assistance, please contact me at (850) 245-8749 or email at __Glen.Perrigan@dep.state.fl.us

Sincerely,

Glen Perrigan

Environmental Manager

Hazardous Waste Regulation Section

Junet E. Ashwood

ME ID: 20821 , 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

Florida Department of avergemental (for FDEP Official Use Only)

FEB 1 2 2020

Permitting & Compliance

EPA ID:	F	L	D	9	8	2	1	3	3	1	5	9	Pleas * mar	e use the instructions docement to மைநில் கூட்டி நொ	
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*: To obtain a new EPA ID number (for hazardous waste, universal waste, used oil activities, or PCW activities).															
(must choose one X To provide updated information for an EPA ID number (to update status and facility identification information).															
if a notification) To provide the final information						ation f	or an	EP.	A 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.									ting Electronic Manifest Broker activities.						
☐ Submitting new or revised notification for Part A for permitted facilities.															
FL Registrat	ion(s)	- [יט 🖸	W Me	ercury	/ (see	e page	e 4)			×н	W Transp	orter (see page 5) X Used Oil (see page 6)	
2. Facility or	Busii	ness I	Vame	*	SAFE	TY-I	KLEF	EN SY	STEM	IS, IN	NC.				
3. Facility Phy	sical	Loca	tion l	nfor	mati	on: (1	No P.C). Box	es)						
Physical Street 4426 ENTR														□Vessel	
City or Town:														State: Zip Code:	
TALLAHAS		;												FL 32310	
County*: LEC	Country*: LEON Country (if not USA)*								*:						
4. Facility or B	Busin	ess M	[ailin ₂	g Ado	dress	:									
X Same addre	ess as	#_3	above	or*:	:										
City or Town*	:									State	*		Zin/Po	estal Code*: Country (if not USA):	
·														Summer (12 100 0 57 5):	
5. Facility Nor	th Ar	neric	an In	dust	ry Cl	assifi	catio	n Sys	tem (l	NAIC	CS) (Code	(s)*: (at l	east 5 digits)	
A. 5 6	3 2	1	11	2	(rec	quired)				ļ	3.			
c. <u> </u>											D.				
	6. Facility or Business RCRA Contact Person: Same address as # 3 above or:														
First Name*: Last Name*: CURTIS					e*:					Title*: SENIOR ENVIRONMENTAL COMPLIANCE MGR					
Phone Number*: Extension*:							Fax*: 561-731-1696								
E-Mail*: JEFI	E-Mail*: JEFF.CURTIS@SAFETY-KLEEN.COM														
Street or P.O. E	Street or P.O. Box (or same address box is checked)*:														
City or Town*:					St	State*:			Zip Code*: Country (if not USA):						

RCRA Hazardous Waste Status Notification or Out of B	EPA ID No.* FLD982133159						
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*: _01/01/90					
	☐ 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 Co	de*: 02061	Country (if not USA):			
E-Mail*:							
Owner Type*: 🖪 Private 🗖 Federal 🗖 Municipal 🗖 St	ate County Ot	ther					
Comments:							
8. Facility Operator (List additional Operators in the comments section	ı). Same address as #_	3 abov	e or:				
Name of Operator*:		Date b	ecame Operator*:	/ /			
			New Operator				
Street or P.O. Box (or same address box is checked)*:		Phone	Number*:				
City or Town*:	State*:	Zip Co	de*:	Country (if not USA):			
E-Mail*:							
Operator Type*: Private Federal Municipal	State County C	Other_		e			
Comments:				•			
9. RCRA Hazardous Waste Activities at this Facili	ty: (Mark 'X' in a	all that	apply):				
(1) Generator of Hazardous Waste							
Yes No (This does not include Universal Waste or Used O	Oil)						
If YES, Choose only one of the following three categories.							
a. Large Quantity Generator (LQG):							
- Generates in any calendar month (includes quantiti	ies imported by impor	ter site)	1,000 kilograms o	or greater per month (kg/mo)			
(2,200 lbs/mo.) of non-acute hazardous waste; or							
 Generates in any calendar month, or accumulates a Generates in any calendar month, or accumulates a 							
material.	tully mile, more mone	TOU No.	1110 (220 10/1110) 01	acute nazardous spiri cicanup			
b. Small Quantity Generator (SQG):							
 Generates in any calendar month greater than 100k waste and/or 1 kg (2.2 lbs) or less of acute hazardo 	g/mo but less than 1,0 ous waste and/or no m)00 kg/n ore than	no (>220 to <2,200 100 kg (220 lbs)	I lbs.) of non-acute hazardous of any acute hazardous spill			
c. Very Small Quantity Generator (VSQG):							
- Generates in any calendar month 100 kg/mo or less	s (220 lbs.) of non-acu	ite hazar	dous waste and/or	1 kg (2.2 lbs) or less of acute			
hazardous waste.	, (220 100.) 01 11011 41.	IIV IIVAA	uous waste and or	1 kg (2.2 103) of 1033 of acute			
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 Contr			nt to 40 CFR 262.1	17(f). (Addendum A Required)			
h. Episodic: Not lasting more than 60 days: _SQG_LQG							
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	CRA Hazardous Waste Status Notification or Out of Business Notification EPA ID No.* FLD982133159							
9. R(CRA Haza	rdous Waste Act	tivities at this Fa	acility continu	ed: (Mark 'X' in al	l that apply):		
		gh 9, mark 'X' in all		(at your famility (Theore Only One) Note	· A be-raidous visate m		
(2)	(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.							
	_	erating Commercial T						
	_	erating Non-Commer						
(2)	_	n-Operating: Postclos		ction Permit or Ord	ler (HSWA, etc.)			
(3)	Specify:	Stores prior to	ste (at your facility) Non-Commercia recycling Does t maybe required for sto	s not store prior to	recycling.			
(4)	a. S	t Boiler and/or Indu Small Quantity On-sin Smelting, Melting, an	ite Burner Exemption					
(5)	Choose EITHE	e this management ac ER a copy of your app	ctivity ONLY if you a plication for such aut	attach	erated at Other Facilities authorization you receive			
(6) (7)	_	es Hazardous Waste ground Injection Coi						
(8)	Recogn	uized Trader— Mark						
		Importer Exporter						
(9)	_	•	nt Lead-Acid Batter	rice (SLARs) unde	er 40 CFR subpart G—	Mark all that apply		
٧,	a. I	Importer	It Libert 12010	Its (Decemb)	1 40 CER Subpart S	- Iviain an mu upp-,		
10 V		Exporter	~ 1 4 3 II ago	* ***740a*				
y.	our facility. I	List them in the order	r they are presented in	in the regulations (List the waste codes of e.g., D001, D003, F007,	, K019, P012, U112).		
Haza	rdous waste tr	ransporters must list	codes routinely or us	sually transported.	Use comments or an ad	Iditional page if more s	spaces are needed.	
D00		D002	D003	D004	D005	D006	D007	
8 D00	·8	9 D009	10 D010	11 D011	12 D018	13 D019	14 D021	
15 D02	22	16 D023	D024	D025	19 D026	20 D027	D028	
11. 0	ther Statu	s Changes (If no	longer handling was	ste or closed, items	9 and 10 should be left	t blank and items 12-10	6 skipped):	
(A) (Central Accu	ımulation Area (CA	A) or Facility Close	ed:				
Ţ		ccumulation Area (C.	,					
(B)	Facility Control Closure Date		s section only if all b	usiness activities a	t this facility have cease	(d.)		
Ĺ		ected closure date						
Ţ	(2) Requ	esting new closure d	late		(date in mm/dd/yyy	y)		
Ţ	(3) Date	of closure:		(date in)	nm/dd/yyyy)			
	_	In compliance with the	_		* / * /			
		-	vith the closure perfo		in 40 CFR 262.17(a)(8)			
(C)	Property Ta	ax Default 🗀		(D) Pe	tition for Bankruptcy I	Protection 🖵		

Universal Waste Notification and Mercury Transporter/Handler Registration EPA ID No.* FLD982133159							
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	ne)						
Pharmaceuticals Acute LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste (UH one time)	W) accumulated (at any						
Reverse Distributor of Universal Pharmaceutical Waste (UPW) (must be permitted with the Florida Department of B Regulation [DBPR])	usiness and Professional						
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							
For-hire Transporter of Universal Waste Mercury-Containing Lamps or Devices							
For-hire Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices	Annual						
Mercury-Containing Devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler	Registration Required						
Mercury-Containing Lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler	Acoquinou						
Mercury-Containing Devices LQH = 100 kg (220 lb) or more accumulated at any one time by for-hire handler	Annual Registration + one-time \$1,000 fee+						
Mercury-Containing Lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler	More Requirements (contact FDEP)						
(2) Mercury Recovery and/or Reclamation Facility (A hazardous waste permit is required for this activity) 1st Annual Registration Annual Renewal Annual Renewal							
Briefly Describe your Universal Waste Activities:	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.							

	(S-11)			_		_					
Hazardous Waste Transporter and Academic Laboratories EPA ID No.* FLD982133159											
14. HW Transporter Activities: (Mark 'X' and complete all that	apply	if you	need t	o regis	ter yo	our H	WT	ransp	orter act	ivities	i)
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 Mighway	☐ Wat	er 🗆	Othe	r - spec	ify_						
B. HW Transfer Facility Registration Information (must	B. HW Transfer Facility Registration Information (must be completed annually and when this information changes)										
☐ This facility is a Hazardous Waste Transfer Facilit	y: (as	listed i	in Iten	n 3) S	torage	e Vol	ume .	8,800	<u> </u>		
This form is: 🔲 Initial Registration 🖾 Renewal 🔲	Notif	ication	of cha	inges		Can	cel R	egistra	ation		
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					.C., a	re ke	pt at	(chec	k one):		
- · · · ·		(facili	• /								
Please enter the EPA ID Number of the HW Transporter who carries the ins	surance	for thi	is Tran	sfer Fa	cility	:					
	T	Х	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 submitted with any subsequent submission [Rule 62-730.171(3), Floring Property 10 of the control of t	fication rida A	n for a t	transf rative	er facil Code (1	lity ar F.A.C	nd any .)]:	y cha	nged it	tems mus	st be	
Certification by a responsible corporate officer of the transporter factor Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)]			_	ed loca	tion s	atisfi	es the	criteri	ia of		
Evidence of the transporter facility's financial responsibility [Rule 6	2-730	.171(3)	(a)3., l	F.A.C.]							
_A brief general description of the transfer facility operations [Rule 6		.171(3)	(a)4., I	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)		F.A.C.]	ļ								
_A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A		-	4.0	• ,		*41 1					
15. Eligible Academic Entities with Laboratories—Notific laboratory hazardous wastes pursuant to 40 CFR Part 262	ation Sub	tor o part I	pting K	ınto	or w	ritho	Iraw	ing f	rom m	anag	ing
1. Opting into or currently operating under 40 CFR Part 262 Subpa	rt K 6	or that	manaa	am ant	of he	zovd	one v	wastas	in labor	entorio	
See the item-by-item instructions for definitions of types of										atoi ic	3
a. College or University	· •g	-						ar app	.,.		
 b. Teaching Hospital that is owned by or has a formal writt c. Non-profit Institute that is owned by or has a formal writt 			-				_		-		
☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the managem	ent of	hazarı	dous v	vastes i	n lab	orato	ries				

Us	ed C	oil and Hazardous Secondary Material	EPA ID No.* FLD982133159						
16	16. Used Oil and Used Oil Filter Activities: (Mark 'X' and complete all that apply)								
anı	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.								
	Th	is form is: 🔲 Initial Registration 💆 Renewal 📮 Notification of c	hanges 🚨 Cancel Registration						
	X	If applicable, a check or money order, in the amount of \$100, payable to Florida Dep UO Collection Centers must check 16.(2) of this form (not as a registration).	partment of Environmental Protection is enclosed.						
(1)	(1) Used Oil Transporter - mark 'X' in all that apply: (occurring in Florida)								
	Х	a. Transporter (off-site) and noncontiguous locations							
	X	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)	Use	d Oil Fuel Marketer							
(7)		d Oil Filter Management (must annually register)							
	_	a. Transporter b. Transfer Facility							
	_	c. Processor (Annual Report Required)							
		d. End User (see instructions for definition)							
(8)		e records required under the provisions of Rule 62-710.510, FAC, are kept at (check of	ne):						
		Our mailing (business) address (as listed in Item 4) The site (facility) address (as listed in Item 3)							
(9) 1	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 in 	surance annually, and must sign and certify this						
		submission as a certified used oil transporter in section 19 (except those exempte	d by Rule 62-710.600(1), F.A.C.).						
3	<u>K</u> The	used oil annual report is attached \underline{X} Evidence of Liability Insurance pursuan	nt to 62-710.600(2)(e)., F.A.C. is attached.						
17.	Noti	fication of Hazardous Secondary Material (HSM) Activity							
(1)		Notifying under 40 CFR 260.42 that you will begin managing, are managing, or will 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 comparable to or unable to be compared to a legitimate product or intermediate but (Addendum C Required)							

Required signature page	EPA ID No.* FLD982133159
18. Comments (attach a page if more space is needed):	•
	32, D033, D034, D035, D036, D037, D038, D039, D040, D041 01, F002, F003, F005
accordance with a system designed to assure that qualified persubmitted is, to the best of my knowledge and belief, true, accufalse information, including the possibility of fine and imprison	
☑ I certify as a Used Oil Transporter that I am familiar wit tation and have an annual and new employee training program bility is demonstrated by the Used Oil Transporter Certificate of	ith the applicable Florida and Federal laws and rules governing used oil transport in place covering the applicable used oil rules. Evidence of financial responsition 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 of	
KELLY DALE TAYLOR 608-298-	-6420 KELLY.TAYLOR@SAFETY-KLEEN.COM
(Name of person completing this form) (Phone N	Iumber) (E-mail Address)